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 in Public of the two ICB Boards

on Thursday 9 May 2019, 10.00 – 12.00, 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	-	10.00
2.	**Declarations of Interests**	Chair *For noting*	2. ICB Register of Interests	3 - 7	
3.	**Questions from the Public**	Chair	Verbal	-	
4.	**Minutes of the Previous Meeting and Action Log**	Chair *For approval* *For noting*	4.1 Minutes of Joint ICBs meeting (in public), 14 March 2019 4.2 ICB Action Log	8 - 17	
5.	**Integrated Risk Register**	Devora Wolfson *For noting*	5. ICB-2019-05-09 IC Risk Register	18 - 28	10.15
6.	**Integrated Commissioning and Risk proposed new approach**	Devora Wolfson *For approval*	6. ICB-2019-05-09 IC new proposed approach	29 - 36	10.25
7.	**Learning Disabilities commissioning strategy and ILDS specification** - **7a LD Strategy** - **7b LD Service Specification**	Siobhan Harper/ Charlotte Painter/ Penny Heron *For approval*	7. ICB-2019-05-09 LD Strategy and LD Service Specification	37 - 123	10.45
8.	**Planned care workstream – detailed review**	Siobhan Harper *For noting*	8. ICB-2019-05-09 Planned care detailed review	124 - 170	11.05
9.	**Long-Term Plan - Producing the local submission and Engagement**	Devora Wolfson *For noting*	9. ICB-2019-05-09 NHS update on the LTP	171 - 177	11.25

10.	**Consolidated Finance (income & expenditure) report as at January 2019 - Month 10**	Sunil Thakker/ Ian Williams / Mark Jarvis *For noting*	10. ICB-2019-05-09 Finance report M12	178 - 191	11.40
11.	**AOB & Reflections**	Chair *For discussion*	Verbal	-	11.50
	Date of next meeting: 13 June 2019, 10.00-12.00, Committee room 4, West Wing, Guildhall	Chair	Verbal	-	
-	**Integrated Commissioning Glossary**	*For information*	IC Glossary	192 - 196	

Integrated Commissioning
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 City ICB advisor/ regular attendee	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 City and Hackney ICB advisor/ regular attendee	City & Hackney CCG	Chief Financial Officer	Non-Pecuniary Interest
Ian	Williams	10/05/2017	Transformation Board Member - LBH Hackney ICB advisor/ regular attendee	London Borough of Hackney	Group Director, Finance and Corporate Resources	Pecuniary Interest
				n/a	Homeowner in Hackney	Pecuniary Interest
				Hackney Schools for the Future Ltd	Director	Pecuniary Interest
				NWLA Partnership Board	Joint Chair	Pecuniary Interest
				Chartered Institute of Public Finance and Accountancy	Member	Non-Pecuniary Interest
				Society of London Treasurers	Member	Non-Pecuniary Interest
				London Finance Advisory Committee	Member	Non-Pecuniary Interest
				Schools and Academy Funding Group	London Representative	Non-Pecuniary Interest
				London Pensions Investments Advisory Committee	Chair	Non-Pecuniary Interest
Mark	Jarvis	10/04/2017	Transformation Board Member - CoLC City ICB advisor / regular attendee	City of London Corporation	Head of Finance	Pecuniary Interest
Anne	Canning	31/03/2017	Transformation Board Member - LBH Hackney ICB advisor / regular attendee	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	City & Hackney Clinical Commissioning Group	Lay Member for Governance	Pecuniary Interest
				Tavistock Relationships	Director of Strategic Devleopment	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

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Gary	Marlowe	06/04/2017	GP Member of the City & Hackney CCG Governing Body ICB advisor / regular attendee	City & Hackney CCG Governing Body	GP Member	Pecuniary Interest
				De Beauvoir Surgery	GP Partner	Pecuniary Interest
				City & Hackney CCG	Planned Care Lead	Pecuniary Interest
				Hackney GP Confederation	Member	Pecuniary Interest
				British Medical Association	London Regional Chair	Non-Pecuniary Interest
				n/a	Homeowner - Casimir Road, E5	Non-Pecuniary Interest
				City of London Health & Wellbeing Board	Member	Non-Pecuniary Interest
				Local Medical Committee	Member	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				CHUHSE	Member	Non-Pecuniary Interest
Anntoinette	Bramble	28/04/2017	Member - Hackney Integrated Commissioning Board	Hackney Council	Deputy Mayor	Pecuniary Interest
				Local Government Association	Member of the Children and Young Board	Pecuniary Interest
				HSFL (Ltd)		Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				Urstwick School	Governor	Non-Pecuniary Interest
				City Academy	Governor	Non-Pecuniary Interest
				Hackney Play Bus (Charity)	Board Member	Non-Pecuniary Interest
				Local Government Association	Member	Non-Pecuniary Interest
				Lower Clapton Group Practice	Registered Patient	Non-pecuniary interest
Feryal	Demirci	15/02/2019	Member - Hackney Integrated Commissioning Board (ICB Chair July 2018 - March 2019)	Hackney Council	Deputy Mayor and Cabinet Member for Health, Social Care, Transport and Parks	Pecuniary Interest
				London Councils Transport and Environment Committee	Member	Pecuniary Interest
				London Waste recycling Board	Member	Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				Labour party	Member	Non-Pecuniary Interest
				Hackney Health and Wellbeing Board	Chair	Non-Pecuniary Interest
				Local GP practice	Registered patient	Non-Pecuniary Interest
Christopher	Kennedy	27/02/2019	Deputy Member - Hackney Integrated Commissioning Board	Hackney Council	Cabinet Member for Families, Early Years and Play	Pecuniary Interest
				Lee Valley Regional Park Authority	Member	Non-Pecuniary Interest
				Hackney Empire	Member	Non-Pecuniary Interest
				Hackney Parochial Charity	Member	Non-Pecuniary Interest
				Labour party	Member	Non-Pecuniary Interest
				Local GP practice	Registered patient	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Dhruv	Patel	28/04/2017	Member - City Integrated Commissioning Board	City of London Corporation	Deputy Chairman, City of London Corporation Integrated Commissioning Sub-Committee	Pecuniary Interest
				Clockwork Pharmacy Group SSAS, Amersham	Trustee; Member	Pecuniary Interest
				Clockwork Underwriting LLP, Lincolnshire	Partner	Pecuniary Interest
				Clockwork Retail Ltd, London	Company Secretary & Shareholder	Pecuniary Interest
				Clockwork Pharmacy Ltd	Company Secretary	Pecuniary Interest
				DP Facility Management Ltd	Director; Shareholder	Pecuniary Interest
				Clockwork Farms Ltd	Director; Shareholder	Pecuniary Interest
				Clockwork Hotels LLP	Partner	Pecuniary Interest
				Capital International Ltd	Employee	Pecuniary Interest
					Land Interests - 8/9 Ludgate Square 215-217 Victoria Park Road 236-238 Well Street 394-400 Mare Street 1-11 Dispensary Lane	Pecuniary Interest
					Securities - Fundsmith LLP Equity Fund Class Accumulation GBP	Pecuniary Interest
				City of London Academies Trust	Director	Non-Pecuniary Interest
				The Lord Mayor's 800th Anniversary Awards Trust	Trustee	Non-Pecuniary Interest
				City Hindus Network	Director; Member	Non-Pecuniary Interest
				Aldgate Ward Club	Member	Non-Pecuniary Interest
				City & Guilds College Association	Life-Member	Non-Pecuniary Interest
				The Society of Young Freemen	Member	Non-Pecuniary Interest
				City Livery Club	Member and Treasurer of u40s section	Non-Pecuniary Interest
				The Clothworkers' Company	Liveryman; Member of the Property Committee	Non-Pecuniary Interest
				Diversity (UK)	Member	Non-Pecuniary Interest
				Chartered Association of Buidling Engineers	Member	Non-Pecuniary Interest
				Institution of Engineering and Technology	Member	Non-Pecuniary Interest
				City & Guilds of London Institute	Associate	Non-Pecuniary Interest
				Association of Lloyd's members	Member	Non-Pecuniary Interest
				High Premium Group	Member	Non-Pecuniary Interest
				Avanti Court Primary School	Chairman of Governors	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Joyce	Nash	06/04/2017	Member - City Integrated Commissioning Board	City of London Corporation	Deputy	Pecuniary Interest
				Neaman Practice	Registered Patient	Non-Pecuniary Interest
				Feltmakers Livery Company	Lifemember of Headteachers' Association	Non-Pecuniary Interest
Randall	Anderson	13/06/2017	Member - City Integrated Commissioning Board	City of London Corporation	Chair, Community and Children's Services Committee	Pecuniary Interest
				n/a	Self-employed Lawyer	Pecuniary Interest
				n/a	Renter of a flat from the City of London (Breton House, London)	Non-Pecuniary Interest
				City of London School for Girls	Member - Board of Governors	Non-Pecuniary Interest
				Neaman Practice	Registered Patient	Non-Pecuniary Interest
Andrew	Carter	05/06/2017	City ICB advisor / regular attendee	City of London Corporation	Director of Community & Children's Services	Pecuniary Interest
				n/a	Spouse works for FCA (fostering agency)	Indirect interest
David	Maher	20/01/2017	Transformation Board Member ICB regular attendee/ AO deputy	City and Hackney Clinical Commissioning Group	Managing Director	Pecuniary Interest
					Member of Cross sector Social Value Steering Group	Non-Pecuniary Interest
					Board member: Global Action Plan	Non-Pecuniary Interest
					Social Value and Commissioning Ambassador: NHS England, Sustainable Development Unit	Non-Pecuniary Interest
					Council member: Social Value UK	Non-Pecuniary Interest
Rebecca	Rennison	11/12/2017	Member - Hackney Integrated Commissioning Board	Target Ovarian Cancer	Director of Public Affairs and Services	Pecuniary Interest
				Hackney Council	Cabinet Member for Finance and Housing Needs	Pecuniary Interest
				Clapton Park Management Organisation	Board Member	Non-Pecuniary Interest
				North London Waste Authority	Board Member	Non-Pecuniary Interest
					Land Interests - Residential property, Angel Wharf	Non-Pecuniary Interest
					Residential Property, Shepherdess Walk, N1	Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Fabian Society	Member	Non-Pecuniary Interest
				English Heritage	Member	Non-Pecuniary Interest
				Chats Palace	Board Member	Non-Pecuniary Interest
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
Mark	Rickets	16/05/2018	City and Hackney Integrated Commissioning Boards (chair from May 2019)	City and Hackney Clinical Commissioning Group	Chair	Pecuniary Interest
			Primary Care Quality Programme Board Chair (GP Lead)	GP Confederation	Nightingale Practice is a Member	Professional financial interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	Professional financial interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	Health Systems Innovation Lab, School Health and Social care, London South Bank University	Wife is visiting Fellow	Non-financial professional interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	Nightingale Practice (CCG Member Practice)	Salaried GP	Professional financial interest
Jon	Williams	29/03/2017	Transformation Board Member - Healthwatch Hackney Attendee - Hackney Integrated Commisioning Board	Healthwatch Hackney	Director Hackney Council Core and Signposting Grant - CHCCG NHS One Hackney & City Patient Support Contract - CHCCG NHS Community Voice Contract - CHCCG Patient User Experience Group Contract - CHCCG Devolution Communications and Engagment Contract Hosted by Hackney CVS at the Adiaha Antigha Centre, 24-30 Dalston Lane	Pecuniary Interest

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 14 March 2019, In Room 102 and 103, Hackney Town Hall, Mare Street, London E8 1EA

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
David Maher	Managing Director	City & Hackney CCG

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
Ruby Sayed	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
David Maher	Managing Director	City & Hackney CCG

In attendance

Anne Canning	Group Director, Children, Adults and Community Health	London Borough of Hackney
Simon Cribbens	Assistant Director Commissioning & Partnerships, Community & Children's Services	City of London Corporation
Gary Marlowe	Governing Body GP member	City & Hackney CCG
Jonathan McShane	Integrated Commissioning Convenor	London Borough of Hackney, City of London Corporation, and City & Hackney CCG
Sunil Thakker	Director of Finance	City & Hackney CCG
Devora Wolfson	Programme Director, Integrated Commissioning	London Borough of Hackney, City of London Corporation, and City & Hackney CCG
Georgia Denegri	Integrated Commissioning Governance	London Borough of Hackney, City of London Corporation and City & Hackney CCG
Poppy Middlemiss	Public Health England Strategist	London Borough of Hackney (item 7)
Claire Small	Engagement Manager	City & Hackney CCG (item 7)

Apologies – ICB members

Jane Milligan	Accountable Officer	NHS North East London Commissioning Alliance
Marianne Fredericks	Member, Community and Children's Services Committee	City of London Corporation

Apologies – key officers

Andrew Carter	Director, Community & Children's Services	City of London Corporation
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Mark Jarvis	Head of Finance	City of London Corporation

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. The **City Integrated Commissioning Board**
- **NOTED** the Register of Interests.

2.3. The **Hackney Integrated Commissioning Board**
- **NOTED** the Register of Interests.

3. QUESTIONS FROM THE PUBLIC

3.1. There were no questions.

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 15 February 2019.
- **NOTED** the updates on the action log.

4.2. The **Hackney Integrated Commissioning Board**:
- **APPROVED** the minutes of the Joint ICB meeting held in public on 15 February 2019.
- **NOTED** the updates on the action log.

5. INTEGRATED COMMISSIONING RISK REGISTER – MARCH 2019

5.1. 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. Devora highlighted that following ICB's request at its January meeting, risk IC11 relating to the system's IT/digital infrastructure has been added. She further pointed out that a mistake was made in the risk register with regard to the CYPMF risk relating to self-harm. The mitigations put in place reduced the residual risk to 12, likelihood reduced to 3 and impact remains 4.

5.2. Devora reported that a session on the IC risk management approach was planned at the ICB Development session in April 2019 alongside the refresh of the IC's risk register following the agreement of the strategic objectives.

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

5.4. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

6. IC GOVERNANCE REVIEW IMPLEMENTATION PLAN ACTIONS: - DRAFT TERMS OF REFERENCE OF ACCOUNTABLE OFFICERS GROUP - OUTPUT FROM TRANSFORMATION BOARD WORKSHOP

6.1. Devora Wolfson introduced the report, which presented the draft terms of reference of the newly established Accountable Officers Group and the output from the Transformation Board workshop held at the end of February following the recommendations of the integrated commissioning governance review.

6.2. The Accountable Officers Group (AOG) had met in shadow form and discussed its role and work as reflected in its terms of reference. The comments of AOG members had been incorporated in this version. Devora further reported that at their workshop, the Transformation Board members suggested focusing on system wide transformation work rather than business as usual. Jonathan McShane as ICS Convenor will coordinate the work and future meetings.

6.3. ICB discussed whether ICB members should also be involved in the work of the Transformation Board and whether providers should also sit on the ICB. It was confirmed that ICB will hold such discussions later in the year as part of considering becoming an Integrated Care System (ICS) and therefore an ICS type board with commissioners and providers on the board.

6.4. The **Hackney Integrated Commissioning Board**
- **APPROVED** the terms of reference of the Accountable Officers Group
- **NOTED** the feedback from the Transformation Board workshop

6.5. The **City Integrated Commissioning Board**
- **APPROVED** the terms of reference of the Accountable Officers Group
- **NOTED** the feedback from the Transformation Board workshop

7. COMMUNITY GRANTS SCHEME

7.1. Poppy Middlemiss, Public Health Strategist, and Claire Small, Engagement lead, joined the meeting to present the report which outlined the recommendations for the second year of the joint Community Grant Scheme which finds new ways of meeting local health and prevention needs. The scheme is run by the Hackney Council's Public Health team and the CCG. The Healthier City and Hackney Fund brings together two former grant funds: the CCG Innovation Fund and Hackney Council's Healthier Hackney Fund to provide £450,000 for grant making in 2019/20. The report outlined the extensive promotion of the scheme and rigorous shortlisting process. It also presented the final list of recommended grantees for information.

7.2. ICB commended the initiative. Disappointment was expressed for not having received any applications for autism related services or projects.

7.3. ICB further discussed whether the scheme supports the Hackney Council's equality objectives and whether it fully contributes to the objective to tackle disadvantage and

discrimination that is linked to a protected characteristic. Also whether any bids had been received that specifically support the black or LGBT communities and what else we could do to reach out to these communities in future years. It was confirmed that equality impact assessments had been carried out for all bids.

7.4. The **Hackney Integrated Commissioning Board**

- **APPROVED** the schedule of grants awards totaling £457,551.14 as listed in section 3 (proposals) for funding in 2019/20

7.5. The **City Integrated Commissioning Board**

- **ENDORSED** the schedule of grants awards totaling £457,551.14 as listed in section 3 (proposals) for funding in 2019/20

8. HEALTH OF LOOKED AFTER CHILDREN & CARE LEAVERS ASSESSMENT AND NURSING SERVICE REDESIGN AND PROCUREMENT

8.1. Amy Wilkinson, Children, Young People, Maternity and Families Workstream Director, introduced the report. Amy explained that the aim of the Health of Looked after Children (HLAC) and Care Leavers' service is to ensure that children looked after by the City of London (CoL) and the London Borough of Hackney (LBH) have their health needs addressed in line with statutory guidance issued to local authorities, CCGs and NHS England. To support the drive for continued improvement, CoL, LBH and the CCG are redesigning and re-commissioning the Health of Looked after Children and Care Leavers (HLAC) assessment and nursing service. The new service model will undertake delivery of the statutory HLAC functions with the addition of a number of strengthened and innovative areas informed by the evidence and good practice guidelines and quality assurance. The report outlined the redesign process including consultation with service users, carers and stakeholders and the procurement strategy for the new HLAC service model.

8.2. ICB welcomed the fact that the redesigned services will offer an improved service to Looked after Children and Care Leavers and asked for more information about innovative areas and the benefits of the new service model. It was reported that the new model will offer a fully integrated service.

8.3. Honor Rhodes expressed her interest in being involved in the work as she is a member of the CCG's Safeguarding Children Group. As part of the redesign process, a continuing care group was being implemented where Honor and other ICB members can also be involved.

8.4. Following on from discussion of the report the previous day at the Clinical Executive Committee, Gary Marlow commented that 75% of children are placed outside the borough and raised concern about how oversight can be maintained. It was reported that nurses travel up to 75 miles to visit the children but this was not considered satisfactory solution. He suggested if it is possible to form alliances with the boroughs in which the children move in order to get the appropriate assurances and do some joint working instead of sending a very small team of nurses 75 miles.

8.5. The City Integrated Commissioning Board
- **NOTED** the report and **APPROVED** the re-design and commissioning approach

8.6. The Hackney Integrated Commissioning Board
- **NOTED** the report and **APPROVED** the re-design and commissioning approach

9. CHILDREN, YOUNG PEOPLE, MATERNITY AND FAMILIES WORKSTREAM – DETAILED REVIEW

9.1. Amy Wilkinson, CYPMF Workstream Director, presented the detailed workstream review report which set out progress to date and the direction of travel for the Children, Young People, Maternity and Families workstream, and highlighted the following key issues:

Performance
- Quality metrics have improved across Maternity significantly over the past year, and the Homerton University Hospital NHS FT has now been rated as 'Good' (August 2018 CQC), moving on from 'Needs Improvement' previously. IAF indicators are improving with patient experience indicators also improving.
- Deliveries with complications and co-morbidities are increasing year on year at HUHFT. This is being investigated through external audit due to a change in coding practice and financial impacts will be re-assessed.
- The CAMHS transformation continues to support impressive CAMHS performance: City & Hackney is the 3rd Best Performing CCG in the region for CYP mental health

Activity
- Maternity activity is increasing at HUHFT and decreasing out of area, likely linked to quality and reputational improvements.
- Transformational priorities being delivered across the partnership include a 0-25 strategy, an emotional wellbeing strategy, a 2-year immunisations action plan, a City and Hackney approach to Adverse Childhood Events, clarification of SEND pathways, and the redesign and commission of our Health of Looked After Children's service

Financial
- Over performance in paediatric outpatients and changes in the complexity of maternity deliveries are being investigated
- Savings have been identified and are being implemented, including reducing duplication of payment across the maternity pathway and CAMHS activity
- Other financial pressure includes spend on SEND, increases in numbers of children in care and reductions in the Public Health grant.

9.2. ICB commended the amazing response to the measles outbreak and the speed with which the system as well as NHSE came together to address it. This positive response had been picked up by the BBC and the Public Accounts Committee.

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

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

10. CONSOLIDATED FINANCE (INCOME & EXPENDITURE) REPORT AS AT JANUARY 2019 – MONTH 10

10.1. Sunil Thakker presented the report on financial (income & expenditure) performance for the Integrated Commissioning Fund for the period April 2018 to January 2019 across the City of London Corporation, London Borough of Hackney, and City and Hackney CCG, highlighting:

- At Month 10 the Integrated Commissioning Fund has a forecast of £3.4m adverse against its annual budget. There has been a favourable movement of £0.4m on the Month 9 forecast. This movement is being driven by the London Borough of Hackney which has benefitted from a Public Health grant in Adult Social Care commissioning this month.
- City & Hackney CCG reports a year-end surplus of £1m at Month 10. The surplus was declared in Month 9 to support the 2018/19 NEL system wide control total. The previously highlighted risk of Waltham Forest CCG breaching their control total was recognised last month with a £3.0m adverse movement. This likely improvement in the CCG's forecast outturn had been previously factored into its risk assessment. The surplus will be transferred to WFCCG in Month 11 in line with the NEL Risk Share Framework.
- 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 £4.3m, driven by cost pressures on Learning Disabilities budgets (primarily commissioned care packages).

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

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

11. LOCAL SYSTEM RESPONSE TO NHS LONG-TERM PLAN SUBMISSION

11.1. Devora Wolfson presented the report which set out the high-level time line for local system responses to the long-term plan and asked ICB how they would like to be involved in the shaping of our local system response. Devora highlighted the following:

- City and Hackney will be submitting their local response to the NHS Plan as a separate system within the North East London STP alongside the BHR (Barking Havering and Redbridge) and WEL (Newham, Waltham Forest and Tower Hamlets) systems.
- Our draft workstream plans for 2019-20, were submitted to the STP in February 2019 for the April submission. The final plans will be submitted in April 2019.

- City and Hackney's full response to the STP will be submitted in September 2019 as part of the wider North East London (NEL) STP response and City and Hackney Integrated Commissioning Boards will want to help shape this response.
- The NEL STP is currently considering its timetable for the September response and we will share this with ICB as soon as it becomes available.
- Healthwatch has been commissioned by NHS England and NHS Improvement to conduct local engagement activities to undertake a range of engagement events locally on the long-term plan. As a system we will be holding 'Let's Talk' events in City and Hackney on our local response to the plan.
- We will be focusing on the long-term plan, primary care networks and risk at the ICB development session in April 2019. At that point, we will know more about the overall NEL STP timetable for the September submission. It is proposed that we have further discussions about ICB's involvement in this at the development session.

11.2. ICB discussed whether local politicians would wish to respond on their own in addition to the system's response. A detailed engagement plan was being developed and would be circulated to ICB. It was also agreed that Healthwatch would share what they are doing.

11.3. In response to a comment on how ICB can ensure sufficient funding for children's services and CAMHS, it was commented that the CCG's contribution in CAMHS is the highest in London.

11.4. The **Hackney Integrated Commissioning Board**
- **NOTED** the timeline for the C&H response to the NHS long-term plan

11.5. The **City Integrated Commissioning Board**
- **NOTED** the timeline for the C&H response to the NHS long-term plan

12. AOB & REFLECTIONS

Reflections
- Cllr Demirci reminded that this was her last meeting as ICB Chair. Reflecting on her tenure, she commented that significant progress has been achieved but there are more huge decisions lying ahead. She found the health system fascinating with all the changes.
- ICB members thanked Cllr Demirci for her great work and chairmanship.
- ICB further reflected on the openness of discussions even regarding red lines and the building of strong collaborative relationships which are the cornerstones for system improvement and democratic accountability.

April development session
- Devora Wolfson updated ICB that the programme will include discussion on risk, the NHS Long Term Plan and GP networks. The session will be facilitated by Simon Standish.

13. DATE OF NEXT MEETING
- 11 April 2019, ICB Development session, Guildhall

- 09 May 2019, 10.00-12.00, Hackney Town Hall

14. INTEGRATED COMMISSIONING GLOSSARY

Circulated for reference.

15. ICB FORWARD PLAN

Circulated for reference.

Ended 12.05

City and Hackney Integrated Commissioning Programme Action Tracker

Ref No	Action	Assigned to	Assigned from	Assigned date	Due date	Status	Update
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	11/04/2019	Open	On the agenda.
ICBNov18-1	Develop a case study for learning from our experience with trying to pool the social care/residential care packages which ICB can discuss at a future development meeting	Devora Wolfson	City and Hackney Integrated Commissioning Boards	16/11/2018		Open	By July 2019
ICBFeb19-1	Arrange introductory training session for political members on the neighbourhood model and what it means for their wards	Devora Wolfson/ Nina Griffith	City and Hackney Integrated Commissioning Boards	15/02/2019		Open	Being planned
ICBFeb19-2	An outcomes dashboard to be developed and discussed first at an ICB Development session	Devora Wolfson/ Yashoda Patel	City and Hackney Integrated Commissioning Boards	15/02/2019		Open	To be scheduled
ICBFeb19-3	Adjust report template to show how the reported work links to the IC strategic objectives	Devora Wolfson	City and Hackney Integrated Commissioning Boards	15/02/2019	Apr-19	Closed	Implemented.

Title:	Integrated Commissioning Register of Escalated Risks
Date of meeting:	9 May 2019
Lead Officer:	Devora Wolfson, Integrated Commissioning Programme Director
Author:	Devora Wolfson, Integrated Commissioning Programme Director
Committee(s):	Integrated Commissioning Board, 9 May 2019
Public / Non-public	Public

Executive Summary:

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

The next report in the agenda pack proposes a new approach to managing IC risks and issues.

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 Risks

No new risks were escalated.

Changes in risk scores

The scores of the following three Planned Care workstream escalated risks were reduced to 9 following the mitigating actions.

- PC7 Cancer 62 days target at Homerton has been missed for a number of months this year
- PC11 There was an increase in elective activity in Q1 2018/19 which has continued throughout the year and will result in a budget overspend

It is also suggested that these are reported in future as issues.

Recommendations:

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

Strategic Objectives this paper supports [Please check box including brief statement]:

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

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Supporting Papers and Evidence:

Appendix 1 - Integrated Commissioning Escalated Risk Register – March 2019

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
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	
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 to support SROs has been appointed and leads the Neighbourhood Health and Care Services project. External review of the programme and its governance completed an an implementation plan is being put in place.	3	4	**12**	⟷
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. NHS providers met with ICB in March 2019.	3	4	**12**	⟷
IC10	IC Programme	Jonathan McShane/ Lee Walker	There is a risk of delay in the planning or implementation of Neighbourhood Health and Care Services that could result in the service not starting on time or the aspirations of the programme not being achieved.	4	4	**16**	There is a Task and Finish group tasked with monitoring the risks around the implementation of NHCS. 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. The programme manager started on 22 Oct and is 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 gorund implementation. NELCSU's procurement function has been engaged to scope potnenital 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**	⟷

Risk / Event Details				Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report
Reference Number	Workstream / Project	Lead Officer	Risk Description (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	
IC11	IC Programme	Tracey Fletcher	Integrated commissioning programme of work is not delivered (in whole or in part) due to the lack of appropriate digital solutions.	4	4	**16**	1. Secure a robust governance structure to oversee digital delivery 2. Secure dedicated digital leads to research available digital solutions to support the requirements of the transformation programme and to take forward delivery 3. Secure committed funds that are ring-fenced for new digital solutions.	1. IT Enabler programme board in situ with representation from all relevant providers and transformation workstream leads; meetings every other month well attended to date 2. Prevention digital lead in post; unplanned digital lead appointed 3. £2.5m committed funds secured and initial digital outline framework approvde by ICB; three projects underway	3	4	**12**	⟷
UC1	Unplanned Care - Programme	Tracey Fletcher/ Nina Griffith	Failure to deliver the workstream financial objectives for 2019/20	4	4	**16**	X. 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 X. Regular System Savings updates and items at the Unplanned Care Management Board X. Thorough investigation of Unplanned Care Acute 'Menu of Opportunities' X. Longer term, larger, system transformations will be required to deliver savings X. New Blended Payment model should provide better assuance around delivery of acute expected spend in the Homerton and Barts	Month 11 Update - The Unplanned Care Board are required to deliver £1,680,950 QIPP in 18/19. At M11 the Unplanned Care Board are below target, which has been set by the CCG by £182,844. While there is underperformance against the QIPP schemes which were submitted to NHS England, the workstream has provided a number of QIPP schemes as mitigation to help off-set the underperformance	3	4	**12**	⟷
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 Qtrly board seminar in place to support strategy development and test work areas Monthly Finance and QIPP monitoring report in place	3	3	**9**	⟷

Risk / Event Details				Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report
Reference Number	Workstream / Project	Lead Officer	Risk Description (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	
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	X. Increase the resilience of Hackney nursing homes through enhancing GP provision to the nursing homes contract X. Increase support to frail housebound patients at risk of admission through the Frail Home Visiting Service (FHV) X. Provide C&H patients with alternative methods of accessing Primary Care Services [not just A&E] through the Duty Doc Service X. Reduce the number of inappropriate attendances at A&E and unplanned admissions to hospital through Paradoc X. Develop and implement Neighbourhood model	X Extended Paradoc service has been operating since April. 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. The service will be continued in 2019/20. X In August 2018 the Board endorsed a proposal to continue investment of PMS Premium money into the Proactive Care Practice-based service for 2019/20, for recommendation to the Primary Care Quality Board and the CCG Contracts Committee. This service is being evaluated. X An enhanced dementia navigation service will be implemented in 2019/20.	4	3	12	⟷
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	(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	X 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. X 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. X All reports are now required to report explicitly on activities in relation to patient and public involvement X Members of the Unplanned care team undertook advanced co-production training in October as part of work led by Healthwatch. As a result of this, we are developing a workstream co-production plan.	3	4	12	⟷

Risk / Event Details				Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report
Reference Number	Workstream / Project	Lead Officer	Risk Description (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	
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	X System Resilience Funding part of a wider investment and transformation plan has been signed off. 1.Additional Clinical Capacity 2.Maintaining Flow 3.Additional Bed Capacity 4.Demand management and community pathways X Divert ambulance activity: Maintain ParaDoc Model and further integrate, diverting activity from London Ambulance X Duty Doctor aim to improve patient access to primary care and manage demand on A&E	X HUH have maintained strong operational grip through senior management focus on ED and hospital flow X Recent reduction in DToCs should support flow X Work to produce a PC admission avoidance DoS (via MiDos) underway – part of Case Notes Review action plan X 2018/19 Winter Planning has been undertaken, bringing together systems partners together round delivery of flow. X 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.	3	4	12	⟷
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	Since January 2019 the booking elements are much improved, and the Healthy London Partnership continues to support work to resolve any outstanding issues. We continue to work with the provider and the CSU to get better visibility on the service. CCG-specific data should be available by the contract meeting in February. There is still a need to better understand activity and CSU are working to improve this.	3	4	12	⟷

Risk / Event Details				Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report
Reference Number	Workstream / Project	Lead Officer	Risk Description (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	
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**	X Extensive modelling with external support and engagement with stakeholders (patients, clinicians, commissioners). X Clinical involvement in service specification development. X Re-procurement of service to be overseen by appropriate CCG Committees [Audit and CCG GB] and Unplanned Care Workstream X. Service to be continually monitored post mobilisation X. IUC service reporting requirements include audit of onward referral to local services to review appropriateness. X Ensure that alternative primary urgent care services are promoted to patients and clinicians to ensure alternate services are frequented by patients [MDCNR] X Investigate what existing providers may be able to support health system in event of delay X. Local promotion of Duty Doctor to encourage patients and health care professionals to choose this service over 111.	The NEL 111 service went live on 1st August 2018. January 2019 Update: This risk relates to the procurement of the NEL 111 service, which went live on 1 August 2018. The Urgent Care meeting will discuss and reframe the current risk regarding quality and the impact of services on local face-to-face services. The HUHFT GP out of hours service went live on 1 April 2019.	3	4	**12**	⟷

Risk / Event Details				Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report
Reference Number	Workstream / Project	Lead Officer	Risk Description (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	
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	Weekly teleconference continues and performance continues to improve. London BDF Team confirmed Hackney will not be subject to special measures of risk of loss of funding. X. Meeting with Principle Head of Adult Social Care taken place, action plan being developed to design and deliver a small-scale Case Note Review for DToCs X. Capacity to deliver plans and culture shift required [re High Impact Change Model]	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 aer thus seen in acute settings such as A&E, with impact on HUH 4 hour 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, OOH GPs Consider how partners can work together to make an attractive offer to GPs Explore ways to address challenges recruiting GPs through CEPN	The providers have met together a number of times through the integrated urgent care reference group and are considering options for how to work together to better attract GPs into the range of services. We have benchmarked with neighbouring boroughs to borrow ideas. We are reviewing rates of pay across NEL.	4	4	16	⟷

Risk / Event Details				Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report
Reference Number	Workstream / Project	Lead Officer	Risk Description (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	
UC	Unplanned Care	Whole Workstream	Issue of lack of service provision for City & Hackney residents who are registered with out-of-borough GPs, for escalation to the Transformation Board and Integrated Commissioning Board. This could lead to inequity of service provision for CH residents, where there are no comparable services in the neighbouring borough. Moved to the issue log.	TBC	TBC	TBC	This issue was flagged in the January meeting of the Unplanned Care Workstream Board as an issue that cuts across a wide range of health and social care services and is a multi-workstream issue. The CCG Contracts team is currently looking into this issue to understand its scale and identify gaps. Risk scores and mitigating actions will be determined once this initial work has been carried out. In the meantime the Unplanned Care Workstream agreed that the issue should be escalated to the ICB for discussion.	This has been moved to the issue log	TBC	TBC	TBC	
PC1	Planned Care	Simon Galczynski / Siobhan Harper	Financial Pressures in the Learning Disabilities Service create challenges for the current IC partnership arrangements and may impact on CLG proposals for future pooled budget developments To move to issue log	5	4	20	Partners need to agree a shared transformation and recovery plan for the LD service (Simon Galczynski / Siobhan Harper)	The CCG has confirmed a contribution of £1.9m to the LD section 75 in respect of health costs within existing care packages, based on the joint funding pilot and validated by PWC. The CCG, LBH and CoL have agreed a way forward to establish the arrangements for 19/20 and the PC workstream will lead on producing a plan in response to this proposal. Proposals for the joint funding of LD services alongside wider budget pooling from April 2019 has been agreed at ICB	3	3	9	
PC7	Planned Care	Siobhan Harper / Sue Maugn	Cancer 62 days target at Homerton has been missed for a number of months this year To move to issue log	4	4	16	Action Plan to be developed by the workstream to improve the IAF rating. Regular performance monitoring meetings with HUH to be maintained.	There are weekly and fortnightly performance management discussions regarding the cancer position. NCEL improvement plan in place and Homerton is required to deliver local actions. HUH 62 day standard has improved in September 2018 – January 2019. Expect to achieve the standard in February too.	3	3	9	
PC11	Planned Care	Siobhan Harper	There was an increase in elective activity in Q1 2018/19 which has continued throughout the year and will result in a budget overspend To move to issue log	5	4	20	Overall the Homerton response is that the increased activity reflects an increase in need. 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 continues to be investigated. An action plan has been implemented to address the causes of the overperformance.	Delivery of the action plan agreed with HUH is nearing completion. The C2C audits have been completed and established irregularities in counting which were mostly accepted by HUH across the four specialties. An agreement on contract values has been reached and a further audit programme for 2019 in Q1 have been agreed. Daycase activity will also be audited in Q1. Regular updates are being provided to the Planned Care CLG and an update will be	3	3	9	

Risk / Event Details				Inherent Scores [pre mitigation]			Mitigation Plan	Action Taken	Residual Scores [post mitigation]			Risk Direction since last report
Reference Number	Workstream / Project	Lead Officer	Risk Description (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	
CY8	CYPMF	Amy Wilkinson	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 3. A workshop with NHS England is planned for February for develop a strategic approach	1. Risk falls within CYPOM Workstream Transformation Priority: 0 -5 2. Childhood Imms Domiciliary Service will be available from April 2018 3. Reviewing joint work between primary care and community paeds Oct 18-Jan 19 - The CCG funded an urgent response to a Measels outbreak. January 19 Update - We have non-recurrent funding for North East Hackney imms service agreed in principle for 2019/20	5	3	15	⟷
CYPMF9	CYPMF	Kate Heneghen / Sarah Darcy	Gap in provision for children who require independent healthcare plans in early years settings; and development of Educational Healthcare Plans (EHCPs) for children in these settings.	4	4	16	Review on a case by case basis where issues are identified, involvement of Designated Medical Officer where appropriate	Reviews are happening as part of the EHCP pilot. As part of the Independent Healthcare Plan (IHP) work, Public Health and the CCG are working with the Hackney Learning Trust and the Homerton Hospital to scope the level of need and implement a pilot to support settings in developing IHPs. A meeting of these partners is scheduled for February, and the Pilot will run from March to July 2019.	4	4	16	⟷
CYPM/ IH09	CYPMF	Amy Wilkinson	HUHFT has experienced significant increases in CYP Crisis attendance at A&E, a large proportion of these cases relate to self harm : Oct = 7; Nov=10; Dec = 9; Jan =17; Feb=21; Mar=20. Over half of those who die by suicide have a history of self harm; this increase in CYP who are presenting for self harm significantly increases City and Hackney's risk of high suicide levels in our young people later in their childhood / adolescence, or in adulthood. This increase demand is also impacting on the A&E 4 hour target.	5	4	20		We experienced a spike in self-harm presentations from Dec 16 – June 17 (often exceeding over 20 per month). This also corresponded to the cluster of child suicides we had at that time. These presentations reduced around July – August 2017 and have been sustained with average of 7.6 presentations per month to the current time. These reductions have been secured through substantial investment in CAMHS transformation, £1.2M by 2021. We now have CAMHS workers and Wellbeing framework partners going in to 50% of City and Hackney schools – soon for 100% roll-out. We have also improved waiting times to First Steps through a productivity QIPP. This means the service can, and is, handling an additional 20% referrals. Finally at the time of the spike we put a dedicated CAMHS clinician in to the School which was experiencing the cluster in suicides.	3	4	12	⟷
CYPMF12	CYPMF	Toni Dawodu / Hackney Learning Trust	System SEND Overspend - There is a significant financial risk to partners relating to SEND overspend.	5	4	20	Following Cabinet steer, HLT have convened a co-production working group to inform proposals for SEND funded packages	At the meeting on 21 January 2019 Workstream noted that there is a significant financial risk to partners relating to SEND overspend, and there is no local mitigation, since it is a question of structural resources. It was agreed that the risk should be red-rated for escalation to the Integrated Commissioning Board.	5	4	20	⟷
CYPMF13	CYPMF	Rhiannon England	Outpatient C2C Referrals for Paediatrics have been higher than normal, creating a cost pressure and financial risk to the workstream	5	3	15	The Planned Care workstream is carrying out wider audits of coding at HUHFT.	Rhiannon England condudted an audit of coding for C2C paediatric referrals and the findings of the audit were ratified by Paediatricians. The data is currently with Planned Care for further action as part of their wider audit work.	5	3	15	⟷

Title of report:	Proposed Integrated Commissioning Risk Management Approach
Date of meeting:	9 May 2019
Lead Officer:	Devora Wolfson, Integrated Commissioning Programme Director
Author:	Devora Wolfson, Integrated Commissioning Programme Director
Committee(s):	Integrated Commissioning Board, 9 May 2019, for approval
Public / Non-public	Public

Executive Summary:

Good risk management is part of robust governance, supports effective decision-making and is an essential part of CCG and local authority activity. Following on from previous discussions at ICB and the changes in the governance structure of the IC programme emerging from the independent governance review, we also carried out a review of the risk management approach.

This report proposes that the following changes in the risk management structure and process are adopted within the Integrated Commissioning programme:

a) Our existing IC risk management protocol sets out a flow of risk reporting from the workstreams to the Transformation Board and the Integrated Commissioning Board. In order to align the risk reporting flow to our new governance structure, it is proposed that workstream risks are escalated to the Accountable Officers Group, then the Integrated Commissioning Boards and finally to the statutory organisations as appropriate.

b) New templates are adopted for the summary escalated risks and individual detailed risks (see Appendix 1 and 2), which are aligned to those used by the CCG. These templates have been populated with exemplar data to demonstrate how they will be used.

c) Currently, all risks with inherent risk score (before mitigating action) 15 or higher (our agreed threshold for escalation and therefore RAG-rated as red), continue to be reported to the ICB regardless of the residual score after the mitigating actions. It is proposed that only risks with residual score 15 or higher (i.e. those that remain red after mitigation) are reported.

d) In terms of frequency of reporting, workstreams will continue to review and report monthly on their risks. A summary/high level register of escalated risks (red risks – template at Appendix 1) to be reported to AOG and ICB monthly, with the full risk register (both summary and detailed risks) (template at Appendix 2) to be reported quarterly.

e) An issues log to be reported alongside the risk register (Appendix 3). The issues log will record all issues including any former risks that have been realised. Actions to mitigate the issue and/or reduce the impact will be recorded and monitored until the

issue has been closed. All programme-wide issues and workstream issues with a current impact rating of 3 and above will be will be reported to the ICB.

f) ICB to appoint a risk champion among its members.

Recommendations:

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

- To **CONSIDER** and **APPROVE** the proposals for the new risk and issue reporting arrangements
- To **APPROVE** the appointment of an ICB risk champion.

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

- To **CONSIDER** and **APPROVE** the proposals for the new risk and issues reporting arrangements
- To **APPROVE** the appointment of an ICB risk champion.

Strategic Objectives this paper supports [Please check box including brief statement]:

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

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

Supporting Papers and Evidence:

Appendix 1: Integrated commissioning Summary High Level Register of Escalated Risks template
Appendix 2: Integrated commissioning detailed risk template
Appendix 3: Integrated commissioning Issues log

Sign-off:

London Borough of Hackney: Anne Canning

City of London Corporation: Simon Cribbens

City & Hackney CCG: David Maher

DRAFT / DUMMMY Integrated Commissioning Programme Board Assurance Framework

Cover Sheet

				Residual Risk Score							Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
IC5	Workstreams not effectively delivering on their responsibilities leading to poor performance or failure of commissioned services within the scope of s75 agreements.	16	15	14	14	12	12	↓	This month the ICS Convenor and the Care Workstream Directors met to review the proposed Care Workstream 5y and 10y milestones and troubleshoot any issues - outcomes of workshop to be included in Programme Highlight Report next month	12	✓	✓	✓	✓	✓
IC9	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.	16	15	14	14	12	12	↓	Programme of workshops due to take place later this quarter have been arranged, ICS Convenor working with Providers and Commissioners to co-design workshop content	10	✓	✓	✓	✓	✓
IC10	There is a risk of delay in the planning or implementation of the Neighbourhoods Health and Social Care Programme that could result in the service not starting on time or the aspirations of the project not being achieved.	16	15	14	14	14	12	↓	The Neighbourhoods Health and Social Care Programme Task and Finish Group held its third meeting - the group explored the Programme strategic aims and objectives and refined their Terms of Reference	10	✓	✓	✓	✓	✓
IC11	Integrated commissioning programme of work is not delivered (in whole or in part) due to the lack of appropriate digital solutions.	16	15	14	14	14	12	↓	Digital Delivery Board has been convened	10	✓	✓	✓	✓	✓

Risk mitigations & further detail

Ref#:	IC5	**Objective**	**Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities**	✓
Date Added:			**Deliver proactive community based care closer to home and outside of institutional settings where**	✓
Date Updated:			**Ensure we maintain financial balance as a system and achieve our financial plans**	✓
Review Committee:			**Deliver integrated care which meets the physical, mental health and social needs of our diverse communities**	✓
Senior Responsible Owner:	David Maher/ Anne Canning / Simon Cribbens		**Empower patients and residents**	✓
Senior Management Owner:	Devora Wolfson			

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
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	4	3	12

Risk Tolerance *(the ICB's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	5	The impact of this risk would be high	15
Likelihood	3	This could occur at some point	

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Rigorous process for development of workstreams	Workstreams are meeting all milestones and objectives, ICB, AOG and TB are satisfied with Workstream progress as demonstrated by monthly highlight reporting, we begin to see return on investment re s75 funding
Clear governance systems to manage IC processes and provide rigorous oversight (Devora Wolfson)	Workstreams are challenged on their performance and activity at appropriate system meetings

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
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			
Transformation Board and ICBs provide oversight to ensure levels of performance are maintained.			
ICS Convenor to support SROs has been appointed and leads the Neighbourhood Health and Care Services project.			
External review of the programme and its governance completed an implementation plan is being put in place.			

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*

Ref#:	IC9	**Objective**	**Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities**	✓
Date Added:			**Deliver proactive community based care closer to home and outside of institutional settings where appropriate**	✓
Date Updated:			**Ensure we maintain financial balance as a system and achieve our financial plans**	✓
Review Committee:			**Deliver integrated care which meets the physical, mental health and social needs of our diverse communities**	✓
Senior Responsible Owner:	David Maher/ Anne Canning / Simon Cribbens		**Empower patients and residents**	✓
Senior Management Owner:	Devora Wolfson			

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
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	4	3	12

Risk Tolerance *(the ICB's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	5	The impact of this risk would be high	15

Likelihood	3	This could occur at some point	15

Mitigations ***(what are you doing to address this risk?)***	
Proposed Mitigation(s)	**Assurances & Evidence** ***(how will you know that your mitigations are working?)***
Develop appropriate model in collaboration with full range of stakeholders	Governance including programme of meetings scheduled over the coming months includes all relevant stakeholders 'cover sheet' / checkbox for inclusion to be developed
Use current phase of Integrated Commissioning to develop partnerships in City & Hackney health and social care networks	ICS Convenor and IC Programme Director to use momentum from the Workshops to inform IC Programme OD and Development

Action(s) ***(how are you planning on achieving the proposed mitigations?)***			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
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			

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***

Ref#:	IC10
Date Added:	
Date Updated:	
Review Committee:	
Senior Responsible Owner:	
Senior Management Owner:	Jonathan McShane

Objective	**Deliver a shift in resource and focus to prevention**	✓
	Deliver proactive community based care closer to	✓
	Ensure we maintain financial balance as a system	✓
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	✓

Description	**Inherent Risk Score** ***(pre-mitigations)***			**Residual Risk Score** ***(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
There is a risk of delay in the planning or implementation of the Neighbourhoods Health and Social Care programme that could result in the service not starting on time or the aspirations of the project not being	4	4	16	4	3	12

Risk Tolerance ***(the ICB's appetite in relation to this risk)***			
	Target Score	**Detail**	**Total**
Impact	5	The impact of this risk would be high	15
Likelihood	3	This could occur at some point	

Mitigations ***(what are you doing to address this risk?)***	
Proposed Mitigation(s)	**Assurances & Evidence** ***(how will you know that your mitigations are working?)***
There is a Task and Finish group tasked with monitoring the risks around the implementation of Neighbourhoods Health and Social Care. This steering group has representation from both Contracting and Procurement. The task of the Task and Finish Group is to mitigate risks around implementation.	Task and Finish group identifying and managing risks associated with this work appropriately

Action(s) ***(how are you planning on achieving the proposed mitigations?)***			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
A full time programme manager has been recruited to drive the co-ordination of the project and co-ordinate key functions.			
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			
Links with existing programmes of work (i.e. Neighbourhoods) have been created in order to create a landing spot for the on			
NELCSU's procurement function has been engaged to scope potential holdups with procurement and to make sure that the			
The group has engaged with CCGs who have gone through the process before in order to ensure the minimisation of delays.			

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***

Ref#:	IC11
Date Added:	
Date Updated:	
Review Committee:	
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	

Objective	**Deliver a shift in resource and focus to prevention**	✓
	Deliver proactive community based care closer to	✓
	Ensure we maintain financial balance as a system	✓
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	✓

Description	Inherent Risk Score *(pre-mitigations)*			Residual Risk Score *(post-mitigations)*		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Integrated commissioning programme of work is not delivered (in whole or in part) due to the lack of appropriate digital solutions.	4	4	16	4	3	12

Risk Tolerance *(the ICB's appetite in relation to this risk)*			
	Target Score	Detail	Total
Impact	5	The impact of this risk would be high	15
Likelihood	3	This could occur at some point	

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	Assurances & Evidence *(how will you know that your mitigations are working?)*
1. Secure a robust governance structure to oversee digital delivery	Governance structure [Inc. a Digital Delivery Board] in place and supporting delivery of specific programmes of work across the IC Programme
2. Secure dedicated digital leads to research available digital solutions to	Digital Leads in post
3. Secure committed funds that are ring-fenced for new digital solutions.	Funds secured and managed by the Digital Delivery Board

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	Last updated	Delivery Date	Action Owner
1. IT Enabler programme board in situ with representation from all relevant providers and transformation workstream leads;			
2. Prevention digital lead in post; unplanned digital lead appointed			
3. £2.5m committed funds secured and initial digital outline framework approved by ICB; three projects underway			

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*

Integrated Commissioning Programme - Issues Log

Ref	Description	Impact if not managed	Inherent rating		Actions required	Current rating		Target rating		Latest action to move the issue	Status (open, pending or closed)	Notes
			Impact	Total		Impact	Total	Impact	Total			
IC12	Several members of the IC Programme Team are leaving across a x2 month period	Identified risk to the successful delivery of specific areas of IC Programme work - requirement for appropriate resource to be secured to cover said items	5	15	Job descriptions are updated & put out to advert Task list identifying areas of work which will require cover is produced - list is used as a basis for discussions between system leads to identify cover ICS Convenor to keep AOG / Workstream Directors apprised of progress recruiting to these roles, further actions to be developed as the time roles may be vacant for becomes clearer	2	2	2	2	Job descriptions have been submitted for grading, IC Programme Manager has gone out to advert Colleagues across the system have been idenfitied to support work areas	Open	

Title of report:	Integrated Commissioning Strategy for Learning Disabilities 2019-2024
Date of meeting:	9 May 2019
Lead Officer:	Siobhan Harper, Workstream Director, Planned Care
Author:	Penny Heron – Joint Strategic Commissioner for Learning Disabilities
Committee(s):	Prevention Core Leadership Group – 9 April 2019 Planned Care Core Leadership Group – For endorsement 16 April 2019 Integrated Commissioning Board 9 May 2019 for approval
Public / Non-public	Public

Executive Summary:

City & Hackney Integrated Learning Disabilities Strategy (2019-2024):

The Learning Disabilities Strategy for City and Hackney proposes a vision in line with the social model of disability and aims to break down barriers faced by learning disabled people over the next five years. This is based on feedback and themes from users, carers and stakeholders:

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

The Strategy sets out what we want to achieve over the next five years to make City and Hackney more learning disabilities friendly and accessible, tapping into community assets. The Strategy aims to address the wider determinants of health, e.g. employment, to help prevent crises and dependency on services in future.

Following the approval of the Strategy is approved, we will coproduce an action plan with service users.

Recommendations:

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

- To **APPROVE** the Learning Disabilities Strategy for City & Hackney as set out in the report.

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

- To **APPROVE** the Learning Disabilities Strategy for City & Hackney as set out in the report.

Strategic Objectives this paper supports [Please check box including brief statement]:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☒	The strategy is very much about addressing the significant health inequalities experienced by learning disabled people.
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	The strategy includes outcomes of keeping people closer to home and in the community, including work on the Transforming Care Programme to avoid admissions where possible.
Ensure we maintain financial balance as a system and achieve our financial plans	☒	The strategy is about thinking differently about how we do things, tapping into pre-existing resources and making them more accessible; developing communities to prevent need for services. On this basis it may support maintaining financial balance.
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	This is an integrated strategy that looks at both health, social care and third sector systems.
Empower patients and residents	☒	The strategy was developed from patients and residents' engagement. It promotes choice and control through personalised services.

Specific implications for City

This strategy covers both the City and Hackney.

Specific implications for Hackney

This strategy covers both the City and Hackney.

Patient and Public Involvement and Impact:

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

Consultation and coproduction events have included:

- The Big Do (service user & carer event) – to identify the key themes for the

Strategy

- The quarterly held Learning Disabilities Partnership Forum – learning disabled people, carers, ILDS, health and social care stakeholders attended workshops on developing the key themes. A feedback session of 'You said, we did' also took place at the Forum to demonstrate how their work had been incorporated into the strategy.

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

The next step will be to coproduce an action plan and Learning Disability Charter (of standards) setting out how the strategy will be achieved.

Clinical/practitioner input and engagement:

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

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

Equalities implications and impact on priority groups:

This strategy focuses upon learning disabled people who are some of the most vulnerable in society and a group identified as part of the NHS long term plan. It addresses the needs of all cultural groups in City & Hackney.

Safeguarding implications:

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

Impact on / Overlap with Existing Services:

Existing service provision will become more accessible for learning disabled people.

Main Report

Background and Current Position

There is no current strategy for learning disabilities in City and Hackney. The Strategy outlines the need and vision for making City and Hackney learning disabilities friendly area.

The Strategy was taken to the Prevention Core Leadership Group for comments. Following this there was further consultation with the City of London Corporation. Following this, the age range (from transition age) was confirmed and greater emphasis was made with reference to physical health and access to mainstream services.

The Strategy has been approved by the Planned Care Core Leadership Group.

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

Conclusion

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

Supporting Papers and Evidence:

City and Hackney Strategy for Learning Disabilities including the **- Service Model** **- Commissioning Intentions**

Sign-off:

Planned Care Workstream SRO: Andrew Carter/Simon Cribbens

INTEGRATED COMMISSIONING STRATEGY FOR LEARNING DISABILITIES

2019 -2024

INTEGRATED COMMISSIONING STRATEGY FOR LEARNING DISABILITES

2019 - 2024

1. Vision:

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

2. Aspirations:

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

3. Outcomes:

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

4. BACKGROUND & CONTEXT:

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

4.1 Definitions:

Definition of learning disability:

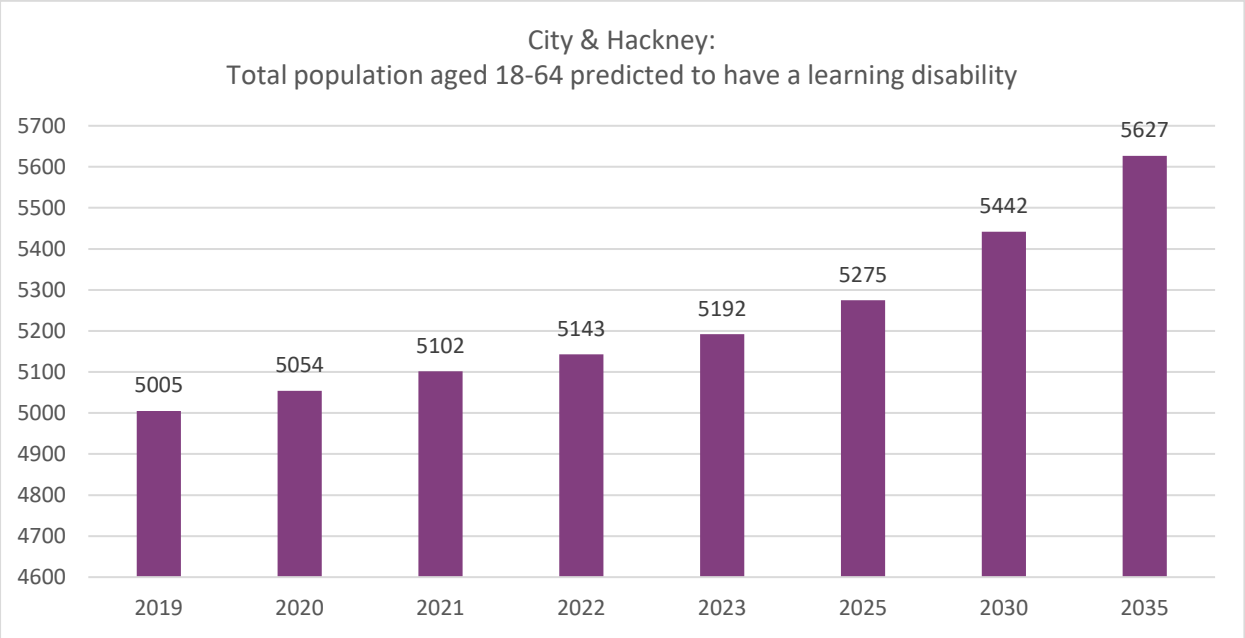
1. Significant impairment of intellectual functioning;
2. Significant impairment of adaptive/social functioning;
3. Age of onset before adulthood (before 18 years of age).

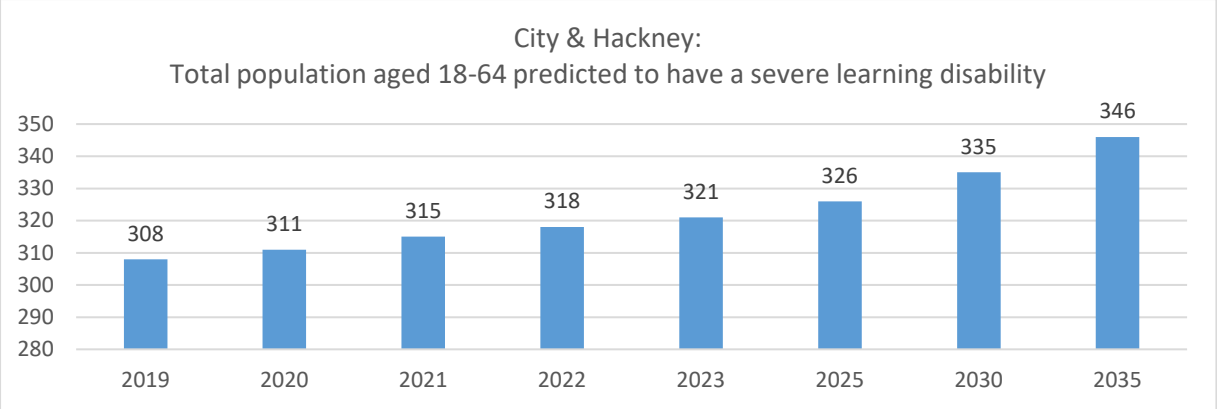
(*British Psychological Society, 2000*)

4.2 Demographics:

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

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





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

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

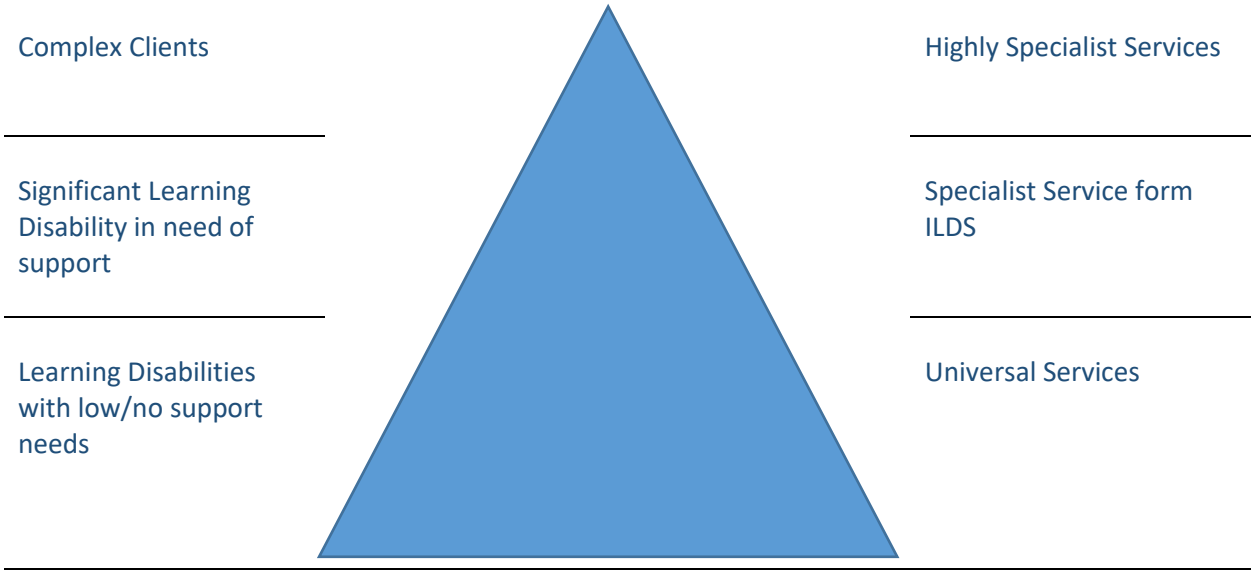
- Approximately 2.4% of adults in the City and Hackney population have a learning disability; this equates to 4,937 people in Hackney and 177 people in the City in 2015.
- The size of the local adult learning disabled population is expected to grow by around 900 people (or 17%) to 2030. Around 200 people are expected to be living locally with a moderate/severe learning disability by 2030.
- The greatest proportion of adults with learning disability in contact with local services are classified as British/White British/Mixed British/English (around 30%). A relatively high proportion of adults receiving a care package in Hackney identify as Jewish.
- Many have comorbid conditions. For example, there are significantly higher rates of serious mental illness (SMI) in adults with learning disability, around 14% of learning disabled patients affected locally (in comparison with around 1% of the total adult patient population). Provisional national data indicates that local rates are higher than might be expected (around 9% of learning disabled patients nationally coded with SMI).
- Many learning disabled people have poor physical health outcomes such as problems with their weight, diabetes and respiratory diseases.
- People with a learning disability are more likely to be living in the most deprived local neighbourhoods compared with the total population.
- Adults with learning disability who are in contact with social care services are unlikely to be in paid employment. In Hackney, the employment rate is significantly lower than comparable areas in London (Hackney rate 2.9%, CIPFA comparator group rate 6.2%).
- Around 40% of adults with learning disability are estimated to be living with their parents. This is much more common in younger age groups. The predicted ageing of the local adult learning disabled population is likely to create additional support and housing needs over the next 15 years and beyond.
- Overall, almost 40% of learning disabled adults with a care package in Hackney are in residential or nursing care; almost all of these adults are placed out of borough.
- Local learning disabled adults are at significant risk of social isolation.
- Carers must be supported in their caring responsibilities and to engage in social and leisure activities of their own. Carers must have access to regular breaks. The health

needs of carers must be understood and addressed.

City & Hackney JSNA (2017)

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

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



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

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

4.3 KEY COHORT CHECKLIST

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

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

4.4 Relevant Legislation:

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

4.5 Financial Context

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

4.5.2 These services are paid for through Adult Social Care and City & Hackney CCG, and this places a significant demand on financially constrained resources.

4.5.3 Historically, over the past three years there has been a substantial and increasing overspend/ under-resource for the specialist Integrated Learning Disabilities Service (ILDS).

4.5.4 The current overspend for the year was £4.2million and this cost pressure is partly since the costs of commissioned packages of care, e.g. supported living, day care, Direct Payments etc., in Hackney has increased. The City faces similar increased spending issues too.

4.5.5 The ILDS (Section 75) budget outturn is summarised in the table below:

Hackney LD S75 Draft outturn 2018/19	2018-19 Revised Budget £'000	2018-19 Draft outturn £'000	2018-19 full year variance £'000	2018-19 December Forecast £'000	2018-19 change on December position £'000
Expenditure					
Staff Total	3,249	3,914	665	4,047	(133)

Other operational costs	291	628	336	614	14
Commissioning total	19,736	27,818	8,083	27,277	541
Gross budget	**23,276**	**32,360**	**9,085**	**31,938**	**422**
Income					
Health Contribution S75 (staff & client cost)	(5,669)	(5,661)	8	(5,879)	218
Health Contribution S75 (Joint Funded other)	-	(1,900)	(1,900)	(1,900)	-
Client contributions	(934)	(967)	(33)	(895)	(71)
Other income (incl Funded Nursing Care & Day centres income)	(27)	(387)	(360)	(181)	(206)
Total income	**(6,630)**	**(8,915)**	**(2,285)**	**(8,856)**	**(59)**
Net S75 budget	**16,646**	**23,445**	**6,800**	**23,082**	**363**
Contribution from Council Reserves	-	(1,851)	(1,851)	(1,722)	(129)
Hackney Overheads	784	772	(12)	778	(6)
Net budget including ring fenced budgets	**17,430**	**22,367**	**4,936**	**22,138**	**229**
LD S75 Outturn 2018-19	**17,430**	**22,367**	**4,936**	**22,138**	**229**

4.5.6 Staffing and operational costs were increased in the Integrated Learning Disability Service (ILDS) as a result of employing additional staffing capacity to manage demands on the service and the use of consultancy/agency staff to cover vacant posts. A recruitment campaign got underway as part of the redesign and it is planned to that permanent staff will fill the vacant posts.

4.5.7 Care commissioning also shows an adverse variance of £8.085m, with significant areas of pressure in residential care, supported living, Direct Payments, home care and day care. A breakdown is given in the tables below (as at March 2019):

Service Area	2018-19 Revised Budget £000	2018-19 Draft outturn £000	2018-19 Variance to Budget £000
Residential care	10,087	10,988	902
Nursing care (incl free nursing)	334	586	252
Respite Care	103	212	109
Supported Living	5,890	8,290	2,400
Home Care (block & spot)	1,043	2,566	1,523
Direct Payments	983	2,675	1,692
Client transport	200	205	5
Day Care	674	1,955	1,281
Voluntary Orgs	186	-	(186)
Other Client Cost	235	340	105
Commissioning Total	**19,736**	**27,819**	**8,083**

External Commissioned Services	Current Clients	Current total spend (£/pw)	Current unit cost (£/pw)
Res Care	119	177,010	1,487
Supported Living	142	137,164	966
Direct Payments	128	49,251	385
Home Care	106	44,679	422
Nursing Care	3	3,438	1,146

4.5.8 In addition to the redesign of ILDS, a pilot was completed on joint funding packages of care (providing money from health to help pay for health needs) and a process developed. We want to make sure that we look at health and social care funding for integrated packages of care from now and in the future across the commissioned services.

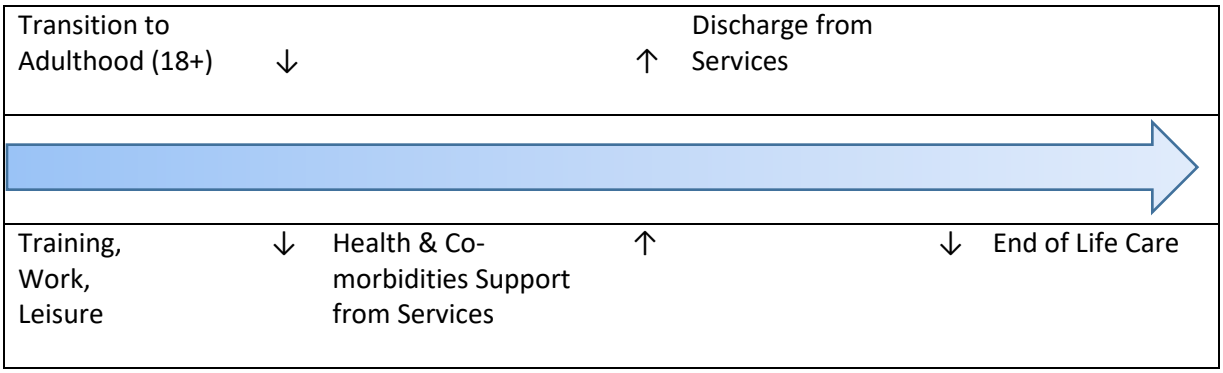
4.5.9 We want to try and address these cost pressures through a number of methods; looking at processes in the service but also more strategically through mitigating the pressure on high care packages to have more focus on independent living, improved access to mainstream services, and more flexible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

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

5. Developing Services for People with Learning Disabilities

5.1 Pathway for People with Learning Disabilities:

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



5.1.2 Building the Right Support – Golden Threads:

1. Quality of life
2. Keeping people safe
3. Choice and control

4. Support and interventions should always be provided in the least restrictive manner.
5. Equitable outcomes, comparable with the general population, by addressing the determinants of health inequalities outlined in the Health Equalities Framework.

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

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

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

5.2 Specialist Learning Disabilities Service

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

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

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

6. The Key Themes

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

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

6.1 Learning Disabilities Partnership Forum

6.1.1 The Learning Disabilities Partnership Forum consists of service users, carers, support providers and other stakeholders working in partnership to make the borough a learning

disabilities friendly place. They are working with a specific remit to develop a Learning Disabilities Charter and to be a vehicle for coproduction in the borough. The charter is being developed to look at the working on the four main themes (above) to make Hackney a learning disabilities friendly borough. It should be noted that the work on the charter and ongoing work of the Partnership Forum should be incorporated into the strategic plan in future.

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

6.2 Independence:

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

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

Life Skills and Domestic Activities

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

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

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

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

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

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

Travel & Transport

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

6.2.10 There are some special schemes which help disabled people travel. These include London Taxi cards which provides subsidised door-to-door travel in taxis and private-hire vehicles for people who have a long term or permanent illness or disability, which significantly limits/ prevents them from using public transport.

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

6.2.12 We want more learning disabled people to be able to travel independently and safely. This will mean support with travel training for some. There are different places learning disabled people can get this support including Transport for London Travel Mentoring; the Integrated Learning Disabilities Service; or, in some cases, from the paid support they already get.

Choice and Control

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

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

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

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

Advocacy:

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

6.2.18 There are a number of other organisations in the borough who also provide different advocacy in the borough too and some of these will offer advocacy to learning disabled people.

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

Employment

6.2.20 Engaging in good quality work, being paid a fair wage and good working conditions are important for both positive health outcomes and social equality. It provides a purpose to life and an income for living. In Hackney the number of people with learning disabilities in paid

employment is lower than nationally (3.4% in Hackney, compared with 6% of the national LD population) and very low compared with the non-learning disabled population.

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

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

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

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

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

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

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

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

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

6.3 Where I live:

Accommodation & Housing

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

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

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

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

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

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

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

Carers

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

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

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

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

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

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

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

Hackney Shared Lives Service:

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

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

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

Making my home my own.

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

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

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

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

Using technology

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

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

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

6.4 Community:

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

Holidays

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

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

Making Friends and Social Relationships

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

6.4.5 Day services offer some people the opportunity to socialise with others whilst often providing respite for family carers. In Hackney, Oswald Street Day Centre supports those with complex needs living in the family home, offering different activities within and out of the building, this is Council run. There are day services operating in the borough; these include The Hub Club, and Kisharon (specialises in the Charedi community).

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

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

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

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

Religion and Culture

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

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

Whereas in the City:

- The resident population is predominantly White, but the second largest ethnic group is Asian (13%); fairly evenly divided between Asian-Indian, Asian-Bangladeshi, Asian-Chinese, Asian-Other.
- Migrant labour in the City is significant, (one third) travelling in and out of the City for a specific job or employer. City workers are largely White (79%), Asian (12%), Black (5%), Mixed Race (3%) and Arab Origins (1%).
- The predominant religions are Christian (45%); those stating No Religion (34%); Islam 5%; Jewish (2%).

(*Census, 2011*)

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

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

Leisure

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

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

6.4.15 Some of the entertainment venues such as theatres and cinemas offer special screenings to cater for those who may have specific sensory needs.. Some music and theatre groups provide additional special sessions for learning disabled people e.g. London Symphony Orchestra, Access All Areas, Spinning Yarn, to allow them to participate to allow them to learn and participate in music, using musical instruments, dance and drama.

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

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

Volunteering

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

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

Education

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

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

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

Knowing What is Out There

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

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

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

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

Keeping safe:

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

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

Safeguarding

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

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

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

People Who Have Behaviour that Challenges

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

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

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

6.5 Health:

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

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

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

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

6.5.4 There are currently about 1221 people on the GP LD registers (December 2018; EMIS via CEG). Health checks at the moment are around 52% with differences ranging across the GP localities. We want to achieve a target of 75% health checks and increase the number of meaningful health action plans.

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

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

Equal Access to Health

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

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

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

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

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

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

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

disabled people and for learning disabled people to be confident to use them. We want people to have the right psychological support when they need it.

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

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

Navigating and accessing services

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

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

Gathering the Data and Identifying Needs

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

7 Throughout the Lifespan:

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

7.2 Preparation for Adulthood -

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

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

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

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

7.2.5 There have been some new processes and multi-agency groups set up to look at this and develop pathways for young people with special educational needs and disabilities (SEND).

This has involved the Learning Trust, health and social care services. This is a key priority for the City and involves partnerships across Education, Health and Social Care.

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

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

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

7.3 Getting Older -

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

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

The Plan

Making City and Hackney learning disabilities friendly boroughs

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

1. Breaking Down Barriers

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

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

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

2. Priorities

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

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

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

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

3. Commissioning Intentions

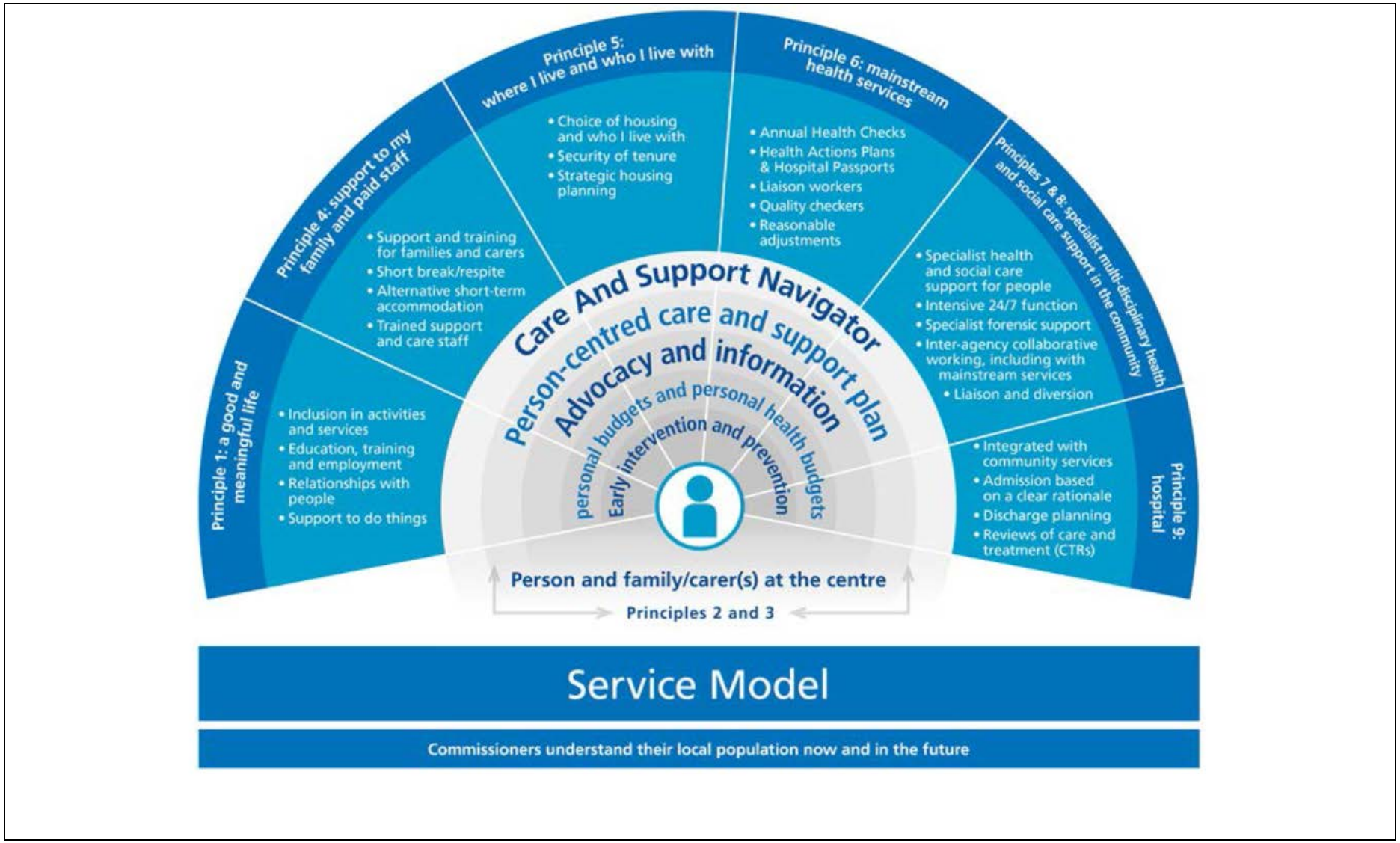
Commissioners from London Borough of Hackney and City & Hackney Clinical Commissioning Group (CCG) have put this strategy together.

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

Using coproduction, the Commissioners will lay out out what the next steps will be to put this strategy in place and what we want to do. This will be called a Market Position Statement and Commissioning Intentions. This will include a costed plan of what we want to do. Some examples of how these for the first two years are enclosed in Appendix II.

As part of implementing the plan, commissioners will use the vision, aspirations and outcomes to shape future services for learning disabled people, such as through inclusion in contracts and monitoring of services.

Appendix I: Building the Right Support Service Model



APPENDIX II: COMMISSIONING INTENTIONS

	Commissioning Intentions 19/21					
	Activity	Which provider will this impact	How will they be impacted/affected	Outcomes / the difference it will make	Any supporting data / evidence	Key milestones

	Moving towards an outcomes-based commissioning model, with co-production The ILDS redesign: Implementing a new model of integrated working, focusing on positive outcomes for people with LD. Implementing a joint funding model for clients accessing health and social care	ILDS	Changes to ways of working. More permanent staff in place with clear, shared direction of travel and purpose. Improved processes and procedures.	- People with a learning disability [PWLD] are an active part of their community - PWLD are enabled to achieve independence where possible - PWLD have a place they call home - PWLD are able to access the health care they need. PWLD have choice and control in their lives.	Hackney Mayoral Priorities Planned Care – ILDS work plan New ILDS specification & Contract. JSNA Learning Disabilities Chapter The Care Act Personalisation Agenda LeDer Premature Deaths Inquiry & CIPOLD [Confidential Inquiry into the Premature Deaths of People with Learning Disabilities Report. Transforming Care Programme NHS Long Term Plan	New integrated ILDS with clear pathways in place, which focusses on improved outcomes for service users, including those in transition to adulthood.
	Accommodation review, including contractual provision and strategy to ensure suitable support and accommodation in the borough with more personalised services.	ILDS; Residential and supported living providers Advocacy	Development of targeted, specialist provision for local people with LD to access readily.			Strategy in place around LD accommodation, contracts in place– Market Position Statement developed. More people in settled accommodation.
	Strengthening links with primary care; developing links with the neighbourhood model and taking action from the Review of premature deaths of PWLD	ILDS & Primary care provision	Mainstream health staff will be skilled, confident and better able to work with service users who have an LD. Local strategies in place to support health needs of PWLD			Local understanding of the health needs of PWLD. Reduction in health inequalities for PWLD.

Title of report:	*Integrated Learning Disabilities Service (ILDS) Specification*
Date of meeting:	9th May 2019
Lead Officer:	Siobhan Harper
Author:	Penny Heron – Joint Strategic Commissioner for Learning Disabilities
Committee(s):	*Planned Care Core Leadership Group – for approval/endorsement, 16th April 2019* *Integrated Commissioning Board 9th May 2019 for approval/endorsement*
Public / Non-public	Public

Executive Summary:

***The Integrated Learning Disabilities Service (ILDS) Specification*:**

A service specification is laid out for the Integrated Learning Disabilities Service (ILDS). This is a specialist, joint service between health (city & Hackney) and social care (Hackney) for adults with learning disabilities. Implementation of a new service specification forms part of the ILDS redesign programme in Planned Care.

Following consultations with users, carers, staff and stakeholders the specification lays out an integrated service model based on co-developed outcomes:

1. *People with a learning disability are an active part of their community*
2. *People with a learning disability are enabled to achieve independence where possible*
3. *People with a learning disability have a place they call home*
4. *People with a learning disability are able to access the health care they need.*

- A theme of safety shall run throughout these-

Many of the areas of the specification align with the LD Strategy including improving links with primary care and supporting others to make reasonable adjustments to become accessible for learning disabled people, as a key function. Outcomes around enabling learning disabled people to achieve independence and their full potential is a major role for the service. This should help prevent the need for long term services for many.

It highlights the need for current good practice, e.g. having a named worker, to address concerns raised in consultations around enabling people to make contact with the service and person-centred approaches. There is more emphasis on multi-disciplinary and specialist work to enable even the most complex of service users to achieve positive outcomes, engage in the community and enjoy a good quality of life.

It will also support delivery of the NHS Long Term Plan, statutory requirments and making the community a place for everyone.

Recommendations:

- To **APPROVE** the service specification for ILDS as set out in the report.

Strategic Objectives this paper supports [Please check box including brief statement]:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☒	The specification includes key functions of the service to support other services, such as health and wellbeing services, to be more accessible to learning disabled people; and to enable service users develop independent living skills. The service will also support the LeDer Programme to prevent premature deaths and reduce health inequalities.
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	The specification highlights the need for the service to be proactive in this. For example, it's role in the Transforming Care Programme to prevent admissions and one of the KPIs has been set to increase the number in settled community accommodation.
Ensure we maintain financial balance as a system and achieve our financial plans	☐	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	There is a strong emphasis in the specification on the team working together in an integrated and multi-disciplinary way to achieve the best outcomes for service users.
Empower patients and residents	☒	The service will help provide a voice to many who do not have one and support the best interests of those who have reduced mental capacity. The specification also includes a section on how service users (and carers) will feed into and shape the service in future. There is a strong emphasis on person centred approaches. Service users will also play a major role in demonstrating the achievement of the KPIs.

Specific implications for City

As a local authority the City tends to care manage its own cases; however, the health element of the service may be used by those in the City e.g. those who are on Continuing Health Care or learning disabled residents who require therapy, health support for learning disabled people who have a GP in the City.

Specific implications for Hackney

Both the social and health care components of this specialist service specification apply to Hackney.

Patient and Public Involvement and Impact:

Learning disabled people, their carers, ILDS and stakeholders have been involved throughout, and the themes for the outcomes in the Specification have been co-produced. There have been a number of Consultation and coproduction events, both before and in the development of the specification. This has included:

-The Big Do (a service users and carer event) to seek the views of how people wanted to shape services.
-Learning Disabilities Partnership Forum - a quarterly forum for learning disabled people, carers, ILDS, health and social care stakeholders. Workshops at these meetings over the past year have focussed on the ILDS redesign, the feedback has been incorporated into and shaped the ILDS service specification. A feedback session of 'you said, we did' was also done at the forum so partners would know their feedback had been incorporated into the specification – E.g. the service enabling people to live in their own home and make choices about this and accessible support plans and access to the service.
-Attendance at a carers' support group - feedback from there was incorporated. For example, a named worker would be introduced within the specification to improve consistency of contact and communications.
-Other service providers – consultation was also undertaken with service providers such as support organisations. Feedback for these groups that has been incorporated into the specification has included, getting a copy of service user Assessments and Reviews in a timely manner and supporting people around safeguarding issues.

Clinical/practitioner input and engagement:

A consultation and further sessions have also been held with staff in ILDS and other stakeholders (clinicians and practitioners) to consult on the redesign of ILDS, what the new service should do and pathways within it. These have included:
An ILDS staff survey (e.g. the findings helped shape the vision, service direction, and key functions);
Attendance at team meetings and workshops (these helped shape the model, KPIs and measurement of them)
Practitioner/clinician attendance at the Partnership Forum (as above).
Meetings with stakeholder clinicians/practitioners (these provided suggestions such as how the team should work with advocacy, or service involvement of Client Affairs to support service users with money management).
One iteration of the specification was circulated to ILDS staff in Nov 2018 with comments received and incorporated.
The outcomes were shared with ILDS in Nov 2018 and well received. The KPIs disseminated to ILDS in Feb 2019 so they could be incorporated into the ILDS pathways' away day plans.
The Specification was further circulated to staff, and clinical leads for comments, the feedback received has been positive. There may be some further comments from the ILDS practitioners to be taken into account however these will be minor inclusions and will not alter the overall messages and content.

The GP Clinical Lead and LBH's Quality Assurance have also reviewed the speciation and commented.
Feedback from the above has been incorporated into the specification.

Equalities implications and impact on priority groups:

Those with disabilities and long-term conditions.
The service will cover the diverse populations of City and Hackney.

Safeguarding implications:

Safeguarding issues an implications are covered within the specification

Impact on / Overlap with Existing Services:

The specification impacts on the existing ILDS
The service will link in across the neighbourhoods/networks.
The service will support mainstream health and community services to make reasonable adjustments for learning disabled service users.

Main Report

Background and Current Position

The Integrated Leaning Disabilities Service (ILDS) has undergone a programme of redesign which is reported via the Planned Care Workstream. It is a specialist health and social care service for people with learning disabilities. Service users are often highly vulnerable and many have complex needs. There are, and have historically been, significant cost pressures in relation to this service (as there are with other LD services elsewhere too). For several years the team experienced recruitment issues, high staff turnover and many of the staff including the Head were interim. A new permanent Head is in place and further recruitment is underway. The specification was developed as part of the redesign programme to: help provide direction to the service; create a set of meaningful, agreed outcomes; define the expectations and standards for the service; inform the service delivery model and support value for money approaches. It has been approved by the Planned Care Core Leadership group pending comments they suggested (now incorporated) into the specification.

Options

Do nothing - The previous service specification was out-dated and needed to be refreshed to be in line with current legislation and best practice. The service tended to operate within professional silos rather than in a joined-up way.

1. Develop a new service specification for the service - This would provide the opportunity to positively change this situation and gain involvement from others such as service users and carers in shaping a new service. It would better support a wider strategy to improve the outcomes for learning disabled residents *(-Preferred Option)*

2. Disband the specialist service and merge fully with mainstream services – Costs would then be absorbed elsewhere in health and social care systems and would leave this highly vulnerable user group without specialist support to advocate for their support and health needs. This would come with high risk e.g. increased health inequalities, inaccessible services, high packages of care.

Proposals

[This section should explain in more detail and justify the recommended course of action, setting out clearly what beneficial outcomes are expected.]

(Please refer to ILDS Service Specification)

Following extensive consultation, a vision and set of outcomes were coproduced. The service will be expected to work towards achieving these outcomes and demonstrate how a positive difference has been made to learning disabled residents as a result of its interventions.

The specification identifies areas of performance that are in line with current good practice e.g. use of a named worker, NICE guidance, areas identified within the NHS Long Term Plan and the Care Act. The specification identifies a model and pathways that are informed by consultation, benchmarking and review of existing data to ensure the service not just fit for purpose, but delivering a good quality service.

It is anticipated that the new service specification will help ensure:

- Service users and their carers have a good experience of care and support and are able to achieve their personalised outcomes.
- Opportunities are given to learning disabled people to live in settled accommodation in a place that they choose or is best for them.
- People get the right support at the right time, and have choice and control in decisions that affect them.
- Learning disabled people feel safe from harm but able to take positive risks
- An increase in the uptake of mainstream and universal services and activities.
- An increase in the number of healthy behaviours/ or health promoting activities.
- A reduction in health inequalities.
- Avoidance of unnecessary admissions to hospital.
- Learning disabled people are active within their community.
- A reduction in the need for support.

It is proposed that this specification for this insourcing arrangement will be in place for 5 years, plus 1, plus 1.

As stated in the specification, the service will be subject to quarterly performance reporting and quality assured as per London Borough of Hackney Quality Assurance Framework.

Conclusion

The new specification is an updated, codeveloped, outcomes-based specification that provides a description and standards expected of the specialist ILDS. Outcomes focus upon learning disabled people achieving their potential and experiencing a good quality of life. It promotes joined-up multidisciplinary approaches to support individuals in a person-centred way. It highlights the need for the service not only to work with individuals to achieve positive outcomes but also to strategically lead and advise on good practice and reasonable adjustments for learning disabled people in the wider community.

Supporting Papers and Evidence:

The Service Specification is attached as an Appendix.

Sign-off:

Planned Care Workstream SRO: Andrew Carter/Simon Cribbens

Service Specification

Service Specification No.	XXX
Service	**Integrated Learning Disabilities Service**
Commissioner Lead	Joint Strategic Commissioner for Learning Disabilities
Provider Lead	London Borough of Hackney / East London Foundation Trust
Period	April 2019 – April 2024 Plus option to extend plus one, plus one.
Date of Review	Annual

1. BACKGROUND 3
2. National Policy & Frameworks....3
2.1 VALUING PEOPLE (2001) AND VALUING PEOPLE NOW (2009) 3
2.2 THE CARE ACT (2014) 3
2.3 TRANSFORMING CARE & BUILDING THE RIGHT SUPPORT (2015) 4
2.4 NHS LONG TERM PLAN 5
3. Local Context 5
4. OUTCOMES 7
4.1 OUTCOMES FRAMEWORK DOMAINS & INDICATORS 7
4.2 KEY OUTCOMES....7
4.1 AIMS/ PRINCIPLES OF THE SERVICE 8
4.3 OBJECTIVES: 8
5. SERVICE MODEL....8
6. KEY FUNCTIONS 9
PERSON CENTRED PRACTICE....10
7. Scope of the Service 11
8. Enabling Access to and Responses from Mainstream Services 13
9. ADDRESSING HEALTH INEQUALITIES....13
9.2 LEDER....14
10. ACCESS TO THE SERVICE 15
10.1 POPULATION COVERED 15
DIAGNOSTIC CRITERIA FOR LEARNING DISABILITY 15
REFERRALS....16
10.2 PREPARATION FOR ADULTHOOD 17
11 Prevention, Enablement and Promotion of Independence 18
CRISIS PREVENTION....18
12. Complex and Longer-Term Specialist Cases....20
PEOPLE WITH LEARNING DISABILITIES WHO ALSO HAVE A MENTAL HEALTH DIAGNOSIS OR BEHAVIOUR THAT CHALLENGES 21
13. TRANSFORMING CARE PROGRAMME 22
14. Safeguarding 24
15. CONTINUING HEALTH CARE (CHC) 25
NHS FUNDED NURSING CARE (FNC) -....26
16. Service User Involvement....26
17. Processes and Procedures....27
17.1 THE FRONT DOOR: 27
17.2 INPUT AND SUPPORT 28
17.3 LEAVING THE SERVICE 29
CLIENTS MOVING OUT OF THE BOROUGH 29
18. Staffing 29
LEADERSHIP....32
19. QUALITY 32
KEY PERFORMANCE INDICATORS (KPIS)....32
CONTINUOUS SERVICE IMPROVEMENT 33
20. INFORMATION GOVERNANCE AND CONFIDENTIALITY 34
21. MANAGEMENT OF CASE FILES 35
22. IT REQUIREMENTS 35
23. INCIDENT MANAGEMENT....36
24. HEALTH AND SAFETY 36

25. RISK MANAGEMENT 36
26. EQUALITY AND DIVERSITY 36
27. Location of the Service 37
28. Applicable Service Standards 38
APPENDIX I 39
OUTCOMES FRAMEWORK FOR THE SERVICE 39
APPENDIX II 46
APPENDIX III 48
SUGGESTED REPORTING ON OUTCOMES 48
APPENDIX IV 49
ACTIVITY DATA 49

Service Specification: Integrated Learning Disabilities Service

1. BACKGROUND

A learning disability is a reduced intellectual ability and difficulty with everyday tasks e.g. daily activities, socialising which affects someone from childhood. Someone with a learning disability takes longer to learn and may need support to develop new skills, understand complicated information and interact with other people. The Service detailed in this specification is for a specialist health and social care service, working together, for people with a learning disability.

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

People with learning disabilities are more likely to be deprived and experience inequalities in their health than the general population. For example, people with a learning disability are four times more likely to die of something which could have been prevented than the general population (Disability Rights Commission, 2006). They are often a very vulnerable group in society.

2. National Policy & Frameworks

2.1 Valuing People (2001) and Valuing People Now (2009)

Valuing People remains the key and most recent national policy framework for learning disabilities. Many of the key principles of Valuing People and Valuing People
Now (2009) are now enshrined in the Care Act 2014. Our commissioning intentions reflects these, and other key priorities described in Valuing People Now.

2.2 The Care Act (2014)

The Care Act sets out a vision for a reformed support system, ensuring health and social support is focused on people's wellbeing, prevention and supporting people to stay independent for as long as possible and lays out what local authorities must do. E.g.:

- carry out an assessment of anyone who appears to require care and support, regardless of their likely eligibility for state-funded care
- focus the assessment on the person's needs and how they impact on their wellbeing, and the outcomes they want to achieve
- involve the person in the assessment and, where appropriate, their carer or someone else they nominate
- provide access to an independent advocate to support the person's involvement in the assessment if required
- consider other things besides care services that can contribute to the desired outcomes (e.g. preventive services, community support) use the new national minimum threshold

It requires Local Authorities to identify the individual's strengths – personal, community and social networks – and maximise those strengths to enable them to achieve their desired outcomes, thereby meeting their needs and improving or maintaining their wellbeing. The Act also gives people the legal right to a 'personal budget' and or a 'personal health budget'

It is expected that the Service will be Care Act compliant.

Source: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

2.3 Transforming Care & Building the Right Support (2015)

Building the Right Support is a national plan to develop community services and limit admissions for people with a learning disability and/or autism who display behaviour that challenges.

It identifies what good services and support looks like for people with a learning disability and/or autism who display behaviour that challenges, including behaviours which may result in contact with the criminal justice system. It is structured around nine core principles:

1. People should be supported to have a good and meaningful everyday life
2. Support should be person-centred, planned, proactive and coordinated
3. People should have choice and control over how their health and care needs are met
4. People with a learning disability should be supported to live in the community with support from and for their families/carers as well as paid support and care staff
5. People should have a choice about where and with whom they live
6. People should get good support from mainstream NHS services, using NICE guidelines and quality standards
7. People with a learning disability and/or autism should be able to access specialist health and social care support in the community
8. When necessary, people should be able to get support to stay out of trouble
9. When their health needs cannot be met in the community, they should be able to access high-quality assessment and treatment in a hospital setting, staying no longer than they need to

There are 'golden threads' that run consistently through these principles:

• Improving quality of life

• Keeping people safe

• Promoting choice and control

• Support and interventions should always be provided in the least restrictive manner.

• Equitable outcomes, comparable with the general population, by addressing the determinants of health inequalities.

(*Source:* Building the right support, LGA, ADASS, NHSE, October 2015)

The Service is expected to work within these policies, legislation and frameworks.

2.4 NHS long Term Plan

The NHS long term plan specifically mentions learning disabilities including Transforming Care and preventing premature deaths through addressing health inequalities e.g. through improving health checks and NHS services making reasonable adjustments for those with learning disabilities. It outlines intentions to improve health and care services better so that more learning disabled people can live in the community, with the right support, and close to home with a view to preventing hospital admissions where possible. It also identifies the need for timely diagnosis and access to specialist services. The Service is expected to support with implementation of this plan.

3. Local Context

Health and social care organisations in Hackney and the City of London are increasingly working together more to try to improve residents' health and wellbeing.

Hackney is a diverse inner London borough, with significant 'Other White', Black and Turkish communities; e.g. the Charedi Jewish community is concentrated in the North East of the borough and is growing. It is a relatively young borough with a quarter of its population under 20. Services need to consider such diversity as part of their work.

Hackney's population is estimated at 263,150 people. Approximately 2.4% of adults in the City and Hackney population have a learning disability; this equates to 4,937 people in Hackney and 177 people in the City in 2015.

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

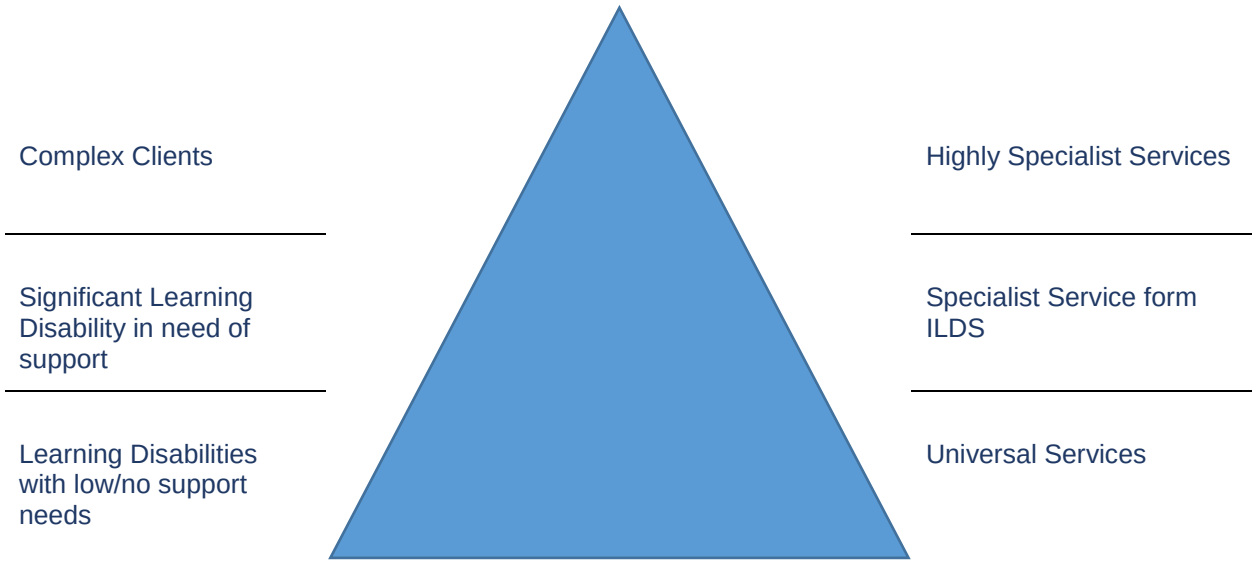
- Approximately 2.4% of adults in the City and Hackney population have a learning disability; this equates to 4,937 people in Hackney and 177 people in the City in 2015.
- The size of the local adult learning disabled population is expected to grow by around 900 people (or 17%) to 2030. Around 200 people are expected to be living locally with a moderate/severe learning disability by 2030.
- The greatest proportion of adults with learning disability in contact with local services are classified as British/White British/Mixed British/English (around 30%). A relatively high proportion of adults receiving a care package in Hackney identify as Jewish.
- The largest number of people affected by learning disability are estimated to be in the 25-34-year age group. This is due to the relatively young population in Hackney as well as the higher prevalence of learning disability in younger people.
- Many have comorbid conditions. For example, there are significantly higher rates of serious mental illness (SMI) in adults with learning disability, around 14% of learning disabled patients affected locally (in comparison with around 1% of the total adult patient population). Provisional national data indicates that local rates

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

- People with a learning disability are more likely to be living in the most deprived local neighbourhoods compared with the total population.
- Almost one quarter (22%) of adults with a learning disability are estimated to have a moderate or severe condition.
- Adults with learning disability who are in contact with social care services are unlikely to be in paid employment. In Hackney, the employment rate is significantly lower than comparable areas in London (Hackney rate 2.9%, CIPFA comparator group rate 6.2%).
- Around 40% of adults with learning disability are estimated to be living with their parents. This is much more common in younger age groups. The predicted ageing of the local adult learning disabled population is likely to create additional support and housing needs over the next 15 years and beyond.
- Overall, almost 40% of learning disabled adults with a care package in Hackney are in residential or nursing care; almost all of these adults are placed out of borough.
- Local learning disabled adults are at significant risk of social isolation.

City & Hackney JSNA (2017)

It is expected that most people with learning disabilities will be accessing universal services. For some their needs may go up and down, dipping in and out of specialist services.



A series of consultation exercises was undertaken with people with learning disabilities, carers, the Integrated Learning Disabilities Service and other stakeholders (2017-18). This service specification has been developed to include the feedback and findings from these exercises.

Some work has already been undertaken on shaping the Service Pathways of the Integrated Learning Disabilities Service (referred to as 'the Service'), and this work is expected to continue in order to meet the requirements of this schedule.

4. OUTCOMES

4.1 OUTCOMES FRAMEWORK DOMAINS & INDICATORS

The Service will work towards the following outcomes as laid out in the national Adult Social Care; NHS and Public Health outcomes framework:

Domain 1	**Preventing people from dying prematurely**	
Domain 2	**Enhancing quality of life for people with long-term conditions**	
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	
Domain 4	**Ensuring people have a positive experience of care**	
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	

Please see Appendix 1 for Outcomes based on the above domains and ASCOF etc. which are matched to the service delivery.
The service will work as part of the overall Learning Disabilities Strategy for City and Hackney, supporting it to achieve its outcomes.

As a specialist, adult, community learning disabilities service, the overall goal of the service will be:

> *To ensure people with learning disabilities achieve their potential, are as independent as they can be, have a good quality of life, and equal life opportunities to anyone else.*

4.2 KEY OUTCOMES

The Service shall work to achieve the following local (coproduced) key outcomes:

- **People with a learning disability are an active part of their community**
- **People with a learning disability are enabled to achieve independence where possible**
- **People with a learning disability have a place they call home**
- **People with a learning disability are able to access the health care they need.**

A theme of safety shall run throughout these

4.1 AIMS/ PRINCIPLES OF THE SERVICE

The key principles as laid out in Valuing People and Valuing People Now (2009) will be a constant theme across the Service. The Service will work to ensure

1. People with learning disabilities and their families have the same human rights as everyone else.
2. Choice and control are promoted in all aspects of the lives of people with learning disabilities, including their services and support.
3. People with learning disabilities are enabled to be as independent as they can be, whilst ensuring their personal safety, and freedom from discrimination.
4. People with learning disabilities lead fulfilling lives and participate in all aspects of community life – work, learning, be part of social networks and accessing goods and services.
5. People with learning disabilities will have good health and wellbeing.
6. People with learning disabilities and their carers are at the centre of everything the service does.

4.3 OBJECTIVES:

The Service will ensure that it is able to demonstrate positive outcomes for people with learning disabilities as a result of its work through achievement of the following objectives:

- An increase in the number in paid employment and an increase in volunteering activities.
- A reduction in residential placements and an increase in those living in their own home/ with a tenancy.
- An increase in the uptake of mainstream and universal services and activities.
- A high uptake of health checks and screening.
- An increase in the number of healthy behaviours/ or health promoting activities.
- A reduction in health inequalities.
- Avoidance of unnecessary admissions to hospital.
- Safe, planned and effective discharge from hospital.
- A reduction of social isolation.
- A feeling of safety among people with learning disabilities in their community.
- A reduction in the need for support.
- Good quality service provision for people with learning disabilities.
- An increase in Personalisation.

Key performance indicators are listed later in this Specification.

5. SERVICE MODEL

The Service will be an integrated service of health and social care partners working together to provide a holistic approach to meeting the needs of people with learning disabilities. It will be

needs led but with enabling strengths-based approaches. The Service will use specialist knowledge and skills, evidenced based and best practice to work in a multi-disciplinary way.

There will be a clear pathway/s including overall access into and out of the service.

The Service will support people with learning disabilities to achieve their goals, aspirations and full potential. It will work in collaboration with people with learning disabilities, their carers and others to enable the individual with learning disabilities and/or build the right support around them; ensuring good health and wellbeing.

The Service shall support people with learning disabilities to have the same rights and responsibilities as everyone else, supporting with reducing or removing the barriers faced by people with learning disabilities. This will include supporting positive risk taking.

The Service will work towards delivering the right support at the right time in a joined-up manner, so that people with a learning disability have positive experiences of support. This will include supporting smooth transitions, including at the time of preparation for adulthood and end of life.

The Service should use an outcomes-based model which provides greater choice, control and flexibility for those accessing services. This includes using a range of mechanisms such as Direct Payments, Personal Health Budgets and Individual Service Funds. The Service will support with ensuring good value for money services for people with learning disabilities.

6. KEY FUNCTIONS

The key functions required for delivery by the Service are to:

- Work in partnership with others, such as mainstream services, to ensure equal and fair access and advice on reasonable adjustments for people with learning disabilities.
- Assist people with learning disabilities and those supporting them to better understand the causes of ill-health, support to access to good primary care, community and specialist acute/mental health services, and wider mainstream opportunities in society.
- Respond positively and effectively to vulnerable people in need of support and ensure a smooth transition of eligible clients into the Service
- Offer a timely service which adheres to health and social care requirements.
- Provide effective integrated, person-centred support to people with learning disabilities
- Assess and meet the needs of people with a diagnosed learning disability, including young people transitioning into adulthood, using a coordinated and integrated approach.
- Provide direct specialist clinical, therapeutic and social care support for people with a learning disability
- Deliver individual outcomes as part of assessment and support planning processes.
- Ensure that individual service user Reviews are meaningful, timely, of high quality, and outcomes focused.
- Offer a holistic approach to care and support of the individual
- Involve people with learning disabilities and their carers in key decisions about service delivery and support.
- Deliver a specialist service in line with up to date best practice
- Work with Commissioners to identify gaps and develop service options appropriate for people with learning disabilities in the borough.

- Attend, inform and deliver the priorities of the Learning Disabilities Partnership Forum.
- Support and engage with key programmes that support people with learning disabilities to have better lives. This includes work on the Transforming Care Programme to avoid admissions.

Broadly these functions fall into three main roles for the service:

1. **Advice, Consultation, and Signposting**:

   This works on the principles that people with learning disabilities should be able to access the same opportunities and mainstream/universal services as anyone else in the population. The Service will work to ensure this through provision of advice, guidance in a consultative role. This will include providing accessible information and signposting to other services. The Service will work to address the inequalities experienced by people with learning disabilities more widely; developing positive relationships with other services is key to making this happen. Unlike the other roles, the service will focus on the environmental factors.

2. **Prevention, Enablement and Promotion of Independence:**

   Working in a person-centred, way the service will work to develop the strengths of individuals with a learning disability to support them to achieve their full potential and, where possible, prevent the need for further services. This will tend to be shorter term, discreet outcomes focussed pieces of work.

3. **Complex and Longer-Term Specialist Cases:**

   Working in a person-centred way, the service will work to develop the strengths of individuals with a learning disability to support them to achieve their potential, maintain ability and ensure a good quality of life.

Some people with learning disabilities will use these discreet service roles, however, there may be those who need different aspects of these roles at different times and there may be some crossover. These roles will be undertaken in order to meet the service outcomes and via the pre-agreed integrated pathways.

PERSON CENTRED PRACTICE

The Service will be person-centred and accessible in all aspects demonstrating a commitment to be flexible, sensitive and responsive to the individual's needs and preferences whilst ensuring client choice and informed risk taking. Adhering to the following principles:

- Put the person at the centre
- Give the person choice and control and support them to be a valued Citizen and part of their community
- Ensure the person is respected, listened to and their rights upheld

- Ensure the person's voice is heard, even if they can't say, or express themselves
- Use an outcome focused approach, enabling the person to achieve their goals
- Support planning tailored to each person's unique needs and wishes, is fully accessible and is ever evolving
- Include people who know the person best, to help plan support and recognise the contribution families can provide as experts
- Start with the resources already available within the person's life and wider community and then identify where 'just enough' support is needed to bridge any gaps
- Start planning for the future as early as possible
- Involve the person and their family in choosing who supports them, seek to match people with the right support staff

The Service will be committed to partnership working with service users and their families. Where possible and requested, the Service is expected to offer personalised approaches to meeting service user outcomes.

The Service needs to recognise that there are often complex and stressful demands upon carers and should ensure that the statutory requirements for the support of both service users and carers are met in line with the Care Act (2014).

7. Scope of the Service

The Service is commissioned jointly through the London Borough of Hackney (LBH or the Council) and the NHS via City and Hackney Clinical Commissioning Group (CCG). It will be provided by LBH and East London Foundation Trust (the Trust).

This Integrated Learning Disabilities Service (The Service) will provide specialist health and social care services for adults with a learning disability and for young people Preparing for Adulthood to meet the health, social care and wellbeing needs of people with learning disabilities and their carers.

The Service will be accessible to any person with a learning disability and who meets any one of the below criteria:

- Is registered with a GP in City or Hackney.
- Is assessed as eligible for NHS Continuing Healthcare under City and Hackney CCG
- Is an ordinary resident of Hackney

(See also Section 10: Access to the Service for further information on diagnosis)

The Service will work to improve health and wellbeing, use preventative approaches wherever appropriate and enable people to live as independently as possible.

The Service must be a highly specialist service in order to provide direct specialist clinical, therapeutic and social care support for people with learning disabilities including those with complex needs.

In order to deliver high-quality person-centred care, continuity of care and coordinated support it is essential that care pathways are fully integrated to ensure good outcomes are achieved.

The Service will provide time limited, person-centred assessment, care management, care coordination, therapeutic intervention, monitoring and health professional training and support for people with learning disabilities and their carers in a range of settings.

Delivery of the Service will support social inclusion, access to mainstream and universal services; valuing equality and diversity.

The Service will support access to:

- Timely and meaningful diagnostic support and input.
- Individualised tailored care and support plans which are outcomes-focused.
- Personalised services including Personal Health Budgets
- A safe environment designed to meet the person's holistic needs
- Meaningful accessible information to navigate through services
- Well trained staff regardless of where people receive services
- Service user choice to design own services
- Personal Health/Care Plans based on service user need and wishes and not on how services are designed
- Accommodation that is right
- Support from the community (other teams & providers)
- Information, advice and support for carers
- Specialist support for behaviours that challenge, including Positive Behaviour Support
- Education
- Employment

The Service shall work in partnership with other organisations where appropriate to ensure suitable access to the above.

The assessment, treatment and care planning of interventions will be provided through a multi-disciplinary team.

The multi-disciplinary Service will deliver a wide range of specialist support, including via the following disciplines:

- Social Work
- Speech and Language Therapy (SALT)
- Physiotherapy
- Occupational Therapy
- Nursing
- Psychology
- Behavioural Therapy
- Psychiatry
- Approved Mental Health Practitioners/ Social Supervisors

8. Enabling Access to and Responses from Mainstream Services

Outcomes:

People with learning disabilities will be able to access the services they need.

Enhancing quality of life for people with long-term needs and improving the wider determinants of health.

The Service is required to engage in strategic development work that supports better universal access to community and mainstream services and positive outcomes reducing known health and other inequalities. The Service will be a key resource to enable mainstream health and care services to make reasonable adjustments for learning disabled people; it will have a consultancy role for mainstream services when required. This will include involvement in planned programmes of:

- multi-agency training
- education,
- mentoring
- informing
- consultancy to others about responding to the needs and concerns of people with learning disabilities.

The Service should also provide on-going support, supervision and advice to services (especially primary, community, specialist acute/mental health and criminal justice services) to support them in:

- Establishing joint registers and flagging systems for all known local patients with learning disabilities, thereby enabling the provision of 'reasonable adjustments' and positive support plans that mitigate known health inequality and service access outcomes
- Ensuring regular dialogue and joint training meetings with mainstream health and social care services to discuss any particular general concerns and support plans
- Developing increasing confidence, skills and experience in supporting patients with complex health support needs through training and other service development interventions.

Priority should be given in relation to supporting key target groups where awareness and understanding of learning disabilities will be critical to achieving high quality health and social care outcomes for service users and carers.

9. Addressing Health Inequalities

Outcomes:

People with learning disabilities will have equal access to health services and experience good health and wellbeing.

Preventing people from dying prematurely

Health Facilitation and liaison is an important function of the Service to address the inequalities experienced by people with a learning disability and prevent premature death. It includes direct work, supporting individuals to make informed choices about their health needs and supporting local health services to be more accessible to those with a learning disability. The Service will in future link in with the proposed Neighbourhoods Model in the borough.

Annual Health Checks can identify health conditions, ensure the appropriateness of on-going treatments, promote health (e.g. screening/ early immunisation) and establish trust and continuity of care. All patients with a learning disability should be on a learning disability register in their general practice and, once aged 14 and over, should have an annual health check and referred/supported to receive appropriate actions, such as lifestyle advice and sexual health. It is imperative that practices are helped to make reasonable adjustments and provide appropriate support materials; the Service is expected to support with this.

The Service needs to develop its health facilitation and liaison role to meet the following objectives:

- To support delivery of Annual Health Checks and Health Action Plans, in GP practices/primary care
- Be responsible for ensuring that everyone known to them and registered with a GP as having a learning disability is offered a Health Action Plan. This will require working closely with all other providers of care for people with a learning disability.
- Identify known gaps in the provision and delivery of Health Action Plans and 'Reasonable Adjustments' by generic providers to improve access to health care for people with Learning Disabilities and to inform Commissioners
- Implementation of the Health Equality Framework (HEF) or similar to demonstrate measurement and achievement of user outcomes.
- Support equal access to screening programmes and to ensure safe and clinically effective access to primary and secondary care.
- Support local NHS providers to communicate their services in accessible formats and make reasonable adjustments for people with learning disabilities to access their services.
- Ensure hospital passports are available and used
- Provide awareness raising, education, training and support to statutory generic NHS providers to make reasonable adjustments and develop accessible information.
- Provide proactive leadership in facilitating better coordination of care and improved patient experience involving specialist and mainstream healthcare.
- Enabling Others to Provide Effective Person-Centred Support to People with Learning Disabilities
- Provide specialist advice, limited support and client-specific training to people with learning disabilities, families, carers and service providers across the statutory, independent and voluntary sectors
- Establish a detailed understanding of all local resources relevant to support individuals with learning disabilities and their families/carers and promote effective integrated working maximising the health and well-being outcomes of individuals and the local community.
- To actively participate in the LeDer (prevention of premature deaths) Programme

9.2 LeDeR

The Learning Disability Mortality Review (LeDeR) Programme was established as a recommendation from the Confidential Inquiry into the premature deaths of people with learning

disabilities. People with learning disabilities continue to die earlier than people without learning disabilities and in many cases the death may have been prevented with earlier diagnosis and prompt treatment.

Its aim is for local areas to review all deaths in someone with learning disabilities aged 4 and over to learn lessons from the case and implement change in practice.

The Service will be part of the local LeDer arrangements and contribute to these reviews. The service is expected to have a minimum of two LeDer trained Reviewers who can undertake allocated reviews and the service will undertake a minimum of three LeDer reviews a year (Appendix IV) and report on this as part of performance monitoring. Please see the guidance on the LeDeR process http://www.bristol.ac.uk/media-library/sites/sps/leder/Guidance_for_the conduct of reviews_FINALv2.2.pdf

Key Partnerships Include…
Primary Care, Acute Hospitals, Mental Health Services, Social Care agencies, Police, Probation; Job Centre Plus; Community Services; Public Health

10. ACCESS TO THE SERVICE

Outcomes:

The Service is accessible to people with learning disabilities.

People with learning disabilities and their carers find it easy to find information about support

The starting point should be mainstream services (which should be available to all) to support people with a learning disability, making reasonable adjustments where needed and accessing specialist expertise as appropriate. However, there may be some who require more specialist support.
This Service is specialist to people who have a learning disability.

10.1 Population Covered

People who meet the criteria for a diagnosis of learning disability are an extremely varied group.

Access to the service will be by formal diagnosis. Evidence of all three of the following criteria must be met for a person to be considered to have a Learning Disability (British Psychological Society, 2000).

DIAGNOSTIC CRITERIA FOR LEARNING DISABILITY

1. Significant impairment of intellectual functioning (e.g. an intelligence quotient (IQ) of below 70, etc.)

2. Significant impairment of adaptive/social functioning (e.g. Score below the Process Cutoff on the Assessment of Motor and Process Skills)

3. Age of onset before the age of 18 (e.g. Statement of Special Educational Need; attendance at a special school; childhood medical reports).

The ILDS will provide a service to people who meet the learning disability diagnostic eligibility criteria as detailed above and who have an eligible health and/or social care need.

The Service shall ensure that the religious, cultural and spiritual needs and wishes of all Service Users are identified, respected and wherever possible met.

REFERRALS

The Service will operate a single point of access (SPA) for all referrals. All referrals will be screened for evidence of a learning disability. Screening will be done in a timely way along with responses to referrers.

If the evidence provided is inconclusive of a learning disability, the Service will offer a Learning Disability Diagnostic Assessment and will only proceed to complete a full Single Assessment once eligibility for the service has been determined.

Where there is no evidence of learning disability or it is concluded that a person's needs can be better met by mainstream services the person and/or referrer will be given information, advice and /or signposted to appropriate support to meet their needs in line with the Care Act, 2014.

If the person referred has urgent health or social care needs (e.g. safeguarding, imminent placement breakdown, immediate threat to person's physical health or safety or those around them) their referral will be discussed with seniors in the Service as soon as the referral is received and a plan will be agreed on the day and communicated to the referrer. Consequently, there may be instances of the Service working with people who it is later concluded do not have a global learning disability.

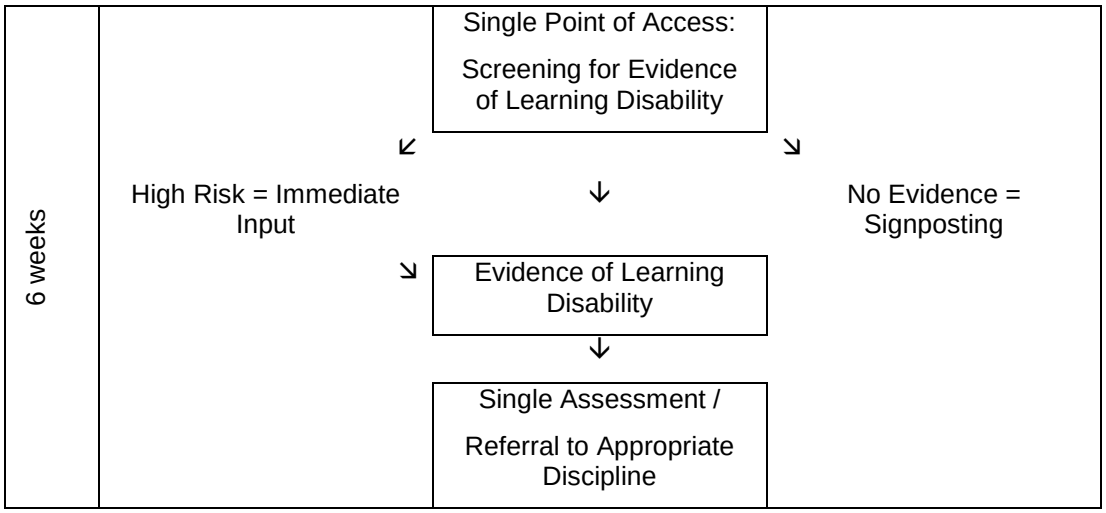
If there is evidence of learning disability the person referred will be offered a Single Assessment of his/her health and social care needs.

People who are already known to the Service will be offered a new Single Assessment if their living circumstances have changed or if they have not had a service from ILDS for at least three years.

If a new Single Assessment is not required, the referral will be passed straight to the most appropriate discipline(s) for the needs identified in the MDT referral discussion.

All referrals should be discussed at multidisciplinary team meeting to ensure a co-ordinated approach between disciplines and to avoid any duplication. All referrals should be prioritised according to levels of risk and urgency.

New adult referrals will receive initial joint multidisciplinary comprehensive single assessment' within 6 weeks of referral by the Service.



(Further information about the pathway through the Service can be found in 17. Processes & Procedures)

10.2 Preparation for Adulthood

Outcomes:

Young people with learning disabilities and their carers are involved in person-centred planning; they have a positive experience of care/support and transitioning between services.

The Service will support high quality person-centred transition planning as part of preparation for adulthood. Young people and their families should have a strong/the strongest voice at all meetings and planning concerning them. They should be expected and encouraged to say what is positive in their lives and what is possible in their future and know that clear guidance has been given and actions set in key areas of their lives.

Young people should be supported to be aware of local opportunities and options regarding housing and community involvement, and such aspirations should be encouraged in the planning process. Transition should be based upon the idea that people with learning disabilities will live in inclusive communities and be supported in those communities.

Planning however should reflect individual circumstances and the Service will need to be aware of what the options are and how to help with accessing them e.g. Hackney's Local Offer.

The Service will need to ensure effective communication and mechanisms are in place to support a smooth transition into the Service. This includes the recommendations as laid out in NICE Quality standard (QS140) - Transition from children to adults' services which describes high-quality care in priority areas for improvement.
https://www.nice.org.uk/guidance/qs140

The Service will:

- Support effective Education, Health and Care Planning of people with learning disabilities.

- Ensure best practice is used when young people with learning disabilities are transitioning into adult services e.g. planning should start from age 14 or before.
- Work in line with the Transforming Care Local Protocol for service user aged 14+years.
- Ensure timely decision making about if and how the young person will be supported.
- Support young people into adulthood with paid employment where possible, good health, independent living options and friends, relationships and community inclusion.
- Ensure involvement in personalised annual reviews the school, family, representatives from the council and professionals will get together with the young person to identify the most appropriate pathway, enabling them to achieve their outcomes.
- Support with risk management especially those associated with young people e.g. online safety and gang culture.
- Agree short and long term outcomes to support the progress of the young person in meeting their educational and career aspirations including the areas of:
  - Higher Education, training and/or employment.
  - Independent living
  - Participating in society
  - Being as healthy as possible in adult life

Key Partnerships Include…
Children's Health and Social Care Services e.g. Children and Adolescent Mental Health Services, The Ark; The Learning Trust; Support Providers; Prospects; Colleges

11 Prevention, Enablement and Promotion of Independence

The Service will take a strengths-based approach and ensure that there is service provision for people with learning disabilities to develop their independent living skills and achieve their potential. This should prevent the need for longer term care and support.

The Service will enable people with learning disabilities to make healthier choices and improve their health and wellbeing adopting an approach of Making Every Contact Count (NHS Health Education) in interactions with service users and their support. It will strive to address the socioeconomic inequalities faced by people with learning disabilities, including through improved social integration, support to access employment, joined up working with other services/agencies, and planning ahead from an early age to achieve positive outcomes.

The Service will be able to demonstrate individual outcomes for service users through appropriate measures, e.g. the Health Equalities Framework or similar.

CRISIS PREVENTION

Crises are usually predictable; the Service should work proactively to prevent crisis situations for people with learning disabilities. One such mechanism is a risk register whereby risks are rated and stratified. The Transforming Care register should be used for this purpose and pro-active prevention of unnecessary hospital admissions by the Service. Senior members of the Service should be identified as responsible for leading on maintaining and updating such registers but using MDT approaches. If a crisis does happen, the Service should ensure the right sort of help/support is available to rapidly defuse and stabilise the situation/s. Suitable recording mechanisms also need to be in place.

The Service needs to ensure there are appropriate systems is in place, such as Duty or similar, to deal with urgent issues that arise in relation to service users, new enquiries or referrals. It should also deal with unallocated cases to prevent or manage crises in a timely and expert manner e.g. where the allocated/named worker is unavailable.

For service users known to experience crises, the Service should ensure a well thought out contingency plan is in place, which should assist the effective management of emergency and demanding situations.

The Service will deal effectively with crisis, responding on at least 3 levels:

- Proactive crisis prevention
- Reactive crisis management and immediate resource deployment
- Proactive Strategic planning and service development (informed by the first 2 levels)

The Service will retain accurate up-to date knowledge about all those locally with severe support reputations e.g. challenging behaviour, and their histories of crisis situations, and work proactively to prevent crises. The Service should ensure partnership working with others around the identified individuals to support this.
It should make sure the right support is available at the right time, including:

- Comprehensive summary assessments are already in place for all clients in transition, family homes and agency placements – critically defining the things that help and make things worse
- Positive health action and behaviour support plans (with potential crisis situations identified and clear relapse prevention plans) for the individuals with severe reputations at any point in time clearly described and understood by key stakeholders (i.e. what works and what to avoid)
- On-going monitoring and review systems in place for those with complex support needs, linking in with the service user's local CCG
- Having someone to talk to at short notice
- Problem solving learning to see where things go wrong and how they could be put right.
- Having sufficient capacity for responding with extra professional support around the person in situ
- Contingency options of going somewhere else for a period of time as a crisis respite or refuge breaks (such as social crisis and planned respite/breaks service)
- Access to crisis Mental Health and Learning Disability home treatment and admission to in-patient facility options through stepped care pathways

For any concerns outside of office hours, service users and carers will be encouraged to seek appropriate support elsewhere e.g. call the out of hours GP service or present to A&E; or contact the London Borough of Hackney Out of Hours Duty Team. The Service needs to ensure such information is available and shared appropriately in a clear and in an accessible format.

It is expected that there will be clarity around service pathways by the end of year one.

Key Partnerships Include…
Primary Health Services; Supported Employment Services; Client Affairs Team; Social Care Services; Community Volunteer Services; Support Providers; Public Health

12. Complex and Longer-Term Specialist Cases

The Service will provide assessment and intervention for clients where the impact of their learning disability adversely affects their capacity to fulfil their potential in terms of independence, inclusion, making choices and living healthy lifestyles.

The Service is required to work with a range of caseloads and presentations such as clients with complex, severe and enduring problems, disorders related to learning disabilities, people with additional disabilities, severe challenging behaviours, mental health difficulties, dementia, dysphagia, long-term conditions, epilepsy, autism, personality disorder and those who are part of the criminal justice system, and/or who have been victims of abuse or are otherwise at risk.

The Service must be able to support those who, because of on-going complex support needs will remain in contact with the service for long term interventions e.g. many of the Transforming Care cohort. This will often include those with reduced mental capacity who meet the criteria under the Mental Capacity Act, requiring Best Interest Assessments and Deprivation of Liberties Safeguards (DoLS) input.

The Service will offer an individualised approach and will design support to meet individual needs. This will include determining if /what support and placements are appropriate to individual need.

This Service shall provide specialist care/support coordination, which may require monitoring for periods of several years or even life-long in some cases; with some individuals requiring options to step-up and step-down support. Service users receiving support will have and participate in regular, individual meaningful reviews of their support (as per Care Act or Continuing Health Care guidance). All reviews should include a review of health and social care needs.

The Service must deliver continuity of care for vulnerable people with complex needs requiring intensive intervention and/or long-term support, including an identified ‘named worker’ for these service users. It will work in partnership with the service user, their carers, networks and other services to ensure needs of such service users are effectively met.

It is expected that the Service will increase provision of communication and hospital passports (a description of how best to communicate with the individual service user) for all service users with a significant or complex communication difficulty.

The Service should provide consultation, advice, assessment and intervention in a person-centred way, including:

- relevant accessible information for service users and carers.
- specialist information, consultation, advice and support to relatives, carers and support workers.
- effective communication of confidential and specialist condition-related and personal information
- expert specialist advice, guidance, consultation and support to other professionals in a wide range of settings
- broader theoretical knowledge and specialist clinical skills to develop or support the ability of others

- Specialist and complex assessments of people with learning disabilities and summary formulations/ diagnosis including a good understanding of the person’s history and narrative
- complex risk assessment and risk management programmes
- skilled evaluations and decisions about treatment options

- care/treatment plans for the treatment/management of a person's problems
- a range of complex highly specialist clinical interventions, employing methods based on proven efficacy and best practice
- physical health support and advice
- care coordination where appropriate, including initiating, planning and review of care plans e.g. CPA/CHC/Care Act
- outcome focused health and social care reviews that involve the appropriate people involved in that service users' life and the delivery of support e.g. family, Client Affairs representatives; advocacy
- access to bed-based services only where health input is highly intensive or unpredictable
- support with those admitted to hospital to ensure appropriate assessment and treatment
- an eclectic range of interventions beginning from an assumption that input locally is the first option to be explored.
- Commitment to using the 'least restrictive option'.
- Support with meaningful end of life care.

When working with people who have profound and multiple learning disabilities, the Service will adopt the Core and Essential Standards for Supporting People with Profound and Multiple Learning Disabilities (Doukas et al, 2017) as a tool to inform its service delivery and check the right measures are in place for the service user.

Where Continuing Health Care (CHC) funding responsibility has been agreed, or where joint funded complex care packages such as S117 aftercare arrangements apply, the Service is expected to:

- Facilitate specialist and community care assessment and care/treatment plans
- Support the completion of any specialist assessments
- Develop detailed individual client-level and service-level specifications
- Undertake a monitoring and service review/assurance function role, recording any key risks and issues.
- Follow protocol appropriately e.g. the CHC Protocol.

Key Partnerships Include…
Health Services; CSU/CCG; Advocacy; Client Affairs Team; Brokerage; Social Care Services; Community Volunteer Services; Support Providers

PEOPLE WITH LEARNING DISABILITIES WHO ALSO HAVE A MENTAL HEALTH DIAGNOSIS OR BEHAVIOUR THAT CHALLENGES

The Service will provide specialist service for adults who present with a learning disability with additional history of severe and enduring mental illness; emotional problems, long standing emotional distress, vulnerability and abuse. The role of specialist or Approved Mental Health Practitioners (AMHPs)/ social supervisors and Psychiatrists in the Service will be crucial in the support for these individuals and where possible, safely maintaining people in a community setting.

The Service will offer timely, specialist support and consultancy to learning disabled users and their carers for a range of complex and severe challenging behaviours, dementia and serious offending behaviour. In addition to involvement in the promotion of good mental health, the

Service will play a central role in hospital discharge planning and the Care Programme Approach and Transforming Care pathways. The provision of specialist education, consultation and advice are key aspects of such work.

The Service will ensure people with learning disabilities with behaviour that challenges are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or the next working day.

The Service will follow the guidance at laid out in *Positive and Proactive Care* guidance (DOH, April 2014), on reducing the use of restrictive physical interventions. This will ensure the Service uses day-to-day practices that:

- Are based upon Positive Behaviour Support
- Ensure that services provide strong leadership, assurance, accountability
- Are transparent about both the care they provide and when restrictive practices are used
- Provide effective monitoring and oversight through CQC and local professional/service inspections
- Support effective medication management (e.g. participation in the STOMP Project and advising on appropriate use of antipsychotic medications and dosage).

It is expected that most people's health needs will be able to be met in community settings and only a small number of people should need to access specialist in-patient beds appropriately. It is expected that the Service will work in partnership with Mental Health Trusts.

When a service user needs admission to in-patient services for more intensive help than can be provided in the community, the Service should offer time-limited active assessment, care and treatment, and links in with other services to enable a return to the community as soon as possible. For those with mental health or forensic presentations, support should be formalised with specialist mental health services and planning around rehabilitation in place.

While admitted to crisis centres, the Service should support people with learning disabilities and their carers/support staff to:

- be clear how long they will stay in an in-patient unit or emergency respite resource
- understand what their rights are
- feel supported and safe, ideally with those who are familiar to them.
- be offered assessment and treatment and effective care co-ordination
- know who is in charge to make sure things get done
- be helped to return home as soon as possible.

Where people are placed away from their own locality, it is important that the Service regularly reviews placements in order to ensure it is still safe, effective and appropriately meets the service user's needs.

The Service is expected to work proactively in a multidisciplinary way with a forensic cohort e.g. those who are released from secure settings but also those who are at risk of offending, to promote positive behaviours and reduce the risks of re-offending. Further work will be developed around this cohort and pathway within the first year of the contract.

13. Transforming Care Programme

As part of the National Transforming Care Programme (TCP) each CCG is required to keep “a dynamic risk register" of those who are either in an Assessment and Treatment Unit or secure setting who have a diagnosis of LD and/or autism who present with deteriorating mental health or behaviour which is challenging. This register will be reviewed regularly and the Service is expected to collaborate with this.

A Care and Treatment Review (CTR) is triggered by any staff and is organised by the commissioner; if they have been admitted or are considered to be at risk of admission. The local policy will reflect the national criteria for consideration of deteriorating behaviour, but often clinical judgement is paramount in these cases.

The Service will work with the LD commissioner to identify service users aged 14+ years, with LD and autism/challenging behaviours which are at risk of admission to an Acute Treatment Unit or acute mental health ward. These details would be held on the admission avoidance/at risk register and risk rated as per local protocol. Staff in the Service will be aware of and follow the protocol to identify deterioration and advise accordingly.

The Service is required to support the Joint Commissioner for Learning Disabilities, the CCG and report to NHS England to meet standards, targets and areas for improvement relating to the TCP including:

- Care and Treatment Reviews (CTRs) for all patients who did not have a confirmed discharge date and discharge plan in place;
- The fixed-term recruitment of strategic case managers by NHS England, to liaise with and monitor CCG planning and progress; and
- The requirement for CCG Transforming Care leads to submit fortnightly reports detailing the current status and discharge planning for their patients.
- Medicines and prescribing for people with LD
- Support to maintain a local dynamic risk register.

It is expected that staff in the Service will be aware who is on the register and if there are changes or new additions they discuss with the responsible commissioner, document and participate in the CTR and subsequent action planning in a professional and timely manner.

Staff from the Service are required to attend the monthly admission avoidance meetings to discuss service users at the request of the LD commissioner and develop action plans.

POSITIVE BEHAVIOUR SUPPORT

Positive Behaviour Support (PBS) is a multi-layered framework for improving the quality of life of people with learning disabilities and/or autism whose behaviour challenges services. The focus is upon the person and others with whom the person has a close and significant relationship.

The Service shall adhere to the following standards developed in relation to Positive Behavioural Support (PBS):

1. The service evidences how the PBS values base informs their practice
2. The service evidences that they know each person they support and can match that support with goals that are important to the person and their families
3. The service evidences that each person is supported to communicate effectively

4. The service evidences that each person is supported to make choices, and participate in meaningful activity
5. The service evidences that the physical, emotional and psychological health and wellbeing of each person is supported and promoted
6. The service evidences that they actively seek the involvement of family, friends and wider community for each person they support
7. The service evidences that people feel safe and secure, valued and respected, in predictable and stable environments

The Service will co-develop positive behaviour support plans with the individual, families and the support partners where appropriate. This will identify triggers and actions required to enable and manage risks and be followed by support staff working with the individual.

The Service will be compliant with the PBS Competency Framework - http://pbsacademy.org.uk/wp-content/uploads/2016/11/Positive-Behavioural-Support-Competence-Framework-May-2015.pdf

Key Partnerships Include…
Mental Health Services (including acute and rehabilitation services), Court Liaison and Diversion schemes, Social Care providers; Specialist Forensic Services, Probation, Ministry of Justice representatives; support networks

14. Safeguarding

Outcomes:

People feel safe

People are free from physical and emotional abuse, harassment, neglect and self-harm

Safeguarding is everybody's responsibility. All staff will undertake mandatory safeguarding training relevant to their role and duties. Any concern about a child or adult at risk must be escalated and discussed as soon as practicable with a senior member of the team.

The Service must reflect best practice and responsibility, protecting the individual with due regard to vulnerability and safety, ensuring that safeguarding practice is robust and that the safeguards e.g. afforded by advocacy and the Mental Capacity Act, are fully met.

All practitioners in the Service should take the lead in managing positive interventions that prevent deterioration in health and wellbeing; safeguard people at risk of abuse or neglect, or who are subject to discrimination, and to take necessary action where someone poses a risk to themselves, their children or other people.

The Service must take an outcomes-focused, person-centred approach to safeguarding practice, recognising that people are experts in their own lives and working alongside them to identify person centred solutions to reduce risk and harm. In situations where there is abuse or neglect or clear risk of those, social workers must work in a way that enhances involvement, choice and control as part of improving quality of life, wellbeing and safety.

The Service shall:

- Comply with and support the delivery of Pan London Adults Safeguarding Procedures, timeframes and operate under the Council's multi-agency protocol.
- Deliver the requirements of the Safeguarding Adults Board, including ensuring appropriate representation.
- Support the Local Authority in delivering the requirements of the annual Safeguarding Adults Return.
- Deliver the requirements of the Mental Capacity Act, Care Act and the associated code of practice, including DOLS.
- Maintain an effective interface between Adults and Children's services, by supporting the delivery of the SEN reforms which extend the responsibilities of transitions to the age of 25.
- Ensure the delivery of quality outcome measures.
- Enable the participation of service users, family members, carers and advocates in safeguarding processes.
- Work in partnership with other organisations (e.g. those providing care and support, and host boroughs) as part of safeguarding approaches.
- Ensure the effective budget management and note that local authority resources might not be fixed due to austerity.
- Inform the CCG of any issues relating to placements and support packages for health care funded clients

Key Partnerships Include…
The Police, Safeguarding Adults Services; Advocacy; Judicial representatives; Children & Families Services

15. Continuing Health Care (CHC)

The National Framework for NHS Continuing Healthcare and funded Nursing Care (DH 2007, revised 2009; 2012; 2018) sets out the principles and processes for the implementation of NHS Continuing Healthcare & NHS funded-nursing care and it provides national tools to be used in assessment applications and for Fast Track cases. The Service is expected to adhere to these processes and principles.

PRINCIPLES

1) People will have fair and equitable access to NHS funded continuing healthcare and have a positive experience of the process.
2) Decisions about eligibility will be transparent for people, their carer/family and partner agencies.
3) Informed consent will be obtained and if the person lacks capacity a 'best interests' decision will be taken on their behalf. No third party can give or refuse consent on behalf of a person who lacks capacity, unless they have valid and applicable Lasting Power of Attorney for Welfare or have been appointed as a Deputy by the Court of Protection for Welfare only.
4) Health and social care professionals will work in partnership with person and their carer/family throughout the process and adopt a person-centred approach.
5) The person and their carer/family will be provided with information (including easy read) to enable them to participate fully in the process; reasonable adjustments will be made as appropriate.
6) Advocacy support will be offered when appropriate to help people through the process.

7) At least two professionals from different disciplines will complete the Decision Support Tool.
8) Assessments and eligibility decisions should be undertaken within 28 days of the completion of the CHC Checklist and every effort will be made to ensure that people receive the care they require in the appropriate setting without unreasonable delays.
9) Personal Health Budgets will be the default delivery model for all NHS Continuing Healthcare funded home care.
10) The outcome is clearly communicated in an accessible format and in writing for the individual.

The Case Coordination role can be held by an individual from differing professional backgrounds and a multi-disciplinary team used to ensure:

- A fully evidenced decision
- A holistic assessment which can then lead to a clearly defined package of care
- Joined up working which reduces disputes between statutory organisations.

All practitioners in the Service should have good knowledge and understanding of the CHC Framework, appropriate CHC Tools, local processes and the individual. The Service will ensure proportionate completion of the NHS Continuing Healthcare Checklist, ensuring that resources are directed towards people who are most likely to be eligible for CHC. The Service should ensure accurate scoring of CHC checklists.

If the checklist indicates a need to carry out a full assessment of eligibility for NHS continuing healthcare, the Service will ensure this assessment is followed up appropriately by completion of a Decision Support Tool and a decision made within 28 days of City and Hackney CCG receiving the Checklist.

Relevant documentation e.g. completed checklists or Fast Track Tools, should be forwarded to CHCCG by the Service for monitoring purposes and future reference.

Placement details including provider, support package and a breakdown of costs together with panel date must be forwarded to the CHC co-ordinator for the CCG.

A local CHC Protocol is currently being developed and, once agreed, the Service is expected to follow this.

NHS FUNDED NURSING CARE (FNC) -

In some cases, the need for care from a registered nurse may need to be determined following a nursing needs assessment by the Service. This assessment will specify the day-to-day support needs of the person and the outcome will be used to assess whether they are eligible for FNC.

The Service is expected to follow The Department of Health's Guidance around FNC and liaise with Brokerage and the CCG as appropriate e.g. completion and submission of relevant form to the CCG to support eligibility, placement and payment arrangements.

16. Service User Involvement

Outcomes:

People with learning disabilities and their carers are satisfied with the Service.

Carers report that they have been included or consulted in discussion about the person they care for.

The Service will ensure and demonstrate that service delivery is informed by service users and carers at every level e.g. at an individual planning level and service direction at a strategic level. The Service will engage service users to place their voice, aspirations, and interests at the heart of service management and delivery. Engagement should be flexible and could include, but is not limited to, user reported outcomes; service user led meetings; 1:1 interviews; service user feedback, participation in staff recruitment.

17. Processes and Procedures

The Service will make sure there are effective and efficient processes and procedures in place to ensure it can deliver on the outcomes and objectives in a sustainable way, whilst ensuring there is a clear and smooth transition for the service user in their journey through the service.

Delivery shall be in line with health and social care legislative requirements and agreed Council and/or NHS protocols.

The Service must ensure information is in accessible formats for service users (e.g. Easy Read).

17.1 The Front Door:

The Service will be able to demonstrate clear means of access to the Service that is responsive in a timely manner. There will be clear lines of communication enable people with learning disabilities to get the right support at the right time.

In all instances consent should be sought from the service user and guided by the Mental Capacity Act, ideally at the time of the referral or soon after for their engagement with the Service

The Service will create an assessment process which can:

- Identify need and outcomes for individuals referred (including for those people deemed to have ineligible needs).
- Facilitate access to services where necessary
- Act as a single assessment so the individual does not have to keep repeating their story
- Be shared with the individual

Where all or some of a person's needs do not meet the eligibility criteria, or where an individual has no eligible needs, they will nevertheless be offered advice and information about:

(a) what can be done to meet or reduce the needs;
(b) signposting to other appropriate services where needed.

The Service is expected to work within the following response times:

Acknowledgement of referral	5 working days
Acknowledgement/Response to query	5 working days

New adult referrals receive initial 'joint multidisciplinary comprehensive single assessment'	6 weeks of referral
Allocation of a transition to adulthood social worker for transition to adulthood cases	By the individual's age of 16
Completed assessments and decisions regarding eligibility to adults' services for transition to adulthood cases referred to service	By the individual's age of 17
CHC Assessment and eligibility decision following completion of the CHC Checklist	28 days

Carers will be offered a Carer Assessment if needs are identified as part of the assessment process and as per local guidelines.

17.2 Input and Support

The Service will develop a process and tools to ensure that service users and their carers are at the heart of assessment, treatment and support planning and review. Practitioners must be able to develop personalised assessment and care plans that enable the individual to determine and achieve the outcomes they want for themselves.

Support and treatment plans need to demonstrate involvement of service users and where appropriate their carers and include clear, agreed outcomes and goals for that service user.
An accessible copy of such plans should be given to the service user in line with the Accessible Information Standard ('DCB1605 Accessible Information').

Individual support plans and reviews should be shared with the support provider in a timely manner to enable clarity around provision.

The roles and needs of informal or family carers should be recognised and holistic, systemic approaches used to support individuals and carers.

It is important that the Service develops knowledge and good partnerships with community resources to work effectively with individuals.

Input and support should be delivered by the Service in a coordinated, multidisciplinary and joined up way.

Support should be consistent with clear points of contact such as a named worker (SCIE, 2018 https://www.scie.org.uk/social-work/named-social-worker).

Effective processes should be in place with appropriate governance to ensure individual need and packages are monitored and clear decision making recorded. This should include reporting on financial implications.

17.3 Leaving the Service

The Service should ensure positive move-on for service users is at the heart of its work, supporting people with learning disabilities to achieve their goals, where possible their full potential and reduce the need for a specialist service.

It is important that service users and their carers have clarity around signposting if needed; methods and resources to sustain their independence from the Service and a means of contacting the Service should needs change; this could include an information pack that identifies what goals have been achieved and contacts where the service user can go for help if needed.

Criteria for closures to the ILDS:

1. Intervention not accepted by service user or carers*
2. Service user has moved independently out of borough
3. Death of a service user
4. Other reasons following discussion by the multidisciplinary team.

**Caution should be taken to ensure that carer is acting in best interests of the service user and service user mental capacity considered.*

A closure/discharge report will be written by the designated named worker or professional involved. This will include recommendations for further support if applicable and with signposting and advice for future intervention and details for making a re-referral. This will be sent to the client and a copy sent to the GP.

CLIENTS MOVING OUT OF THE BOROUGH

When clients are moved out of Hackney with a service commissioned by LBH, Adult Social Care will remain responsible for care. Transfer of health care will be to another Community Learning Disabilities Service and primary care services within the client's new area within a month of the client's move.

There will be a transfer period of a maximum of six months following the move whereby health professionals from the Service will continue to offer advice and support. Once the transfer process is complete the client will be closed to the health professionals of the Service, though advice and support can be provided by health care professionals to social work colleagues.

For clients who move voluntarily out of borough, they will become an 'Ordinary Resident' of the area in which they move to. The Service will no longer commission services but will liaise and refer to local services where necessary including local Learning Disabilities Services and provide a handover.

An Out of Borough Protocol will be developed to support with procedures when service users move out of Borough and the Service is expected to adhere to this.

18. Staffing

The Service is expected to ensure there is suitable staffing in place to ensure safe and effective delivery of the Service.

The Service will ensure appropriate guidance is followed with regards to the specialist nature of service provision by the professionals in the Service (e.g. as in Safe, Sustainable Protective Staffing – An improvement for learning disabilities services; National Quality Board, 2018).

The Service is responsible for ensuring staff are appropriately qualified, meet relevant professional requirements, undertaking relevant checks and that staff are suitably trained to deliver the service.

All new staff and students to the team, including agency and bank staff, will receive a local induction.

Staff shall demonstrate ability to:

- Provide person-centred bespoke support
- Ensure well-being and promote human rights
- Build community capacity by promoting independence
- Reduce unnecessary hospital admissions
- Ensure consistency of care
- Use of best and evidenced based practice
- Knowledge of innovative and emerging practice in the field of learning disabilities.
- Reflective practice and engagement in continuous professional development
- Fulfil their statutory responsibilities
- Provide a holistic approach to assessing need and providing support.
- A commitment to multidisciplinary, interagency and partnership working.
- Deliver an outcome focused and enabling approaches.
- Deliver an ethical and equitable service.
- Effective communication skills including those with special communication needs. This includes adherence to the five good communication standards:

1. There is a detailed description of how best to communicate with individuals.
2. Demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.
3. Staff value and use competently the best approaches to communication with each individual they support.
4. Create opportunities, relationships and environments that make individuals want to communicate.
5. Individuals are supported to understand and express their needs in relation to their health and wellbeing.

(Royal College of Speech and Language Therapists, 2013)
https://www.rcslt.org/news/docs/good_comm_standards

All staff must have supervision, every four to six weeks in line with professional and local standards; this must be documented. Informal supervision should be undertaken as and when required.

Staff who hold professional registration working within the Service must adhere to relevant Professional Standards & Codes of Ethics and Continuing Professional Development requirements.

Each discipline in the Service will be responsible for maintaining up to date practice within their specialism and in the context of learning disabilities specialist support.

Practitioners in the Service will have, or have a commitment to develop a core set of skills, such as:

- Assessment of learning disability need and delivery of specific interventions.
- Knowledge and understanding of the Mental Capacity Act (MCA) and Code of Practice and be able to apply these in practice e.g. mental capacity assessment.
- Communication Skills and Strategies including those who have significant communication difficulties.
- Dysphagia awareness
- Health improvement and enablement approaches
- Care Co-ordination
- Advocacy
- Clinical Leadership
- Person Centred Approaches
- Ability to plan, grade and deliver appropriate service user goals and outcomes.
- Ability to be reflective and a commitment to professional development.
- Proactively working and engaging with others
- Awareness of Mental Health Legislation and Basic Mental Health Screening
- Awareness of Clinical Governance and ability to undertake audit
- Autism Awareness
- Epilepsy awareness
- Risk assessment
- Ability to work autonomously within community and other settings (lone working).
- Manual Handling

Practitioners need to be able to work effectively with individuals and their families using professional approaches, good interpersonal skills and emotional intelligence, developing relationships based on openness, transparency and empathy.

Staff must work effectively and confidently in partnership with professionals in inter-agency, multi-disciplinary and inter-professional groups particularly at the interface between health, children and adult social care and the third sector.

Professionals in the Service should play an active role in strategic planning, care package oversight, supporting wider commissioning.

They should contribute to developing awareness of personalisation and outcome-based approaches to improving people's lives.

LEADERSHIP

There will be clear lines of responsibility and accountability with effective clinical, management and leadership structures in place.

All staff should demonstrate a degree of leadership throughout the Service.

19. QUALITY

The Service will ensure it delivers a high quality, seamless service and will be able to demonstrate this.

It will maintain appropriate performance information to enable the Local Authority, CCG and ELFT to meet statutory reporting requirements, including:

- The statutory annual return, financial return; returns for the Service.
- Any additional Local Authority requested performance measures as agreed on a periodic basis.
- The ASCOF requirements as listed in Appendix

KEY PERFORMANCE INDICATORS (KPIS)

The Service is expected to demonstrate how it is delivering the four local outcomes see Appendix 2.

A small number key performance indicators (KPIs) have been selected with a focus on outcomes that are detailed in the service specification. These are indicators only and the focus should remain on outcomes. Our contract management and monitoring approach will require that qualitative information is used to supplement and illustrate the quantitative returns against these KPIs. Commissioners will agree the nature of qualitative information with the provider but it is likely to take the form of simple case studies.

Commissioners will work with the provider to identify priority areas each year where appropriate. For example, the selection of which mainstream services to work with for KPI2.

KPIs will be reported on as part of contract monitoring of ILDS, undertaken quarterly and shared with the Commissioning Section 75 Board. Any targets not achieved would be subject to Commissioner review and service improvement planning. Further details on these KPIs can be found in the Appendix.

KPI		Target
1	80% service users achieve their goals following intervention from ILDS.	80%
2	Advice, guidance and or training delivered by ILDS to mainstream services makes a demonstrable, positive difference to accessibility for people with learning disabilities.	4 per year
3	80% of ILDS service users live in settled accommodation within the first three years of the contract.	80%
4	Having input from ILDS has made a positive difference to service users' lives.	85%
5	Safety - Service users are identified in a timely way of being at risk and risk assessed appropriately. All service users who are identified as being at high risk have a risk management plan and the service can demonstrate proactive steps are taken to mitigate risks.	100% of those in High Risk

For activity data for the service please see Appendix 3

The Service will ensure there is a suitable framework and mechanisms in place to assure appropriate care governance. This will include assurances to external inspectors such as the Care Quality Commission.

CONTINUOUS SERVICE IMPROVEMENT

The Service needs to continually develop its capacity to respond to local needs and adapt the skills base to match changing demand. It should play a significant leadership role in coordinating and demonstrating action in line with the national and local joint Health and Social Care learning disabilities standards and frameworks.

The Service will proactively engage in quality improvement of the Service. This will include but is not limited to regular audit (such as clinical audits); seeking and responding to feedback from service users, carers, complaints and compliments; keeping up to date with relevant legislation.

QUALITY ASSURANCE AND MONITORING REQUIREMENTS

The Provider must have a quality management system in place to ensure internal control of quality and consistency of practice and be committed to a process of continuous service improvement. To demonstrate continuous improvement, the Provider will be required to:

- Submit activity and performance data to the Authority as detailed in this specification;

- Develop and agree a service improvement plan with the commissioning authority to address any underperformance identified as part of the contract monitoring and review processes;
- Ensure that the views of Service Users and families/carers are actively sought and used to continuously improve the quality of support provided and demonstrate how service users who have received support are used to influence service improvements;
- Cooperate in the provider concerns process.

Key performance indicators, performance indicators, and outcomes will be reviewed on a quarterly basis throughout the life of the contract.

The activity and performance data should be submitted to the commissioning authority via a Service workbook within two weeks of the quarter end. The format of the workbook will be finalised during the first six months of the service starting and will link in with the commissioning quality assurance framework. The Council may spot check and audit Service documents and provision to ensure contract compliance and quality assure practice throughout the life of the contract.

Throughout the lifetime of the contract, the Service will hold quarterly quality assurance and monitoring meetings with key stakeholders including but not limited to the Council's Commissioning Team. On an annual basis, the Service will be subject to quality, function, and performance review.

20. Information Governance and Confidentiality

The Service is expected to adhere to the Trust's and Hackney Council's policies and procedures in relation to record keeping, patient confidentiality, with due regard to the Mental Capacity Act 2005 and Pan London Safeguarding Adults procedures, the Care Act 2014. All contacts with service users will be recorded on the appropriate database. Correspondence with other health professionals will follow appropriate guidance e.g. ensuring GPs are kept informed with appropriate documentation.

Permission to Use and Share Information forms will be completed with all service users and their families/carers and copied to the relevant database/s. The Service will respect service users' wishes on confidentiality as far as is possible and adopt the approach of nothing about us without us, i.e. ensuring users have copies of relevant correspondence about them.

There are some exceptions to the Duty of Confidentiality where permission is not required:

- Where disclosure is required by law (legislation or court order).
- Where the disclosure is in the public interest e.g. to protect a member of the public from harm (including carers and family members), or to protect the patient.
- Where there is an 'overriding concern' about the patient's safety or the safety of others
- If the service user is deemed not to have capacity under the Mental Capacity Act, 2005 information may be passed to their carer if it is in the patient's best interest.
- Where possible this will be communicated to the patient and the decision recorded.

Service Users wishing to access their records will need to follow the steps set out in the Trust's Access to Records policy or the Council's Records Management Policy.

All staff are expected to complete mandatory training in Information Governance.

All staff must follow the Information Governance and IMT Security Policy where there has been a misuse of personal information in relation to the person's health records. Where a breach has occurred in relation to adult social care or health records, the relevant process should be followed. All Trust guidance regarding Duty of Candour must be followed.

CONFIDENTIALITY REVIEW

The Service must adhere to the Council's Confidentiality Policy. This sets out areas where information will be shared and under what circumstances and serves as a record of their consent within these areas. In other cases, the residents' consent must be obtained as the need arises. This includes passing information to other agencies.

The Confidentiality Policy must set out the Council's requirements concerning its access to the Provider's records relating to service users. The Provider must ensure that everyone engaged in the Service with access to personal information understands their responsibilities and can demonstrate evidence of compliance with their procedures. This includes employees, volunteers, self-employed workers, consultants or contractors.

The procedure must comply with the Data Protection Act 2018 and any contractual requirements. It should also cover accuracy and consistency of record keeping, security of data, information to service users, and consent for disclosure requirements and identify responsible persons. Contracts of employment, volunteering agreements, contracts with consultants and others should include a clause making explicit the person's responsibilities for confidentiality and data protection. The policy should also cover actions to be taken if a staff member breaches confidentiality.

The Provider Confidentiality Policy must be aligned to the principles laid out in the 2013 Caldicott review of information sharing in the health and social care system:

- Justify the purpose(s)
- Don't use personal confidential data unless it is absolutely necessary
- Use the minimum necessary personal confidential data
- Access to personal confidential data should be on a strict need-to-know basis
- Everyone with access to personal confidential data should be aware of their responsibilities
- Comply with the law
- The duty to share information can be as important as the duty to protect [Service User] confidentiality

21. Management of Case Files

All client and carer information will be stored in line with the Trust's and Council's policies regarding Information Governance. Staff should have access to both the ELFT and LBH intranets to view the policies.

22. IT Requirements

The service will ensure that all staff have and comply with the following:

- Providing and maintaining IT equipment so that is fit for purpose.
- Use all of the Council's and the Trust's management information systems and processes or any system that might be developed in the future.

- Compliance with LBH and Trust recording protocols and reporting requirements.

23. Incident Management

All incidents are dealt with the Council's Incident Reporting procedure. All staff are expected to report incidents and near misses via LBH's reporting procedure. All health-related incidents will need to be reported via the Trust's Datix system an in line with Trust protocol.

All incidents or near misses should be discussed with a manager or senior member of the staff. The member of staff reporting the incident must ensure the information in the incident report is factual, accurate, comprehensive and timely.

The guidelines on timeframes for reporting incidents and near misses is as soon as practicable (immediate remedial action to deal with the incident is likely to take priority over completion of an incident report) and always within 24 hours of the incident. Serious incidents should be reported within two hours.

Learning from all incidents and near misses will be reviewed as part of lessons learnt discussions within clinical governance meetings and team meetings.

24. Health and Safety

The nominated Risk Officer will lead on all aspects of health and safety under the supervision of the appropriate manager. This includes the annual health and safety audit and following up any outstanding actions. The manager and Risk Officer will also lead on building issues and escalate any issues to Estates and Facilities.

The Service staff will adhere to Hackney's Lone Worker Policy and Lone Working Procedures can be found on the staff intranet.

25. Risk Management

The service will manage clinical risk in line with the Trust's Clinical Risk Assessment and Management policy including the completion of a risk assessment tool for all clients referred for interventions. Specialist risk assessment tools and risk screening tools should also be used where applicable.

Staff will update risk assessments when required i.e. any change in presentation, and as part of a scheduled review. Risks are to be discussed with the team manager and lead clinician where appropriate. Risk assessment and management will be discussed within the MDT meetings, peer reviews and during supervision.

Staff must update the risk status of patients on the note's system/s, this includes adherence to the TCP protocol.

26. Equality and diversity

Hackney is a culturally diverse borough and the Service must be culturally sensitive. It must have an Equality and Diversity Policy that can be provided on request. The policy must cover the ways in which the Service will promote equality of opportunity and prevent discrimination in relation to those protected characteristics outlined in the Equality Act 2010:

- Age

- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Information on these must be gathered as a matter of course so they can be reported on.

The Service will ensure, at a minimum, the following good practice is followed:

- Recruitment, Selection, and Retention policies are appropriately developed to ensure that the workforce is diverse and the workplace is inclusive;
- All staff will be required to attend Equality and Diversity training to equip them with the skills and knowledge to carry out their tasks in a culturally sensitive, non-discriminatory manner;
- Anti-discriminatory, pro-equality, and confidentiality messages are prominently displayed with clear actions for Service Users, staff and others if they feel these have been breached;
- Complaints are monitored and corrective action is taken as necessary;
- All residents who receive support from the Service have access to the appropriate communication resources for their needs, including translation, interpreting services, sign language and braille;
- The Service User population will be monitored by protected characteristics to identify anomalies against the general population and gaps in provision.

The Service will make available to service users and/or families/carers who use the Service a copy of its Equality and Diversity Policy at commencement of the service. Likewise, a copy will be made available for staff at commencement of employment.

The Service must align to LB Hackney's Equal Opportunities and Cohesion Policy Statement and Equal Opportunities Policy. https://www.hackney.gov.uk/media/2859/Equality-and-cohesion-policy/pdf/Equality-and-Cohesion-Policy

27.Location of the Service

The service shall be based at:

Hackney Service Centre

1 Hillman Street

London

E8 1DY

However, the Service will have some clinical services at St Leonards, Nuttall St, N1 5LZ.

It will also ensure service delivery in a range of settings such as service users' homes and other community settings.

28.Applicable Service Standards

The Service is expected to be compliant with the following legislation and work towards best practice as identified in the listed applicable service standards.

The Care Act (2014) Support delivery of the statutory requirements of the Care Act: - Meet the new statutory obligations around Carers, by ensuring their involvement in the development and delivery of services, and conducting Carers assessments; - Delivery of a whole family approach to transitions; - Delivery of the Think Local Act Personal agenda - Delivery of the Personalisation agenda. Mental Capacity Act (MCA, 2005) and Code of Practice The Autism Act The Children and Families Act (2014) The NHS Long Term Plan (2019)	● Health Equalities Framework (HEF) ● Building the Right Support Service Model 2015 (Transforming Care) ● DH (July 2013) Six Lives: Progress Report on Health for People with Learning Disabilities. London, DH ● DH (December 2012) Winterbourne View Review Concordat: Programme of Action ● Hoghton, M., Turner, S and Hall, I (October 2012) Improving the Health and Wellbeing of People with Learning Disabilities. An Evidence Based Commissioning Guide for Clinical Commissioning Groups (CCGs) Learning Disabilities Observatory, RCGP, Royal College of Psychiatrists ● Learning Disability Services Inspection programme: National Overview (June, 2012). CQC ● Emerson, E et al (2012) Health Inequalities & People with Learning Disabilities in the UK: 2012 ● Turner, S and Robinson, C (2011) Health Inequalities and People with Learning Disabilities in the UK: 2011. Implications and actions for commissioners. Evidence into Practice Report No 1 (revised) Learning Disabilities Observatory ● Parliamentary and Health Service Ombudsman (March 2009) Six Lives ● DH (2009) Valuing People Now: a new three-year strategy for people with learning disabilities. London, DH ● DH (2009) Improving the health and wellbeing of people with learning disabilities. Best Practice Guidance. London, DH ● CQC (2009) Position statement and action plan for learning disability 2010-2015. CQC London ● Michael, J. (2008). Report of the Independent Inquiry into Access to Healthcare for People with Learning Disabilities. Healthcare for All ● Mencap (2007) Death by Indifference ● Mencap (2004) Treat me right! Best healthcare for people with a learning disability ● NPSA (2004) Understanding Patient Safety Issues for people with learning disabilities ● Department of Health (2001) Valuing People: A New Strategy for Learning Disability for the 21st Century. London, DH

The Service should ensure it maintains awareness of relevant future legislation, standards and plans that may affect people with learning disabilities so it can apply them appropriately.

APPENDIX I

Outcomes Framework for the Service

Domain 1. Preventing people from dying prematurely **NHS Outcomes Framework Domain 1 (Department of Health, 2013a), Public Health Outcomes Framework Domain 4 (Department of Health, 2014)**		
Overarching measure and indicator	Outcome measure and improvement areas	Role of Integrated Learning Disability Service (ILDS)
Potential years of life lost from causes considered amenable to healthcare	Reduce premature mortality from the major causes of deaths in people with a learning disability	• Supporting primary, secondary and specialist health services with reasonable adjustments, accessible communication • Healthcare coordination for people with complex and multiple health needs • Facilitate access to mainstream healthcare services • Healthcare advocacy Reducing premature death in adults with a learning disability and serious mental illness/challenging behaviour • Facilitate access and joint working with generic, specialist and in-patient mental health services and out-of-hours/emergency mental health services so that skills, expertise and resources from these services could be utilised • Ensure and support monitoring of physical health of people with a learning disability and mental health/challenging behaviour • Where appropriate, joint working with community paediatric services
Domain 2. Enhancing quality of life for people with long-term needs and improving the wider determinants of health **NHS Outcomes Framework Domain 2 (Department of Health, 2013a), Public Health Outcomes Framework Domain 1(Department of Health, 2014)**		
Overarching measure and indicator	Outcome measure and improvement areas	Role of Integrated Learning Disability Service (ILDS)

Quality of life related to health and social care for people with a learning disability and long-term conditions	Ensuring people feel supported to manage their condition Improving functional ability in people with a learning disability and long-term conditions Reducing time spent in hospital Enhancing quality of life for carers Enhancing quality of life for people with a learning disability and mental illness/ challenging behaviour Enhancing quality of life for people with a learning disability and dementia	• Person-centred planning of care and support needs • Ensure self-determination by providing opportunities to make choices • Enhancing independent living skills and activities of daily living • Enhance access to appropriate day and leisure opportunities • Health promotion • Hospital in reach services • Healthcare coordination for people with complex physical healthcare needs • Ensuring access to information and advice about support available, including respite care • Ensuring access to appropriate day opportunities • Managing people in the community or appropriate setting • Skilled long-term support to enable people to live as independently as possible in the community • Improved access to healthcare services • Ensuring people with dementia receive a timely diagnosis and the best available treatment and care with a clear pathway
	Ensuring care and support is more personalised so that support more closely matches the needs and wishes of the individual, putting people in control of their care and support. Asking people with learning disabilities about the extent to	• Enabling people with learning disabilities have as much control over daily life as they'd like • Enabling people manage their own support as much as they wish, so that they are in control of what, how and

	which they feel in control of their daily lives.	when support is delivered to match their needs. • Supporting adults aged over 18 / carers to receive self-directed support • Enabling adults and carers to receive direct payments
Proportion of adults with a primary support reason of learning disability support in paid employment	People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation. NB: it refers to the proportion of adults with a learning disability who are "known to the council" (those adults of working age with a primary support reason of learning disability support who received long term support during the year in the settings of residential, nursing and community but excluding prison), who are recorded as being in paid employment.	• Enabling and supporting people with a learning disability (of working age) into and sustaining paid employment through partnership working • Supporting workplace accessibility.
Proportion of adults with a primary support reason of learning disability support who live in their own home or with their family	'Living on their own or with their family' is intended to describe arrangements where the individual has security of tenure in their usual accommodation, for instance, because they own the residence or are part of a household whose head holds such security.	• Support people with a learning disability to live in stable and appropriate accommodation. Situations included within the scope of 'living on their own or with their family': - Owner occupier or shared ownership scheme; - Tenant (including local authority, arm's-length management organisation, registered social landlord, housing association); - Tenant – private landlord; - Settled mainstream housing with family/friends (including flat sharing); - Supported accommodation/ supported lodgings/supported group home (i.e. accommodation supported by staff or resident caretaker); - Shared Lives Scheme (formally known as Adult Placement Scheme); - Approved premises for offenders released from prison or under probation

		supervision (e.g. probation hostel); - Sheltered housing/extra care housing/other sheltered housing; and, - Mobile accommodation for Gypsy/Roma and Traveller communities.
Proportion of people who use services and carers, who reported that they had as much social contact as they would like.	Tackling loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family.	• Support with developing social networks and support. • Enabling people with a learning disability and their carers to participate in their community and community groups.
Domain 3. Helping people recover from episodes of ill health or injury, and delaying or reducing the need for care **Adult Social Care Outcomes Framework Domain 2 (Department of Health, 2013b), NHS Outcomes Framework Domain 3 (Department of Health, 2013a), Public Health Outcomes Framework Domain 2 (Department of Health, 2014).**		
Overarching measure and indicator	Outcome measure and improvement areas	Role of Integrated Learning Disability Service (ILDS)
Delaying and reducing the need for care and support. Preventing admissions to hospital or permanent admissions to residential and nursing care homes because of placement breakdowns	Improving outcomes from planned and short term interventions	• Single care pathway, early diagnosis and intervention • Provision of effective short-term services that aim to enable people and promote their independence • Multidisciplinary team intervention • Use of care programme approach framework where appropriate • Facilitate discharge from the hospitals • Enhanced input to prevent placement breakdowns • Ensure access to primary care through health advocacy and liaison • Developing and delivering person centred outcomes.
	Helping people with a learning disability recover their independence after illness or injury	• Healthcare coordination for people with complex physical healthcare issues • Supporting primary healthcare, rehabilitation and enablement services in

		providing care to people with a learning disability • Supporting social care providers in making reasonable adjustment to ensure proper community integration
	Reduce the delayed transfer of care from hospitals and reduce delays that are attributable to adult social care	• Effective multi-agency working and coordination to prevent delayed discharges • Active involvement and coordination in the discharge planning process between community and in-patient services • Working jointly with commissioners to ensure clear care pathways between mainstream and specialist services
Domain 4. Ensuring that people have a positive experience of care **Adult Social Care Outcomes Framework Domain 3 (Department of Health, 2013b), NHS Outcomes Framework Domain 4 (Department of Health, 2013a)**		
Overarching measure and indicator	Outcome measure and improvement areas	Role of Integrated Learning Disability Service (ILDS)
Patient experience of care and support services including healthcare services	Patient experience of out-patient care	• Reasonable adjustments to improve access • Accessible communication • Training to improve staff competency in dealing with people with intellectual disability • Person-centred care
	Patient experience of hospital care and accident and emergency services	• Reasonable adjustments to improve access • Accessible communication • Provide training • Liaison with acute hospital services
	Improving access to primary care	• Supporting primary care with health action planning • Supporting primary care with reasonable adjustment, accessible communication, etc.

	Improving the experience of care at the end of life	• End-of-life care pathways for people with intellectual disability based on national guidelines
Proportion of carers who report that they have been included or consulted in discussion about the person they care for	Improving experience of healthcare for people with a learning disability and mental illness/challenging behaviour Improving experience of transition services Improving carers' experience	• Accessible communication • Waiting times • Person-centred care and support planning • To ensure good interface between generic mental health services and early intervention and emergency services • Joint and multiagency working. • Ensure multi-agency transition care pathways • Carer involvement and engagement in service delivery and service development • Appropriate use of advocacy
Proportion of people who use services and carers who find it easy to find information about support	People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.	• Supporting people with learning disabilities to find information and advice about support, services or benefits easily. • Supporting mainstream services to be accessible.
Domain 5. Safeguarding vulnerable adults and caring for people in a safe environment **Adult Social Care Outcomes Framework Domain 4 (Department of Health, 2013b), NHS Outcomes Framework Domain 5 (Department of Health, 2013a), Public Health Outcomes Framework Domain 3 (Department of Health, 2014).**		
Overarching measure and indicator	Outcome measure and improvement areas	Role of Integrated Learning Disability Service (ILDS)
Patient safety incidents including those involving severe harm or death	Reducing the incidence of avoidable harm	• Ensure clinical and practice governance • Care programme approach processes where appropriate • Quality assurances through regular audits and quality improvement projects • Incident reporting and learning from incidents
	Delivering safe care to people with a learning disability in acute settings	• Health advocacy on behalf of people with a learning disability

		• Training of acute healthcare staff in understanding needs of people with a learning disability • Close working and liaison with acute health services
People feel safe	People are free from physical and emotional abuse, harassment, neglect and self-harm	• Ensure effective safeguarding processes in the service • Incident reporting • Active joint working between the in-patient and community services to reduce length of stay in hospital • Working with commissioners to ensure person centred care in the in-patient and community services • Liaison and joint working with other agencies (e.g. police, domestic violence unit) and other boroughs.

APPENDIX II

STATUTORY MEASURES

Statutory returns from the service reported by Performance & Innovation team:

- Safeguarding adults return
- Guardianship
- Short and Long Term Services Return
- Survey of adult social care users
- Adult Carer Experience Survey
- Deprivation of Liberty Safeguards
- Adult Social Care Finance Return

The measures include:

- 1A - Social care-related quality of life
- 1B - Proportion of people who use services who have control over their daily life
- 1I (1) - Proportion of people who use services who reported that they had as much social contact as they would like
- 1J - Adjusted Social care-related quality of life – impact of Adult Social Care services
- 3A - Overall satisfaction of people who use services with their care and support
- 3D (1) - Proportion of people who use services who find it easy to find information about services
- 4A - Proportion of people who use services who feel safe
- 4B - Proportion of people who use services who say that those services have made them feel safe and secure
- 1D - Carer-reported quality of life
- 1I (2) - Proportion of carers who reported that they had as much social contact as they would like
- 3B - Overall satisfaction of carers with social services
- 3C - Proportion of carers who report that they have been included or consulted in discussion about the person they care for
- 3D (2) - Proportion of carers who find it easy to find information about services
- 1C (1A) - Proportion of adults receiving self-directed support
- 1C (1B) - Proportion of carers receiving self-directed support
- 1C (2A) - Proportion of adults receiving direct payments
- 1C (2B) - Proportion of carers receiving direct payments for support direct to carer
- 1E - Proportion of adults with learning disabilities in paid employment
- 1G - Proportion of adults with learning disabilities who live in their own home or with their family
- 2A (1) - 1415 - Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population
- 2A (2) - 1415 - Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population

KEY PERFORMANCE INDICATORS

KPI		Target	Definition	Means of Measurement
1	80% service users achieve their goals following intervention from ILDS.	80%	Anyone who has received an intervention (e.g. treatment, support package) from the service. This includes those receiving social care support only, and those preparing for adulthood.	Examples include • Outcomes/goals identified and achieved in support and treatment plans. • Patient reported outcomes measures. • Quarterly reporting. This will start from 6 months of contract commencement.
2	Advice, guidance and or training delivered by ILDS to mainstream services makes a demonstrable, positive difference to accessibility for people with learning disabilities.	4 per year	Mainstream services (i.e. non LD specific services). This will include health services to support with addressing any local health inequalities for people with a learning disability.	These services make reasonable adjustments for people with a learning disability. For example, a library, a stop smoking clinic. Updated quarterly and more detail provided in an annual report.
3	80% of ILDS service users live in settled accommodation within the first three years of the contract.	80%	Settled accommodation is as defined by ASCOF. It also includes those preparing for adulthood	Proportion living in Residential or Nursing care compared with other settled accommodation such as supported accommodation, living with family, etc. Updated quarterly and more detail provided in an annual report.
4	Having input from ILDS has made a positive difference to service users' lives.	85%	The difference should be indicated by before and after measurement indicating that something good has happened to the service user.	Standardised/ non-standardised outcome measures. E.g. Health Equalities Framework; professional specific outcome measures; quality of life measures before and after. User experience. Good news stories. Notes' audit. Quarterly reporting
5	Safety - Service users are identified in a timely way of being at risk and risk assessed appropriately. All service users who are identified as being at high risk have a risk management plan and the service can demonstrate proactive steps are taken to mitigate risks.	100% of those in High Risk	The Service will have a means of determining risk (e.g. type/ severity/ likelihood).	Examples of identification include the use of a risk register at point of assessment and review; CPA, following notification from others. Measurements for risk with appropriate procedures in place that are followed. Pan London Safeguarding procedures followed. Notes' audit. Incident reporting.

APPENDIX III

Suggested Reporting on Outcomes

INTEGRATED LEARNING DISABILITIES SERVICE CASE EXAMPLE TEMPLATE

This Case example should be completed and submitted to the Section 75 Board to demonstrate how the service has delivered on each of the key outcomes set in the service description. It should be no longer than two pages in length:

Case Identity Number:	
Client Cohort/Pathway:	
Outcome Achieved (Please Select): ▪ People with a learning disability are an active part of their community ▪ People with a learning disability are enabled to achieve independence where possible ▪ People with a learning disability have a place they call home ▪ People with a learning disability are able to access the health care they need.	
Brief Description of input:	
Evidence of multidisciplinary working:	
How you know the outcome was successfully achieved/ what difference did it make to the user?:	
Saving Made/Cost Avoidance (£):	
Practitioner/s completing the form:	
Date completed:	
Section 75 Board Submission (Select):	Q1 (April-June) Q2 (Jul-Sept) Q3 (Oct-Dec) Q4 (Jan-Mar)

APPENDIX IV

Activity Data

PI	Performance Description	Target by end of Yr. 1	Q1	Q2	Q3	Q4	Comment
1a	New adult referrals receive initial single assessment within 6 weeks of referral	95%					Quarterly
b	Number of discharges						Quarterly
c	Number of DNA						Quarterly
d	% of fully funded Continuing Health Care assessment in receipt of annual review and care plan	95%					Quarterly
e	% of new adult referrals have a completed assessment within- 12 weeks	95%					Reporting to start from Q3 in line with 12-week targets
2	% of people on Care Programme Approach (CPA) to have an up-to-date risk assessment (within 12 months)	95%					Reporting to start from Q3 in line with 12-week targets
3	% of clients have an up-to-date support plan (i.e. up-to-date within 12mths).	95%					Reporting to start for Q3 activity in line with care planning
4	% of people on the Transforming Care Risk Register and have the assessments in place (appropriate to the individual) as defined by Building the Right Support including Person Centred Care, Support and Risk Management Plan, Positive Behaviour Support Plan, Crisis/Contingency Plan and Communication Passport.	95%					Reporting in place from Q1
5	Annual quality audit measures the quality of health action plans and NICE compliance of Care Plans. BASELINE.	Audit					Annual Audit (baseline to be agreed in Q1 YR1; Audit Q1 YR2
6	% of client on medication recommended by ILDS have up to date medication review (NICE compliant) within 12mths	95%					Reporting to start from Q1 Y1
7	% of case open to ILDS have a Health Action Plan (HAP) which includes if necessary, a needs	95%					Reporting to start from xx

	assessment/care plan in relation to bodily awareness, pain response and communication support.						
11a	Number of Clients at age 14 and above with ILDS involvement measured by: ILDS attendance at annual reviews/ EHCP meeting's/ transition surgeries/ LAC reviews	number					Quarterly
b	% transition cases having an allocated ILDS transition social worker by age 16	%					
c	% all transition age cases referred to service at age 17 with completed ILDS assessments and decisions regarding eligibility to adults' services	%					
d	% complaints/ disputes/feedback from parents/ carers re: transition responded to within the Council's policy.	%					
12	% of those with antipsychotics medication review every 12 months.	95%					Year-end report (i.e. annually).
13	Number of clients in receipt of joint funding and associated costs	Number & Costs					Quarterly
14	Number of Patients on CTR	Number					Quarterly
15	Number of CTR patients with discharge plan in place	Number					Quarterly
16	Number of GP Registers validated	Number					Quarterly
17	Average time patient waited for first clinical contact	Less than 6 weeks					Quarterly
18	Number of People supported to have a health check.	Number					Quarterly
19	% of assessments for CHC that meet the 28-day decision from the CCG	80%					Quarterly
20	Number of Safeguardings – open, closed, substantiated	Number					Quarterly
21	Number of Leder, Premature Deaths, Reviews undertaken annually	4/year					Quarterly

Title of report:	Planned Care Detailed Review
Date of meeting:	9 May 2019
Lead Officer:	Siobhan Harper, Planned Care Workstream Director
Author:	Timothy Lee, Transformation Support Officer
Committee(s):	Planned Care Workstream Core Leadership Group (CLG) for endorsement -16 April 2019 CCG Finance and Performance Committee - 17 April 2019 Clinical Executive Committee – for 8 May 2019 Patient Participation and Involvement Committee– 9 May 2019 ICB (9 May 2019
Public / Non-public	Public

Executive Summary:

In line with the agreed reporting cycle, this report is the latest in the twice yearly detailed review reports into the performance of the Planned Care workstream. It provides a summary of the latest performance, challenges, issues and risks alongside an update on progress on transformation plans and the delivery of the workstream asks.

Whilst operating in a challenging environment the Planned Care workstream has delivered a number of successes in recent months. This has included:

- **62 day Urgent GP Standard** – Since September Homerton has consistently delivered on this target. This has probably had a significant impact on the improvement on the IAF rating.
- **Personal Health Budgets –** we exceeded the CCG revised target of 50 with a cumulative total of 68 PHB's.
- **Learning Disability –** Significant progress has been made including the agreement of a joint strategy for Learning Disability. Arrangements for joint funding for 2019/20 are now being finalised
- **Continuing Healthcare (CHC) Quality Premium –** we have significantly improved in delivery of the location of assessment, meeting the target in Q4 2018/19. This has been achieved through good joint working particularly between the CHC Team and LB Hackney.
- **Elective activity at Homerton** – this remains a challenge but significant progress has been made.

Further detail is provided in the attached Appendix – Planned Care Wokstream Detailed Review (April 2019)

Recommendations:

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

- To **CONSIDER** the detail of the Planned Care Detailed Review summarised in this report.

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

- To **CONSIDER** and **APPROVE** the proposals for the new risk and issues reporting arrangements.

Strategic Objectives this paper supports [Please check box including brief statement]:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☒	Prevention is a key focus. There are a number of initiatives to improve the long-term health and wellbeing of local people and address health inequalities detailed in the report.
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	Delivering community based care close to home and outside of institutional settings where appropriate is the focus of a number of workstream initiatives detailed in the report.
Ensure we maintain financial balance as a system and achieve our financial plans	☒	The Planned Care workstream is proactively working with all partners to deliver financial balance across the system.
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	Integrated Care is fundamental to the work of the Planned Care workstream and the report includes details of a number of initiatives currently underway.
Empower patients and residents	☒	Patient and resident empowerment is a priority for the Planned Care workstream and it is embedded into the work of the workstream detailed in the report.

Specific implications for City

Activity is delivered across City and Hackney. Any specific issues for City residents or services are detailed in the main report.

Specific implications for Hackney

Activity is delivered across City and Hackney. Any specific issues for Hackney residents or services are detailed in the main report.

Patient and Public Involvement and Impact:

The Planned Care workstream works in line with the principles of the Co-production Charter. Resident Representatives attend all CLG meetings and regular 'Let's Talk' community engagement sessions are completed.

Following best practice, Patients/residents are also involved in the detailed design and implementation of specific proposals.

Clinical/practitioner input and engagement:

Clinical Leads attend all CLG meetings and a Clinical Management Group meets every two months as a sub group of the CLG. Relevant clinical experts are a key part of the multi-disciplinary teams responsible for the development of specific workstream initiatives.

Equalities implications and impact on priority groups:

Equality and Diversity is a priority for the Planned Care workstream and it is embedded into the work of the workstream. Any specific issues are addressed in the detail of this report.

Safeguarding implications:

Whilst no specific safeguarding issues have been identified in the report the workstream is committed to ensuring that the highest standards are safeguarding are maintained across the partner organisations.

Impact on / Overlap with Existing Services:

The report encompasses joint or overlapping proposals with other Integrated Commissioning workstreams and the Neighbourhood Programme as well as existing service provision that is within the scope of the Planned Care workstream.

Main Report

Background and Current Position

In line with the agreed reporting cycle, this report is the latest in the twice yearly deep dive reports into the performance of the Planned Care workstream. It provides a summary of the latest performance, challenges, issues and risks alongside an update on progress on transformation plans and the delivery of the workstream asks.

Retrospective Performance

Whilst operating in a challenging environment the Planned Care workstream has delivered a number of successes in recent months. This has included:

- **62 day Urgent GP Standard** – Since September Homerton has consistently delivered on this target. This has probably had a significant impact on the improvement on the IAF rating.
- **Personal Health Budgets –** we exceeded the CCG revised target of 50 with a cumulative total of 68 PHB's.
- **Learning Disability –** Significant progress has been made including the agreement of a joint strategy for Learning Disability
- **Continuing Healthcare (CHC) Quality Premium –** we have significantly improved in delivery of the location of assessment, meeting the target in Q4 2018/19. This has been achieved through good joint working particularly between the CHC Team and LB Hackney.
- **Elective activity at Homerton** – this remains a challenge but significant progress has been made.

Opportunities

The report details prospective opportunities for the coming year which include the following:

- Planned Care CLG will be agreeing objectives and additions to the work plan in May. In particular this will include actions derived from the new Learning Disability Strategy and Mental Health strategy.
- As part of the Neighbourhood Health and Care programme there is an opportunity to further develop proposals women's health and community stroke services

- PHB pilots are to be implemented across Mental Health and Wheelchairs which will deliver PHBs at scale in 2019/20
- 2019/20 will also see changes to both the cervical and bowel screening programmes
- A key priority will be delivery of the rapid diagnostic pathways for lung, colorectal and prostate cancers to be ready for the implementation of the faster diagnosis standard from April 2020

Further detail is provided in the attached Appendix – Planned Care Wokstream Detailed Review (April 2019)

Transformation Plans
Overall, good progress continues to be main in the delivery of transformation plans:

- **Outpatient Transformation** – the programme of work has now started. Specific plans are in place for Orthopaedics and Dermatology and further reviews of Gynaecology, Diabetes and Cardiology have commenced. The programme will be revisited as part of contract terms for 2019/20.
- **Pooled Budgets** - There has been a delay in the full implementation of Pooled budgets, however plans continue to be developed for transformation opportunities in the commissioning of home care residential and nursing beds.
- **Brokerage** - Establishing a joint health and social care brokerage service and extending joint funding across all client groups

Further detail including prospective challenges and risks for 2019/20 is provided in the Appendix – Planned Care Detailed Review.

Options
n/a

Proposals
n/a

Conclusion
Whilst operating in a challenging environment the Planned Care workstream has delivered a number of successes. The workstream continues to make progress in the delivery of its transformation plans and wider workstream 'asks'. Challenges and risks remain for 2019/20.

Supporting Papers and Evidence:

Planned Care Detailed Review

Sign-off:

Planned Care Workstream SRO: Andrew Carter

Planned Care Workstream
Detailed Review

April 2019

Executive Summary and Key Points

Retrospective Performance issues

- **Personal Health Budget:** We exceeded the CCG revised target of 50 with a cumulative total of 68 PHBs. This was largely met due to the transfer of NHS Continuing Healthcare homecare packages to notional budgets.
- Homerton only met the **62 day Urgent GP** standard in 4 months of 2017/18. Although the standard has been met in the first three months of 18/19 there has been a significant dip in performance in July and August. Since September the Homerton has consistently delivered the target to date. This has probably had the most impact on our IAF rating as it is the target most amenable to improvement.
- Elective over-performance – activity being driven by 'Other' referrals to Outpatient – GP referrals are unchanged overall. Key areas of considerable over-performance also included day case activity

Prospective challenges/risks – for 2019/20

PTL at the Homerton and operating plan risk: The NHS expectation for the commissioner PTL to remain consistent at year end 19/20 as with the start of the year. The PTL at Homerton has been projected to grow. This is being examined in detail and any risk regarding the operating plan submissions will need to be addressed.

Transforming Care Programme: 2 patients were successfully transferred from long stay forensic units into the community with support packages in 2018. The City and Hackney trajectory for specialist commissioned inpatients at March 2010 is 4 patients (increase from 2). This is due to Ministry of Justice restrictions and sentencing.

LeDer: There are significant challenges with ensuring that Leder Reviews are completed due to capacity across the system. Leder Reviews have been included as part of the new service specification.

IAF: % of people on Learning Disability practice register receiving an annual health check: NHSE 2019/20 target is 75%. Current performance based on National data is **53.5%** (improved from 35.9% in previous year) and rated as "requires improvement". There is a risk that we will not reach the required 75%.

LD joint funding: Arrangements for 19/20 to be finalised

Executive Summary and Key Points

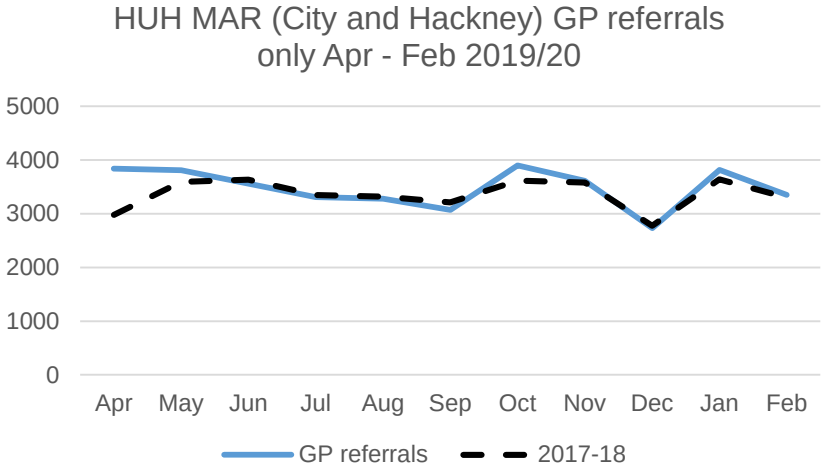
Prospective opportunities – for the coming year

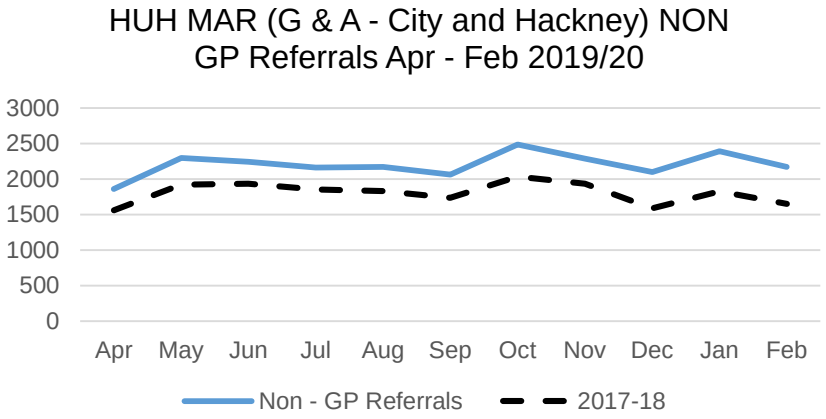
- CLG will be agreeing objectives and additions to the work plan in May – particularly actions derived from the new LD strategy and MH strategy
- Neighbourhood Health and Care: opportunities for women's health and community stroke services
- PHB pilots being implemented across Mental Health and Wheelchairs which will deliver PHBs at scale in 2019/20
- 2019/20 will also see changes to both the cervical and bowel screening programmes
- A key priority will be delivery of the rapid diagnostic pathways for lung, colorectal and prostate cancers to be ready for the implementation of the faster diagnosis standard from April 2020

Transformation plans (more detail in later slides)

- Outpatient Transformation programme of work has now started. Specific plans now in place for Orthopaedics and Dermatology and further reviews on Gynaecology, Diabetes and Cardiology have commenced. The programme will be revisited as part of contract terms for 2019/20.
- Pooled budgets delayed in implementation – plans to develop the transformation opportunities regarding commissioning for home care residential and nursing beds should still be developed.
- Establishing a joint health and social care brokerage service and extending joint funding across all client groups

Elective Over-Performance Referrals





GP HUH Referrals have remained similar to 2017/18 and are 1% below.

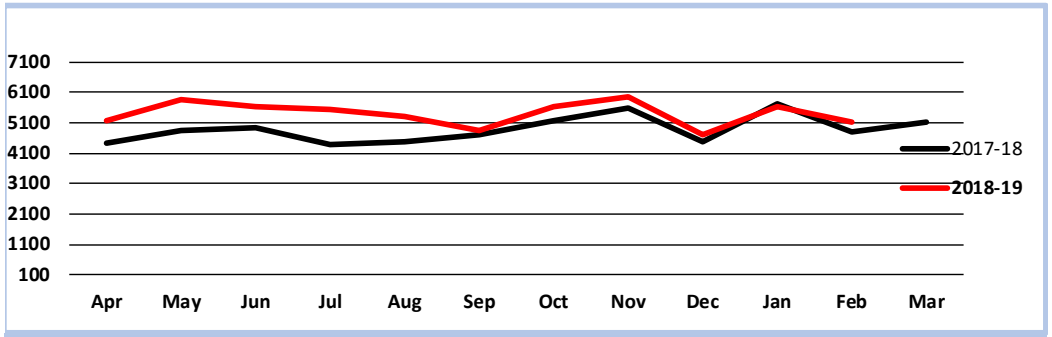
Non GP generated referrals have increased by 21%.

Overall HUH referrals show an increase of 6%

Overall referrals to all providers are up 3% on 2017/18 levels.

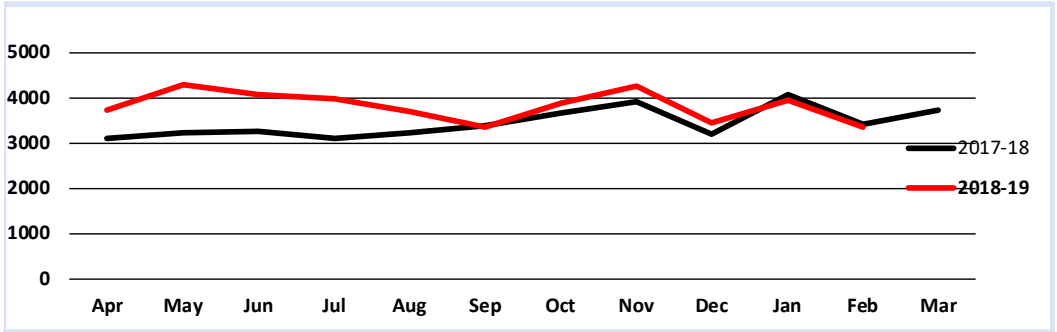
Elective Over-Performance

Outpatients - First Attendances



All Providers

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017-18	4448	4858	4963	4391	4461	4711	5154	5566	4499	5704	4809	5136
2018-19	5181	5855	5642	5535	5297	4837	5633	5958	4733	5639	5120	



Homerton only

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017-18	3095	3229	3246	3095	3231	3380	3670	3922	3190	4070	3413	3713
2018-19	3740	4286	4074	3970	3704	3356	3871	4261	3441	3944	3353	

All Providers:

In Q1 first attendances activity was 17.7% above 2017/18

Overall YTD – First attendances are **11.9%** above 2017/18 levels at M11.

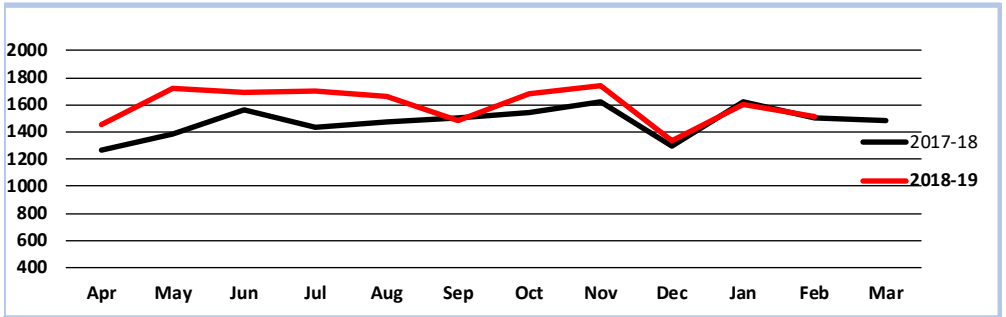
HUH first attendances were significantly higher

SLAM Data

Elective Over-Performance

Elective continued to over-perform against plan – however activity in daycase and outpatient has improved from quarter 4.

Daycase

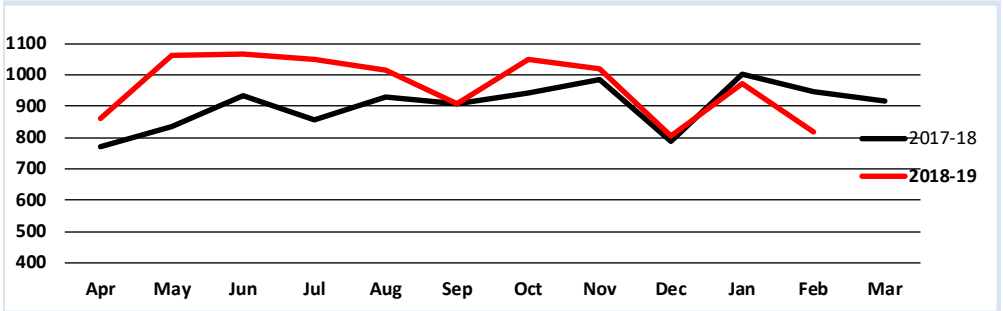


All Providers

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017-18	1271	1389	1567	1431	1475	1506	1540	1623	1301	1621	1504	1480
2018-19	1457	1724	1694	1698	1665	1485	1681	1743	1332	1605	1514	

All Providers:

Overall YTD - daycase is **7.4%** above 2017/18 levels at M11.



Homerton only

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017-18	769	836	935	855	928	906	943	984	789	1003	946	917
2018-19	862	1062	1065	1049	1017	906	1051	1020	804	972	819	

HUH - activity indicates they are 14% over plan.

SLAM Data

Elective activity at the Homerton and 2019/20 contract

Negotiations

- Difficulties were faced in agreeing baselines for 19/20 due to over-performance of £4.7m
- C2C Audits in four specialties identified issues in counting first appointments – these have led to a refund for 18/19 although not all issues may be resolved in counting.
- Further auditing has been agreed for 2019/20 as detailed in Audit programme.
- QIPP did not include Outpatient Transformation where several plans will deliver in 2019/20.

C2C Audits 2018/19 Outcomes

- Respiratory – Main finding was that 62% of First attendances were follow ups with physiologists (CPAP)
- General Surgery – 32% - Paper reviews were being counted as face to face first attendances rather than non face to face.
- Gastroenterology – 27% paper reviews and dietetic appointments counted as F2F C2C
- Paediatrics – 34% miscounted - a variety of issues – Follow ups and dietetic appointments counted as C2C, Block contract appointments counted as PBR and other issues around shared care.

Daycase Activity

- Over performance in daycase has primarily focussed on diagnostics and termination procedures.
- There is an increase in the numbers of endoscopies in reported activity. Some activity has been later identified to be specialist commissioning, however, activity still appears to be 40% above 2017/18 levels.
- It should be noted that these diagnostics could improve early cancer diagnosis.
- Terminations have increased overall by 15% - this is not something we can control. It should be noted that activity has started to fall.

Audit Programme Q1 2019

- ToRs have been drafted
- Work to be completed by 30th June 2019
- **Project Scope** - intention is to follow the patient pathway from referral from Primary Care to discharge back to Primary Care for certain specialities in Day Case, Elective, and Outpatients. It is proposed these specialities are chosen at random to minimise any possibility of bias. Initially it is proposed to select 15 specialties.
- Plan proposed is to have 3 stages:
  - Review Clinical Pathway
  - Consider overall activity/flow including PTL & RTT
  - Financial Assessment
- Objective to provide reassurance that management of patients is consistent with guidance/SOPs and identify remedial action where appropriate.

Improvement Assessment Framework (IAF) and other outcomes/indications

Learning Disabilities:

% of people on LD register receiving an annual health check: 53.5% (compared to a National average of 51.4%)

- Locally, we believe our performance is close to 75% (c.73%) based on CEG data. However there is a discrepancy between the local and National datasets that we are continuing to explore.
- NHSE have required CCGs to submit a 75% trajectory for 2019/29 and accordingly we have submitted the following based on a registered population of 1196.

Q1	Q2	Q3	Q4	Total
150	278	325	360	1113
			75%	

- An action plan is now in place to reach this target including work with practice managers to ensure they understand guidance around quarterly manual uploads of the data; links with our NHSE local area team to monitor data submissions and work to reconcile ILDS registers with GP registers for people with LD.
- An incentive payment in the LTC contract to encourage provision of health checks will be continued in 2019/20.

Improvement Assessment Framework (IAF) and other outcomes/indications

Cancer:

- Cancers diagnosed at early stage (62% stage 1&2 by 2020)-54%Q4 16/17
- Cancer early diagnosis - CCE Audit to provide granular insight into late presentations which may assist with further targeted reductions
- People with urgent GP referral having first definitive treatment for cancer within 62 days of referral (85%) 85.5% Q1 18/19
- One-year survival from all cancers(75% by 2020) C&H 71.3% (2015 cohort) England 72.3%(2015 cohort)- 2016 still to be released
- Cancer patient experience: overall care 8.21 (2016) No local update available yet.
- 2017 results are only available at a national level.

62 Day performance

Across London

- For the NHSE London region at provider level, 62 day performance has risen to 80.3% from January's 79.4%
- 11 Trusts met the standard in February, the same number as January.
- At commissioner level London failed to achieve the standard at 80.6%, up from the January performance of 79%.
- 12 CCGs were compliant with the 62 day standard in February, up from January's 10.

Across north-east London sector

- 62d standard met this month at Provider level – standard only missed once in **17** months; missed July 2018 after having been met for **9 months consecutively**
- All three Trusts in NEL achieved the 62-day standard this month
- One BHR CCG and 3 WELC CCGs achieved the standard this month

Across the UCLH Cancer Collaborative (Cancer Alliance)

- Performance dropped to 79.0% (Jan = 81.2%,Dec = 82.0%, Nov = 81.6%, Oct = 79.3%, Sept = 80.8%, Aug = 81.2%, Jul = 79.5%, Jun = 82.2%, May = 83.9% - The Alliance has only met the 62d standard once – Dec 2017

Cancer Waiting Times - Initial Report

February 2019

Description	Two-Week Wait		31-Day Wait				62-Day Wait		
	All Cancers	Symptomatic Breast Pts	1st Treat	2nd/Sub (Surgery)	2nd/Sub (Chemo)	2nd/Sub (RT)	Urgent Referral	Screening	Cons Upgrade
Operational Standard	93%	93%	96%	94%	98%	94%	85%	90%	N/A
Trust Name									
BARKING, HAVERING & REDBRIDGE UNIV HOSPITALS	93.1	95.2	97.4	96.3	100.0	100.0	86.4	93.3	82.2%
BARTS HEALTH	97.7	100.0	99.6	100.0	100.0	98.4	85.9	100.0	92.0%
HOMERTON UNIVERSITY HOSPITAL	96.7	94.7	100.0	100.0			91.5		95.3%
NEL STP Area (Providers)	95.9						86.7		
ROYAL FREE LONDON	91.1	89.8	97.2	93.3	100.0	100.0	74.1	85.0	80.8%
UNIVERSITY COLLEGE LONDON HOSPITALS	90.5	68.5	97.2	97.7	100.0	100.0	64.8	80.0	77.8%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	98.9	96.7	97.3	100.0	100.0		83.3	93.8	90.2%
CCG Name									
NHS BARKING AND DAGENHAM CCG	92.8	92.6	95.2	100.0	100.0	100.0	72.0	100.0	87.5%
NHS HAVERING CCG	93.2	91.8	96.1	92.3	100.0	100.0	83.3	100.0	83.3%
NHS REDBRIDGE CCG	94.7	98.3	96.1	100.0	100.0	100.0	85.7	88.9	63.6%
NHS CITY AND HACKNEY CCG	96.2	93.5	98.2	100.0	100.0	97.2	91.3		92.0%
NHS NEWHAM CCG	98.0	96.2	98.5	100.0	100.0	100.0	82.8	100.0	100.0%
NHS TOWER HAMLETS CCG	97.1	100.0	100.0	100.0	100.0	100.0	95.8		80.0%
NHS WALTHAM FOREST CCG	96.9	96.2	100.0	95.7	100.0	95.8	86.7	100.0	90.0%
NEL STP Area (Commissioners)	95.6						85.0		
NHS WEST ESSEX CCG	98.3	94.6	97.5	93.8	95.7	93.1	83.6	100.0	85.2%
Regional and National Performance									
National *(England)*									
UCLH Cancer Collaborative Area *(Trusts: NC&EL+PAH)*	93.6	90.2	98.1	97.3	100.0	98.7	79.0	88.6	85.2%
RM Partners/SEL Area *(Trusts: NW, SE & SW London)*	95.4	95.5	98.1	96.5	99.1	97.0	85.1	66.7	88.2%
London Area Performance *(Trusts: London)*	94.4	93.3	98.4	96.4	99.5	97.8	80.3	77.6	84.3%

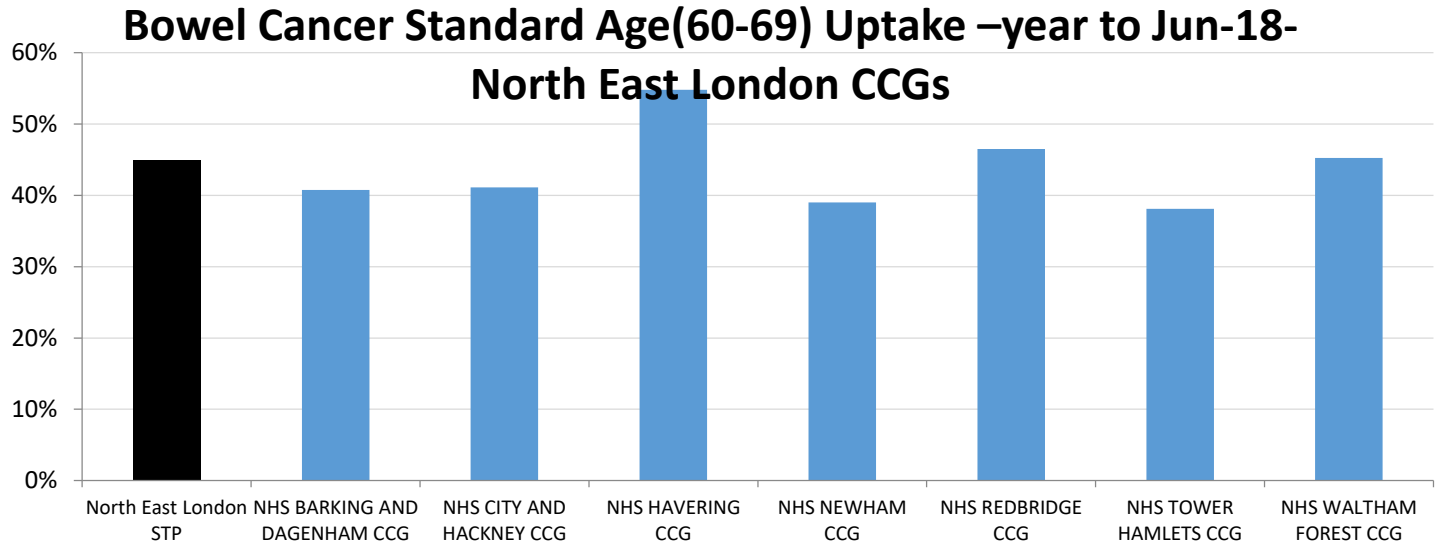
Source: National Cancer Waiting Times Database / CADEAS via Transforming Cancers Services Team for London

Improvement Assessment Framework (IAF) and other outcomes/indications

CCG	One yr survival (2015)	*One yr survival (2016)*	*Stage 1 or 2 (2017-Q1)* 1yr roll ave*	*Stage 1 or 2 (FY2017-Q3) 1 yr rolling ave.*	Diagnoses through emergency presentation full year 2017 Q3 1 yr rolling average	Diagnoses through emergency presentation full year 2018 Q1 1 yr rolling average
Barking & Dagenham	67	68%	*52%*	*53*	19.3%	18.1%
City & Hackney	71.3	71.9%	*55%*	*57*	19%	18.3%
Havering	71.3	72%	*51%*	*49*	18.7%	17.2%
Newham	68.1	69.1%	*52%*	*51*	22.1%	22.3%
Redbridge	70.4	71.4%	*52%*	*52*	18.4%	18.7%
Tower Hamlets	68.3	68.8%	*57%*	*50*	23%	20.9%
Waltham Forest	70.4	71.3%	*60%*	*58*	22%	23.6%
WELC			*56.2%*	*54.2*	21.5%	21.4%
BHR			*51.4%*	*50.8*	18.7%	17.9%
NEL	70		*53.8%*	*52.5*	20.1%	19.9%
National Average or England	**72.2%**	**72.8%**	*51.0%*	*52*	**19%**	**18.8%**

Screening rates

Thresholds	Acceptable	Achievable
Breast Screening	> 70.0%	> 80.0%
Cervical Screening		> 80.0%
Bowel Screening	> 52.0%	> 60.0%

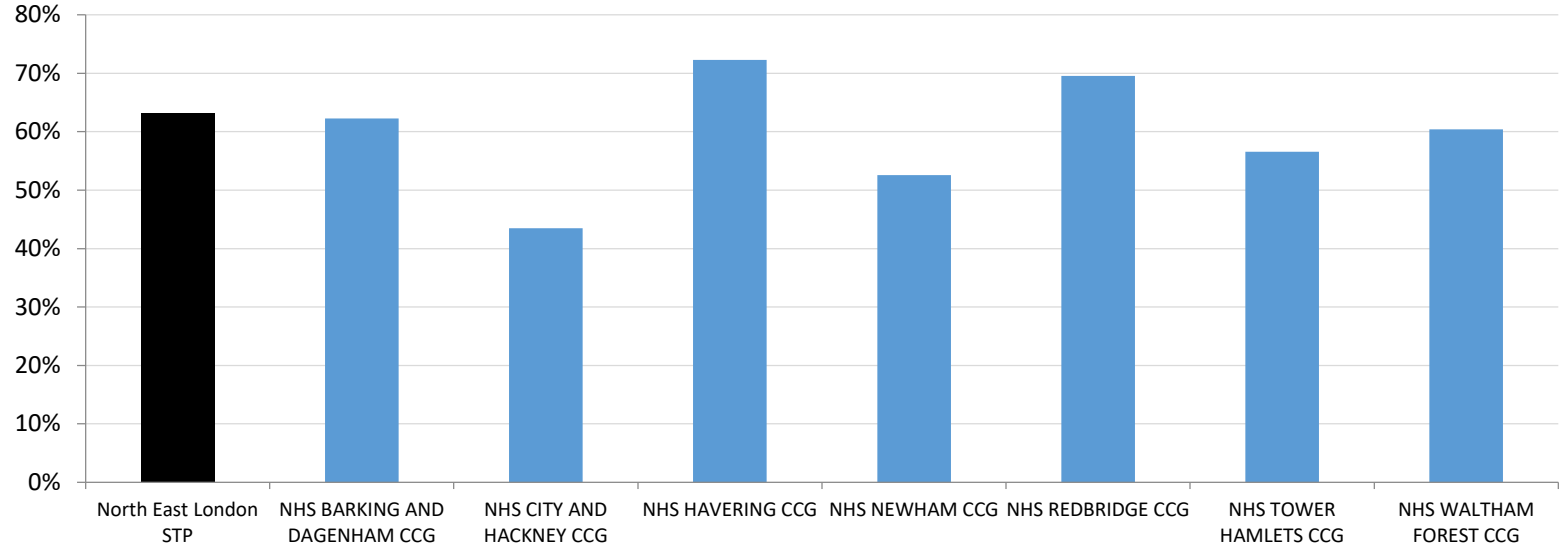


Monthly breakdown July 2017-June 2018

North East London	**46.1%**	**46.2%**	**46.0%**	**45.9%**	**46.1%**	**45.9%**	**45.6%**	**45.5%**	**45.2%**	**45.5%**	**45.5%**	**45.6%**	**45.3%**
NHS BARKING AND DAGENHAM CCG	41.9%	41.4%	41.5%	41.6%	41.9%	41.7%	41.4%	41.1%	40.4%	40.6%	40.5%	40.9%	40.7%
NHS CITY AND HACKNEY CCG	42.3%	42.3%	41.9%	41.8%	41.2%	40.9%	40.6%	40.8%	40.9%	40.7%	40.9%	41.0%	41.1%
NHS HAVERING CCG	55.1%	55.2%	55.0%	54.8%	55.1%	55.1%	55.3%	55.2%	54.8%	55.3%	55.1%	55.3%	54.8%
NHS NEWHAM CCG	41.6%	41.7%	41.6%	41.3%	41.2%	40.9%	40.7%	40.5%	40.5%	40.1%	39.6%	39.6%	39.0%
NHS REDBRIDGE CCG	46.6%	46.7%	46.6%	46.7%	47.2%	47.0%	46.9%	46.7%	45.9%	46.1%	45.9%	46.4%	46.5%
NHS TOWER HAMLETS CCG	38.7%	38.5%	38.3%	38.1%	38.1%	38.2%	37.6%	37.6%	37.7%	38.2%	38.0%	38.4%	38.1%
NHS WALTHAM FOREST CCG	46.3%	46.4%	46.2%	46.2%	46.3%	45.7%	45.6%	45.7%	45.7%	45.9%	45.8%	45.7%	45.3%

Thresholds	Acceptable	Achievable
Breast Screening	> 70.0%	> 80.0%
Cervical Screening		> 80.0%
Bowel Screening	> 52.0%	> 60.0%

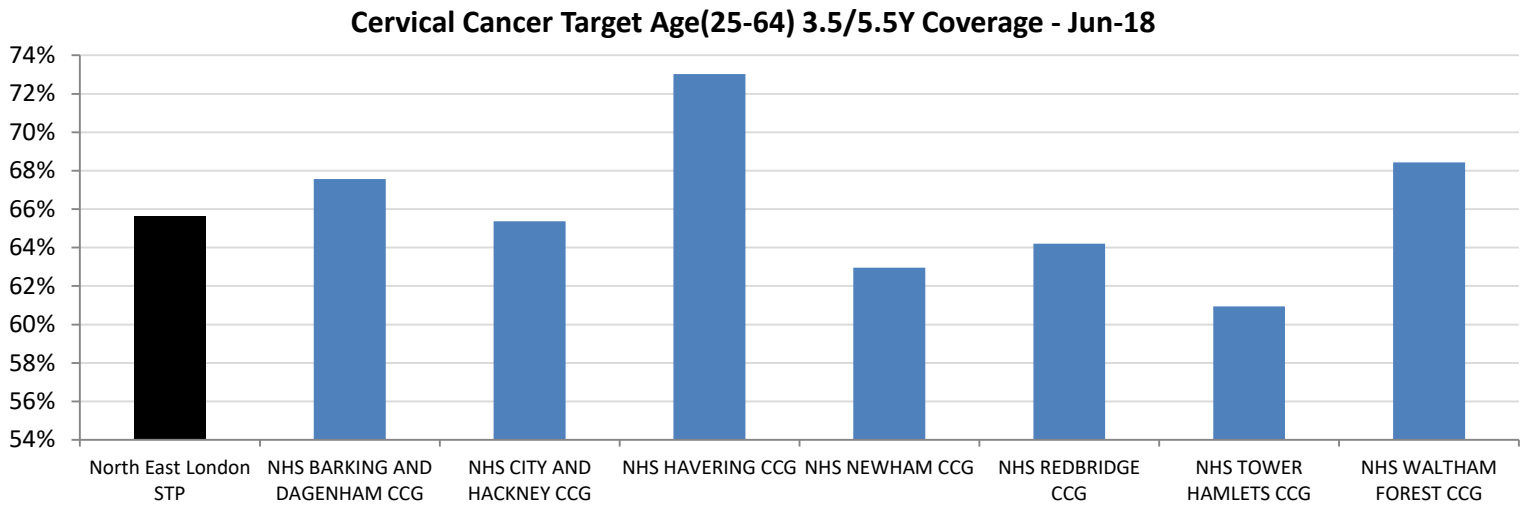
Breast Cancer Extended Age(47-73) Uptake – Year to Jun-18



Monthly breakdown July 2017-June 2018

North East London	**65.1%**	**65.1%**	**64.5%**	**64.2%**	**64.1%**	**63.7%**	**63.9%**	**63.8%**	**63.7%**	**63.6%**	**63.7%**	**63.8%**	**63.2%**
NHS BARKING AND DAGENHAM CCG	63.5%	63.9%	63.8%	63.3%	63.8%	63.9%	64.2%	62.9%	63.5%	62.9%	61.7%	62.5%	62.2%
NHS CITY AND HACKNEY CCG	64.2%	64.1%	64.1%	64.0%	63.8%	61.6%	61.8%	60.9%	59.8%	50.4%	46.0%	44.8%	43.5%
NHS HAVERING CCG	74.9%	73.5%	73.2%	70.9%	70.4%	71.1%	70.2%	70.6%	70.4%	71.6%	70.5%	71.9%	72.3%
NHS NEWHAM CCG	59.9%	58.7%	58.5%	56.8%	55.5%	55.5%	55.6%	55.7%	54.9%	54.1%	53.9%	53.6%	52.6%
NHS REDBRIDGE CCG	64.4%	65.1%	65.6%	67.3%	67.0%	67.6%	68.6%	68.9%	69.5%	69.7%	69.4%	69.9%	69.5%
NHS TOWER HAMLETS CCG	65.1%	65.1%	64.6%	63.3%	61.1%	60.1%	59.7%	58.6%	57.7%	57.6%	57.4%	57.2%	56.6%
NHS WALTHAM FOREST CCG	70.6%	70.5%	69.6%	69.8%	68.9%	66.7%	66.4%	65.2%	63.6%	61.5%	61.3%	61.0%	60.4%

Thresholds	Acceptable	Achievable
Breast Screening	> 70.0%	> 80.0%
Cervical Screening		> 80.0%
Bowel Screening	> 52.0%	> 60.0%



Monthly breakdown July 2017-June 2018

North East London	**65.1%**	**64.8%**	**64.7%**	**64.4%**	**64.2%**	**64.1%**	**64.0%**	**64.0%**	**64.4%**	**64.5%**	**64.6%**	**64.6%**	**64.7%**
NHS BARKING AND DAGENHAM CCG	67.1%	66.9%	66.8%	66.5%	66.6%	66.6%	66.4%	66.6%	67.0%	67.2%	67.4%	67.5%	67.6%
NHS CITY AND HACKNEY CCG	65.8%	65.5%	65.3%	65.2%	65.1%	65.0%	64.9%	64.8%	65.1%	65.3%	65.3%	65.3%	65.4%
NHS HAVERING CCG	73.3%	73.2%	73.0%	72.7%	72.6%	72.6%	72.4%	72.4%	72.6%	72.7%	72.8%	72.9%	73.0%
NHS NEWHAM CCG	63.5%	63.3%	63.1%	62.7%	62.5%	62.4%	62.2%	62.3%	62.5%	62.9%	62.9%	63.0%	63.0%
NHS REDBRIDGE CCG	64.6%	64.2%	64.0%	63.8%	63.6%	63.6%	63.5%	63.6%	64.0%	64.1%	64.2%	64.2%	64.2%
NHS TOWER HAMLETS CCG	61.9%	61.6%	61.4%	61.1%	60.8%	60.8%	60.5%	60.6%	60.8%	60.9%	60.9%	60.9%	60.9%
NHS WALTHAM FOREST CCG	68.1%	68.0%	67.7%	67.6%	67.5%	67.6%	67.4%	67.6%	67.9%	68.2%	68.4%	68.4%	68.4%

Improving early diagnosis and detection

- FIT implementation in primary care as a diagnostic aide
- Early diagnosis – access to full range of direct access diagnostics in place for City and Hackney GPs
- Macmillan GP to support practice level improvements and education for cancer detection and early diagnosis
- Support in place for people with living with cancer as a long term condition with extended appointments in primary care
- Plans to implement GP led follow up service for men with prostate cancer in 19/20
- Move performance to compliance and on to sustainability
- Bowel screening: Will be switching to a new test (FIT) from summer 2019. Will only require one sample and expected to drive a 6-9% increase in uptake.
- Cervical Screening: There will be no change to taking smears BUT smears will be test for HPV and ongoing screening will depend on Positive or negative results. Text reminders now in place.

Improvement initiatives

THE SUMMIT STUDY - A SUMMARY

What is the SUMMIT Study?

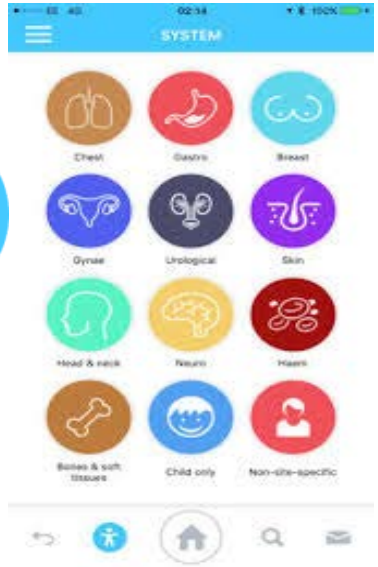
The SUMMIT Study is a large-scale study involving 50,000 people aged 50-77 living in north and east London. Half of the participants will be people who currently smoke or have smoked regularly in the past (Group A) and the other half will be those who do not have significant smoking histories (Group B).

GatewayC

CANCER RESEARCH UK

MACMILLAN CANCER SUPPORT

the signs



Other improvement initiatives

East London Health & Care Partnership

The proposed clinical model:

A centre with an optimised approach to cancer follow up and surveillance

MRI in Phase 2
- 1.5T scanner

A centre which enables innovative & best practice pathways

Endoscopy
- 2 Endoscopy suites
- Staffed by one consultant and one clinical endoscopist

NEL Early Diagnosis Centre
for all NEL patients

A centre for dissemination of new techniques & training

Ultrasound
- 2 ultrasound machines
- Staffed by one consultant and one radiographer

A "cold site" facility, run separately to main provider diagnostic services and dedicated to cancer diagnostics

An opportunity for one stop diagnosis & Straight to Test pathways in high risk patients

Improvement initiatives

Proposals within the NHS Long Term Plan have committed to 3 in 4 cancers being diagnosed at an early stage by 2028. Cancer screening programmes are coordinated nationally for cervical, breast and colorectal cancers; however, these are implemented and monitored locally. The colorectal cancer-screening programme invites individuals every two years between the ages of 60 and 74 by post to provide a self-sample for faecal occult blood test.

Colorectal cancer screening uptake in Hackney and the City remains significantly below the national rate (annually 43% compared with 59%). Notably, one-year colorectal cancer survival is significantly below national rates as well as a number of Hackney's statistical peers.

Evidence from across London suggests that Black men are significantly more likely to develop colorectal cancer than men from other ethnic groups. Migrant communities are less likely to attend screening programmes, and recent local evidence has highlighted one reason for this include a lack of information in general and a specific lack of information in an appropriate language.

We are working with partners to extend an ongoing pilot project which commenced in 2018. The project aimed to increase the uptake of colorectal cancer screening among individuals from Black African ethnic groups in Hackney. The pilot was funded non-recurrently through the Healthier City and Hackney Fund and provided by Community African Network (CAN), a voluntary sector organisation, and Hackney CVS and included the following components:

- Recruitment of volunteer community health champions
- Targeted face to face community outreach
- Targeted engagement through a GP practice
- Production and distribution of promotional materials

Improvement initiatives

The following outcomes so far have been achieved:

- 10 community champions trained and 1 GP practice engaged
- 1,254 individuals reached through targeted outreach
- 215 telephone contacts through GP with 15 returned screening kits and 40 replacement kits

Although this project has been able to engage individuals from the target group, there remains an ongoing need. It is expected that through extension of the programme additional individuals can be reached through GP practice based engagement, which aligns with national evidence for increasing cancer screening uptake.

Further work we are undertaking with the Cancer alliance, NELCA and our public health colleagues includes:

- Development of appropriate campaign resources which will be locally tailored versions of the national Be Clear on Cancer campaigns
- A targeted social media campaign to link users with campaign resources
- Outreach and engagement of community organisations and leaders
- Recruitment and training of volunteers to deliver outreach
- Face to face engagement with individuals from target groups through outreach events and activities
- Engagement with community and faith leaders to contribute to campaign

Distribution of language appropriate information materials Data describing incidence for cancer between ethnic groups are based on small numbers of cancer cases, and should be interpreted with caution. Source: Public Health England National Cancer Registration and National Cancer Registration and Variation in cancer incidence by ethnicity across London in 2015 2015 accessed online from: http://www.ncin.org.uk/view?rid=3709

Cancer Research UK 2017 accessed online from https://www.cancerresearchuk.org/health-professional/screening/bowel-screening-evidence-and-resources/past-bowel-cancer-screening-campaigns
Wardle et al, 2016 doi: 10/1016/S0140-6736(15)01154-X
Moss et al, 2017 doi: 10.1136/gutjnl-2015-310691

Additional ideas

- Increase capacity in supporting primary care
- Target key high risk groups – e.g. people with mental health needs, street homeless people, at risk communities
- More work with prevention re smoking cessation and lifestyle factors especially obesity
- Clinical practitioner forum in May will be focused on early diagnosis and detection in cancer
- What else?

Local Alignment/Progress –NHS Long term Plan

Learning Disabilities

- **LD Employment** - The employment rate for learning disabled people known to services was 3.4% compared with 72% of overall population in Hackney (ONS, 2018). This rate is lower than a number of other boroughs and the target set of >4%. The Hackney Council's Supported Employment Service has been established and is working with learning disabled people to find and gain employment. Over the past year they have got three additional people with learning disabilities into paid employment and are working with many more on this goal. A supported employment network is also being established in Hackney which works to get disabled people into paid employment.
- **Learning Disability and Autism and Transition** – we are working with CYP and MH commissioners in particular to strengthen our services for young people with autism in transition, working with young people at risk and in developing a preventative approach to our at risk register and CTR processes.

Learning Disabilities

- **Leder Reviews,** into premature deaths of learning disabled people have been completed and reports produced across North East London. The main findings have been shared with Providers to support positive changes in supporting to address health inequalities for learning disabled people.

Continuing Healthcare

- A review of the CHC service in collaboration with other inner North East London CCG's to ensure the service model supports high quality service delivery and ensures maximum efficiency.
- Recruitment of service user and family/carer representatives to adopt a co-production approach to the development and ongoing quality assurance of CHC services.
- PHBs are the default model for all CHC funded packages delivered in a home setting, excluding fast track CHC. This means that all individuals know what their budget is, are involved in the care and support planning and have greater control over how the budget is used, including the option of a direct payment.

Local Alignment/Progress – NHS Long term Plan

NEL Outpatient Transformation

To deliver a radically improved system that enables patients to have access to the right advice, care and treatment in the most flexible, timely and effective way possible, to manage health conditions in a way that suits them, and to reduce face to face outpatient visits by a third over the next five years, in line with the ambition set out in the NHS Long Term Plan.

Key Initiatives:

1. **Redesign Clinical Pathways**
2. **Create a Culture of Advice**
3. **Develop a learning System**
4. **Improve patient experience**

With NEL partners we have been working across these areas with out partners by:

- Using NHS Transformation Handbooks to identify gaps in clinical pathways for current services and benchmarking against each other; identifying solutions other CCGs have already in place. New outpatients models of care are being identified by the CCG Transformation programme.
- Increasing the availability of Advice and Guidance – HUH now cover 15 specialties and receive over 4000 requests per year.
- Developing standardised referral templates for use across NEL – in progress with Barts/HUH
- Introducing systems for auto check in at HUH, systems of self-management, more digital options being identified where appropriate.

Local Alignment/Progress – NHS Long term Plan

Procedures of limited clinical effectiveness (PoLCE)

Working with NELCA to deliver one policy for all 7 CCGs that takes into account the nationally proposed recommendations as well as local considerations.

- A revised policy for NELCA CCGs has been proposed – some of the 20 new procedures include:
  - Cataracts
  - Haemorrhoid surgery
  - Hernia surgery
  - Spinal Injections (non specific back pain)
- Changes have taken some National criteria recommendations as well as London wide criteria
- This will be going through a process of engagement and agreement during April to June for implementation in July 2019
- CSU is preparing Patient Public engagement packs for CCGs to consult patients on changes. It should be noted that NCL appear to have handled implementation of their policy badly and garnered negative press reports – although some of this may be unavoidable.
- Pre approval and monitoring compliance will still be decided locally – Local clinical leaders favour a low administrative solution.
- There will be QIPP savings from this and a PID will be developed and contracts informed once agreement is finalised.

Personalisation

This is a major emphasis in the LTP. In City and Hackney we have a number of initiatives in place and we now need to strengthen our overall strategic approach

- PHBs are the default model for all CHC funded packages delivered in a home setting, excluding fast track CHC. This means that all individuals know what their budget is, are involved in the care and support planning and have greater control over how the budget is used, including the option of a direct payment.
- The provision of PHBs to support the recovery of individuals who have a severe and enduring mental health condition and are finishing a period of treatment within secondary mental health care.
- A roll-out of Personal Wheelchair Budgets (PWBs) to all appropriate individuals accessing clinics with the Wheelchair Service.
- The exploration of further PHB pilots for children and young people.
- Greater access to PHBs for people with a learning disability so they and their families have greater say over their care.

There have been discussions in the CCG regarding the overall responsibility and continued progress on Personalisation in City and Hackney including opportunities for integration with local authority personalisation. This will also link with the wider NELCA programme which is in development,

Local Alignment/Progress – NHS Long term Plan

Mental health

The City and Hackney mental health plan is aligned through the STP Mental Health Steering Group. Key planned care priorities are:

- Delivery of IAPT access rates and recovery rates in line with the FYFV. City and Hackney are on target and have the highest access and recovery rates in the STP.
- Improving mental health and physical health integration. Our development of LTC IAPT and physical health checks for people with serious mental illness is aligned to this.
- City and Hackney achieved this target and in Q3 19/19 achieved the second highest rate in London.

FYFV planned care mental health objectives

IAPT access rates at 19% by Q4: on track

IAPT LTC service: service has already started will be fully operational by Q4.

Physical health checks for 60% of SMI population.

How we plan to achieve this:

- Expanding the Talk Changes IAPT service for people with long term conditions such as diabetes and COPD, who also experience anxiety and/or depression.
- Strengthening referral pathways, removing barriers to access, creating leaders and champions and ensuring we have the right therapeutic offer.
- Develop assessment, referral and integrated care pathways to diagnose and address the mental health needs of people presenting with physical illness
- Build on our programme of physical health reviews for people with SMIs, by increasing their frequency and strengthening the support offer for those at risk of physical illness

Workstream asks – 2018/19 and 2019-20

Personal Health budgets

- Personal Health Budgets are now the default delivery model for all NHS Continuing Healthcare packages of care at home.

- Mental Health Recovery PHB Pilot successfully co-produced with experts by experience, ELFT Clinicians and local recovery providers. The Advocacy Project have been commissioned provide a PHB Support Service to Clinicians and Patients. Pilot due to go live in May following successful PHB Advisor recruitment and two launch events with ELFT CMHTs. Pilot will aim to deliver up to 180 PHBs over 12 months.

- The Wheelchair Service have successfully completed a pilot period to design new Personal Wheelchair Budget (PWB) documentation and processes. The service will now be rolling out PWBs for 2019/20 to all appropriate clinic based appointments where the client is receiving new equipment

Prescribing

QIPP

- Proposed content for the 2019/20 commissioning intentions is being consulted on at consortia level.
- Practice Support Pharmacists have made actual in year savings of £307K (Apr2018 to Dec2018); Medicines Management prescribing advice delivered by Optimise Rx delivered savings of £176K
- Savings from uptake on biosimilars not fully captured for all providers however forecast savings for biologics provided by HUHFT for C&H patients = £265K.

Pharmacy First / MOLV List / OTC Medicines

- Implementation strategy of a revised Pharmacy First scheme which addresses the decision to cease prescribing certain OTC drugs is still to be finalised.
- Anticoagulation - GP Confederation is now delivering the Primary Care Anticoagulation service and work is underway with Homerton hospital to transfer all stable patients from secondary to primary care.

Antimicrobial Resistance

Ongoing work has been undertaken to implement the UK Antimicrobial Resistance strategy (deliver national strategy locally).

Workstream asks - 2018/19 and 2019-20

Health and Care Pooled Budgets

- The CCG has recruited an interim Brokerage Lead who will help progress development of a joint brokerage function.
- Further opportunities for joint commissioning of accommodation based services are also emerging with a project exploring the mental health pathway in line with Mental health Housing related support tender and the introduction of Housing First.
- We are working together regularly on contract pricing for placements and home care
- A further update on progress is due to ICB in July 2019 and the aim is to include a commitment to develop shared plans for commissioning residential and nursing beds in particular.

Joint Funding

A joint funding pilot was completed to establish an assessment tool and process. A policy has been devised and agreed between commissioning and operations (pending formal sign off). There is an action plan to implement the new policy, which includes training for the ILDS staff team at the end of April. Partners will need to agree to implement the new policy and for joint funding to increase on the basis of actual reviews and assessments carried out through the year.

Workstream asks - 2018/19 and 2019-20

Learning Disability Service Transformation

- Developing a service specification to support the new model with a comprehensive set of health and social care outcomes with a clear service offer to individual service users.
- Development of a strategy for all people with learning disabilities which will aim to strengthen our approach to personalised services promoting independence, maximising opportunities to meaningful activities, employment and access to mainstream services
- Increased focus on the Transforming care programme locally

Integrated Learning Disabilities Service (ILDS):

- The ILDS redesign is now reaching completion. Work on the redesign has included a new service speciation to improve integrated working, this is due to go to May ICB. Coproduction was an integral part of this.
- An accommodation review of placements for learning disabled people was undertaken. This looked at where people were placed and opportunities to move people into settled accommodation. The new ILDS will review and work on move-on for such clients over the next two years.

Workstream asks - 2018/19 and 2019-20

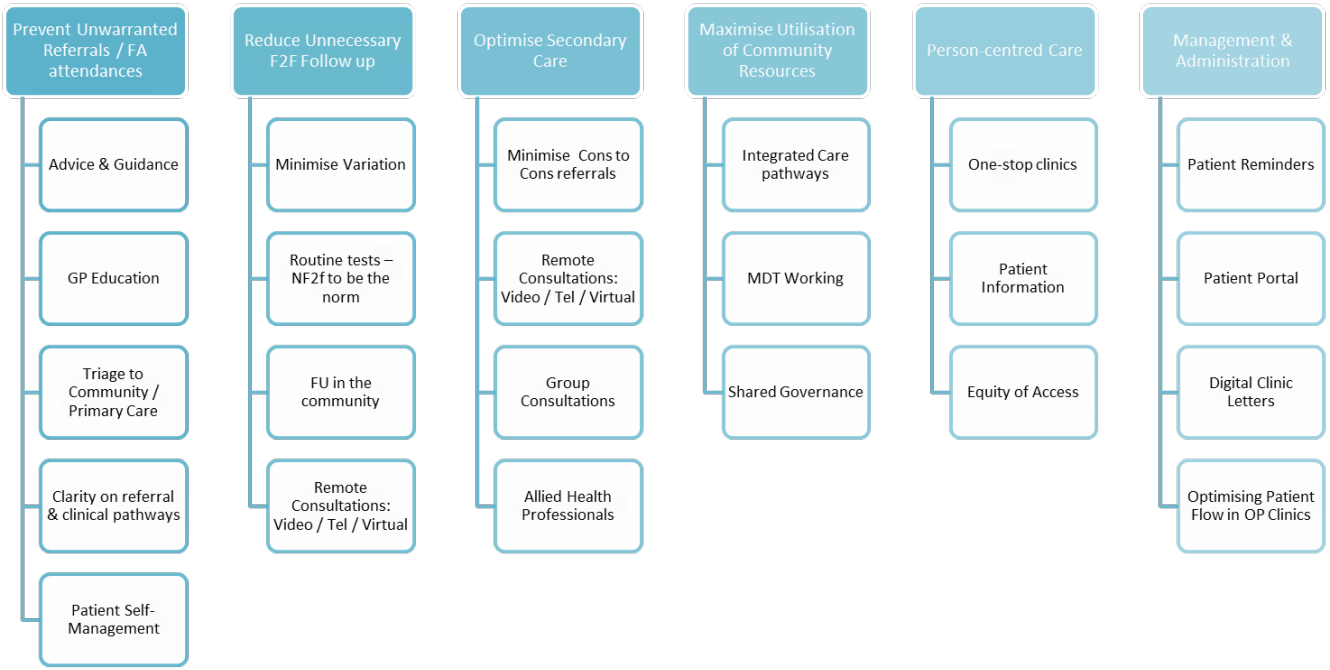
Housing

- The jointly commissioned Housing First pilot is currently out to procurement (year 1 funding provided via the CCG PIC process). The service will support 20 single homeless clients with high support needs to live independently following the internationally recognised Housing First approach.
- Floating Support Service has been recommissioned
- Cross cutting team is redesigning the Housing Related Support Service which will be going out to procurement shortly
- Planned Care is working with the Prevention workstream to coordinate proposals to support rough sleepers in Hackney and the City of London.

Mental Health

- Inline with the key aim of integrating mental and physical health, a long-term conditions IAPT service is now operational and due to be expanded
- Voluntary sector low intensity IAPT operational
- Chronic fatigue service now being delivered
- Mental Health PHB pilot run for a 12 months period beginning in April 2019 working with 180 individuals
- Ongoing delivery of the NHS Five Year Forward View for mental health

Outpatient Transformation



The transformation areas above have been assessed for Orthopaedics, Dermatology and Hypertension and the outputs are shown on the following slides

Work on further specialties is underway – Gynaecology, Diabetes and Cardiology

Outpatient Transformation Task & Finish Group Reports

SPECIALTY	HYPERTENSION
MONTH	MARCH
RAG STATUS	

PROGRESS THIS MONTH

- ✓ Paper Clinic set up
- ✓ Proposal for Group Consultation put together, Alison Mason invited to next T&F group

FOCUS FOR NEXT MONTH

- Paper Clinic to be reviewed
- Proposal to be put together for resources required to offer GP Open Access for R&A test
- Alison Mason to have further discussions with specialty about how Group consultation could work in practice – some initial reservations

PROPOSED APPROACH AND TIMELINES

RISKS AND ISSUES

SPECIALTY	DERMATOLOGY
MONTH	MARCH
RAG STATUS	

PROGRESS THIS MONTH

- ✓ Teledermatology mobilisation plan and meeting in place – go live date towards end of May dependent on contract sign off
- ✓ Discussions with service around Roaccutane (Isotretinoin) pathway in the community, with aim to go to JPG in May
- ✓ IAPT service now in place for Dermatology LTC patients
- ✓ Mapping of services complete

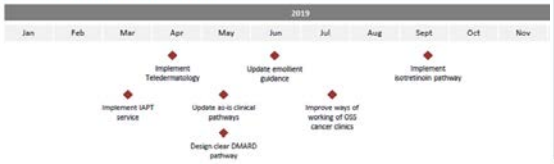
FOCUS FOR NEXT MONTH

- Gain clarity on training programme for Teledermatology with AL and review logistics to deliver
- Complete JPG documentation for Isotretinoin pathway
- Review of as-is one stop clinics and potential interventions
- Specialty to review Shared Care agreement with consultants & identify which patients are appropriate for shared care pathways
- HUH to feedback on emollient guidance

RISKS AND ISSUES

#	Risk
1	Consultant lead for T&F going on maternity from May. No replacement yet identified.
2	Head of business, who leads Teledermatology mobilisation, leaving Trust end of March.

PROPOSED APPROACH AND TIMELINES



SPECIALTY	T&O
MONTH	MARCH
RAG STATUS	

PROGRESS THIS MONTH

- ✓ VFC: mobilisation plan shared with service
- ✓ Clinical pathways: agreement that knees and shoulder will be presented at divisional level (27/3) and Trust level (29/3)
- ✓ Meeting with LS to confirm proposal timelines and high level structure for digital self referral solution
- ✓ Sports Med have shared referral guidelines for Shockwave

FOCUS FOR NEXT MONTH

- Follow up with Service on:
  - progress of business plan (for ESP)
  - mobilisation plan feedback
  - what is happening with wrist pathway
  - upper limb MDT progress
- Put plan of action in place to progress Sports Med/ Locomotor audit to ensure right patients are seen in the right setting

RISKS AND ISSUES

#	Risk	Resolution	✓/✗
1	Recruitment of ESP	Get business case signed off asap and start recruitment process. Service to provide regular updates on progress	

PROPOSED APPROACH AND TIMELINES

Outpatient Transformation – Highlights April 19

Orthopaedics

- Virtual Fracture Clinic – this will convert over 4,000 first appointments into virtual reviews – patients will not have to wait to be seen and will only be called back if needed. It will also create £130k of savings across NEL CCGs.
- An Msk self referral service is being developed online that will support patients with self management of many MsK conditions and ensure they are seen if required
- Orthopaedic and Physio Advice and Guidance services are now being provided to support GPs in managing patients.

Dermatology

- Psychological support has been arranged with the IAPT team to support outpatients.
- A complete community acne service is being developed allowing hundreds of patients to be treated in the community instead of secondary care.
- DMARD – Many patients are still be seen for repeat prescriptions – these are being identified for shared care with GPs.
- An Advice and guidance service for GPs will be provided from May along with the launch of the teledermatology service.

Gynaecology

- Psychological support is being arranged with the IAPT team to support outpatients.
- The community Gynae service will be on e-RS by the end of April allowing better access to the services.
- One Stop Clinics for hysteroscopy are being scoped
- Access to ultrasound in the community clinic is being reviewed
- Specialist nurse clinics may be available in the community for some routine procedures
- Women's Health – See Plans under community

Neighbourhood Health and Care

There are plans in development to combine Neighbourhoods and the redesign of community services into a single change programme which will establish a provider alliance with the workstreams as the basis of the City and Hackney ICS. This will provide greater clarity, coherence and scale to the programme and formalise the Neighbourhood approach to delivery across a wide range of services. This will also include the Primary Care Networks (PCNs) as a key strategic partner.

For Planned Care the priority areas we wish to develop under this framework are:

Women's Health service – combining community gynaecology, sexual health and contraception services with other related community services and address current gaps. Build a preventative approach to support women with lifestyle factors as they relate to women's health, fertility and well being. This will include a focus on mental health and well being as well as ensuring good access to women with disabilities

Community stroke pathway – a considerable amount of work has begun on the community support for people post stroke in City and Hackney and this programme provides an opportunity to address the role of community navigation, social prescribing and specialist rehabilitation in supporting people in City and Hackney are living with the consequences of a stroke

Community Physiotherapy – we have an excellent community physio service which can provide skilled expertise into a range of new community pathways. This is also something we wish to explore in context of the future capacity in PCNs.

Finance – QIPP 2019/20

QIPP Initiatives (Scheme Name)	Provider Activity reduced from;	Agreed in 19/20 Contracts	Total gross scheme value (pre-risk adjustment) £	Likelihood of delivery %	Risk Adjusted Identified Gross QIPP	Investment to deliver QIPP	Net QIPP
GP Direct Access - Pathology Improvements	Homerton	Yes	£239,763	100%	£239,763		£239,763
GP Direct Access - Radiology Improvements	Homerton	Yes	£25,898	100%	£25,898		£25,898
PSA Monitoring GP Shared Care	Homerton	Yes	£10,570	100%	£10,570	£6,500	£4,070
UCLH reducing FAs and FUPs	UCLH	Yes	£107,461	93%	£100,000		£100,000
Out of area referrals (Barts)	Barts	Longstop	£30,000	100%	£30,000		£30,000
Optometrist Referral Review (MECs Plus)	Moorfields	Yes	£91,030	100%	£91,030	£46,410	£44,620
Optometrist Referral Review (MECs Plus)	Homerton	Yes	£12,722	100%	£12,722	£6,486	£6,236
Teledermatology	Homerton	Yes	£112,994	100%	£112,994	£54,600	£58,394
Colposcopy Pathway	Homerton	Yes	£54,163	100%	£54,163		£54,163
Termination of Pregnancy	Homerton	Yes	£124,464	100%	£124,464	£52,331	£72,133
Homerton Methotrexate Pathway	Homerton	Longstop	£33,001	100%	£33,001		£33,001

Finance – QIPP 2019/20

QIPP Initiatives (Scheme Name)	Provider Activity reduced from;	Agreed in 19/20 Contracts	Total gross scheme value (pre-risk adjustment) £	Likelihood of delivery %	Risk Adjusted Identified Gross QIPP	Investment to deliver QIPP	Net QIPP
Biosimilars	Homerton	Yes	£419,800	100%	£419,800		£419,800
Biosimilars	UCLH	TBC	£106,900	100%	£106,900		£106,900
Biosimilars	Barts	Longstop	£112,000	100%	£112,000		£112,000
Primary Care Prescribing Budget	Prescribing	NR	£175,000	100%	£175,000		£175,000
Quality Premium - Antimicrobial Resistance	Prescribing	NR	£140,000	100%	£140,000		£140,000
GP referral review	Homerton	Yes	£59,125	100%	£59,125		£59,125
GP referral review	Barts	Longstop	£22,000	100%	£22,000		£22,000
GP referral review	Moorfields	Yes	£19,388	100%	£19,388		£19,388
CHC	CHC	NR	£150,498	100%	£150,498		£150,498
FIT testing	Homerton	Yes	£131,195	100%	£131,195	£29,919	£101,276
FIT testing	Barts	Longstop	£13,897	100%	£13,897	£3,169	£10,728
CHC - Review Non Health CHC packages	CHC	NR	£400,000	100%	£400,000		£400,000
Pathology Credit	Homerton - Non Contractual QIPP	NR	£400,000	100%	£400,000		£400,000
			£2,149,803	**100%**	**£2,149,803**	**£33,088**	**£2,116,715**

Finance – QIPP 2019/20 PIPELINE

QIPP Initiatives (Scheme Name)	Provider Activity reduced from;	Total gross scheme value (pre-risk adjustment) £	Likelihood of delivery %	Risk Adjusted Identified Gross QIPP	Investment to deliver QIPP
C2C	Homerton	TBC	0%	TBC	
C2C	Barts	TBC	0%	TBC	
C2C	UCL	TBC	0%	TBC	
POLCE	TBC	£200,000	0%	£0	
Outpatients Transformation - Virtual Clinic	Homerton	£103,267	75%	£77,451	
Outpatients Transformation - Other	Homerton	£638,311	0%	£0	
Secondary Prevention Programme • Respiratory - Increasing uptake of Pneumonia Vaccine • Heart Failure - Community Based IV diuretic Service • Hypertension and Diabetes – Patient Support Programmes • Cancer – Targeted Screening	TBC	TBC	0%	TBC	
		£941,579	**£1**	**£77,451**	**£0**

Quality Premium – CHC

This has been a major improvement project for the workstream – to gain better financial control and to improve delivery on the ground by ensuring the national quality premium standards are met as well as ensuring reviews are up to date and fast track well managed. Our initial plans for Continuing Healthcare were to bring the administrative function in house from the Commissioning Support Unit; however, this has now been superseded by the establishment of NELCA and the likely NHSE mandated model for delivery of CHC at scale.

City and Hackney along with the rest of NEL are also now in an escalated assurance process with NHSE regarding the delivery of the national quality premium standards. Our quarterly performance is shown in the tables below. We have significantly improved in delivery of the location of assessment meeting the target in Q4. This has been achieved through good joint working particularly with the CHC team and LBH. For 28 days to completion of assessment the picture is not so robust and this requires our focused oversight of the CHC team and the CSU interface as data quality and collection issues continue to impact on consistent performance against the standard. Brokerage challenges at the London Borough of Hackney also impact on this target as they are brokering packages through the Services without Prejudice agreement. It is also expected that the additional brokerage support will improve this further.

Quality Premium – CHC

% CHC assessments in an acute setting

CCG	QUARTERLY & MONTHLY ACTUALS								MONTHLY TRAJECTORY	
	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Jan-19	*Feb-19*	*Mar-19*
Barking and Dagenham	31.0%	40.0%	6.3%	2.2%	3.4%	12.2%	12.5%	9.7%	*9.7%*	*10.3%*
Havering	18.9%	34.0%	6.7%	3.9%	1.8%	20.0%	15.0%	5.6%	*12.8%*	*10.4%*
Redbridge	17.9%	22.2%	10.7%	4.1%	4.2%	10.3%	14.0%	3.0%	*12.6%*	*12.1%*
City and Hackney	51.4%	73.7%	48.3%	60.5%	54.3%	71.0%	26.3%	7.1%	*15.4%*	*14.3%*
Newham	57.1%	33.3%	46.4%	37.2%	43.8%	47.1%	17.6%	42.9%	*19.0%*	*14.0%*
Tower Hamlets	98.8%	42.4%	42.9%	29.4%	38.2%	42.4%	22.2%	7.7%	*20.0%*	*14.0%*
Waltham Forest	76.3%	54.7%	38.8%	29.5%	15.6%	18.1%	14.3%	14.3%	*13.1%*	*12.8%*
North East London STP	47.4%	43.2%	24.8%	20.6%	17.7%	25.9%	16.0%	8.4%	*13.7%*	*11.9%*
Tolerance level	*15%*	*15%*	*15%*	*15%*	*15%*	*15%*	*15%*	*15%*	*15%*	*15%*

We achieved 11% for our Q4 performance which is under the target of <15%.

% CHC referrals completed within 28 days

CCG	QUARTERLY & MONTHLY ACTUALS								MONTHLY TRAJECTORY	
	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Jan-19	*Feb-19*	*Mar-19*
Barking and Dagenham	64.8%	64.7%	62.0%	93.9%	70.4%	72.0%	51.3%	64.7%	*75.1%*	*80.0%*
Havering	73.4%	75.3%	66.3%	88.4%	81.6%	60.3%	60.3%	60.6%	*74.9%*	*80.0%*
Redbridge	67.3%	47.9%	48.9%	87.0%	66.0%	53.2%	54.9%	53.3%	*76.2%*	*80.0%*
City and Hackney	75.7%	67.7%	76.7%	75.0%	81.6%	64.9%	73.8%	61.5%	*78.0%*	*80.0%*
Newham	75.0%	67.3%	55.3%	45.7%	73.2%	75.7%	88.6%	36.4%	*81.0%*	*81.5%*
Tower Hamlets	88.5%	95.7%	48.0%	51.0%	71.9%	45.7%	54.8%	15.8%	*76.0%*	*80.0%*
Waltham Forest	55.9%	81.7%	82.8%	91.9%	76.7%	88.9%	92.0%	85.7%	*85.9%*	*85.3%*
North East London STP	69.3%	73.5%	61.9%	80.7%	74.9%	65.4%	60.6%	55.7%	*76.9%*	*80.6%*
Tolerance level	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*	*80%*

Our Q4 performance was 73%, still below the target of >80%.

Quality Premium - RTT

NHS Constitution Gateways			
Measure	2018/19	Standard	December 2018 Achievement
The number of patients on an incomplete pathway not to be higher in March 2019 than in March 2018	18149 (December 2018)	14536 (March 2018)*	No*

**Barts resumed RTT reporting in April 2018, which is not factored into the March 2018 standard. The CCG has sought clarification from NHS London and NHS England on this issue.*

The increase has been seen at the Homerton and the over performance this year.

However, there are several issues that are being investigated with HUH around their capacity and waiting times.

PTL forecast for 2019/20 has escalated the issue with issues on the recording of ASIs in e-RS being raised that if correct indicate previous Patient Tracker lists have been under-reported.

Quality Premium 2019/20

Details of the 2019/20 QP was not included with the Planning Guidance, which was published recently. The QP Team at NHS England and NHS Improvement has advised us that the QP guidance will be circulated as soon as possible.

CQUIN - Summary

Achievement 2017-19

Advice and Guidance

The Homerton achieved the target of 75% of GP Outpatient – First Attendance volume coverage. 82% of responses to requests were made within 2 days.

Improving the assessment of wounds (2017-8)

This CQUIN aimed to increase the number of wounds which have failed to heal after 4 weeks that receive a full wound assessment.

The final audit is due this quarter which needs to establish that a minimum of 80% of wounds are assessed after 4 weeks.

e-RS (2017-8)

All acute consultant led services to be available on e-RS. This was achieved by March 2018 and led to the successful implementation of all GP referrals being made via e-RS by October 2018.

The Appointment slot issue target was not achieved.

Continuing Health Care

Implementation of the CQUIN has helped with improvements to our CHC quality premium; however, the CHC CQUIN has not been fully achieved. The CCG is meeting with the Trust on the 7 May as there is a disagreement on what data is included in the CQUIN report. The is a discrepancy between the information being submitted from the Trust to the CSU for national CHC reports and what data is sent to us for CQUIN reports.

New CQUINs for 2019-20

These will be for Medicines Management, Mental Health and Long term Conditions to lead on for the workstream.

- Antimicrobial resistance - UTIs in older people
- Antimicrobial resistance- prophylaxis for colorectal surgery
- Mental Health Data Maturity MHSDS Data quality
- Mental Health Data Maturity Interventions recorded
- use of anxiety specific measures in IAPT
- Six Month reviews for stroke survivors

Co-production and resident and patient engagement

As with all workstreams, Planned Care is committed to patient engagement and co-production in the planning and delivery of public services. We have 2 resident/patient representatives on the CLG who attend all meetings as well as providing specific advice and oversight of patient involvement within our plans and priorities. We work with existing groups locally as well as requesting specific pieces of engagement work from expert patient/resident organisations. With all our major transformation projects we aim to ensure that we are not disadvantaging people with disabilities or creating further inequalities or problems with access to services and our patient/resident representatives are fundamental to this.

21st November an Outpatients engagement event was held with Healthwatch at Pembury Community centre and identified some of the key principles for transformation important to patients

‘Let’s Talk about stroke’ - event on Tuesday 5 February at the Graeae Theatre. Over 70 people came along to share their experiences and to talk about how stroke support services can better meet the needs of City and Hackney residents. We will be in contact with all attendees to let them know what happens next and how their feedback is helping to shape services.

Co-production and resident and patient engagement

The Learning Disabilities Partnership Forum was launched in April 2018. This provides a forum for co-production with service users and carers. Work from this has been used to inform and develop a strategy and the specification for the redesigned Integrated Learning Disabilities Service including agreeing the outcomes for the new service.
The learning disabilities provider forum has been set up. This is a forum for providers and commissioners to improve and develop LD services. Providers have also been invited to contribute to a blog to shape the London Borough of Hackney's market position statement which will include learning disabilities (as part of joint commissioning function).

Ongoing co-production will include resident and patient input to the development of the following:

- Further consultation on detail of Outpatient Transformation proposals
- Development of Learning Disabilities Service
- Commissioning and delivery of the Housing First Service pilot

Title of report:	Update on Long -Term Plan
Date of meeting:	9 May 2019
Lead Officer:	David Maher/Anne Canning/Simon Cribbens
Author:	Devora Wolfson Integrated Commissioning Programme Director
Committee(s):	Integrated commissioning Board: 9 May 2019
Public / Non-public	Public

Executive Summary:

This report provides an update on the process for developing the local submission for the Long-Term Plan (LTP) and the planned engagement on our local submission.

Recommendations:

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

- To **NOTE** the next steps for the development of the local submission
- To **NOTE** the planned local engagement on the LTP priorities

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

- To **NOTE** the next steps for the development of the local submission
- To **NOTE** the planned local engagement on the LTP priorities

Strategic Objectives this paper supports [Please check box including brief statement]:

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

Specific implications for City

The local LTP submission will address City priorities. Engagement events are planned in both the City and Hackney.

Specific implications for Hackney

The local LTP submission will address Hackney priorities. Engagement events are planned in both the City and Hackney.

Patient and Public Involvement and Impact:

Patient and public reps are involved in the development of our local LTP plans. We have already engaged with residents about some of the LTP priorities through our Let's Talk events held last Autumn. The draft engagement plan for 19/20 is attached at Appendix A. We will continue to ensure that we summarise resident feedback and how we have acted on this using a 'You Said', We Did' format.

Clinical/practitioner input and engagement:

Clinicians and practitioners will be involved in both the development and engagement on LTP local submission.

Equalities implications and impact on priority groups:

Some of our past and planned engagement events focus on specific priority groups, for example, young parents, young people and mental health.

Impact on / Overlap with Existing Services:

N/A

Main Report

1. Background and Current Position

1.1 On 7 January 2019, the NHS long-term plan was published setting out key ambitions for the NHS over the next 10 years. The plan builds on the policy platform laid out in the NHS five year forward view which articulated the need to integrate care to meet the needs of a changing population.

1.2 Many areas of the LTP align to City and Hackney's ambitions including the focus on expanding community support and prevention to ensure that more people receive timely care, treatment, support and advice as close to their homes as possible.

1.3 The LTP and our local submission was discussed at the ICB meetings in January and March 2019.

2. Developing our Local Submission

2.1 The initial City and Hackney local response to the LTP was submitted in March 2019 focusing on delivery during 2019/20 and formed part of the wider north East London STP submission together with the BHR (Barking Havering and Redbridge) and WEL (Newham, Waltham Forest and Tower Hamlets) contributions,

2.2 The detailed guidance on the LTP has been delayed and will not be received until mid-May at the earliest. It is likely that the final submission date for local plans will be October 2019 (rather than September 2019); this will be confirmed when we receive the guidance.

2.3 City and Hackney has begun working through its longer-term response to the LTP priorities and we will be engaging with key stakeholders throughout the development process. The NEL STP is currently considering its timetable for the autumn response and we will share this with ICB as soon as it becomes available.

2.4 We are aligning our LTP engagement events to the 10 resident priority areas and 5 IC strategic objectives as set out in the draft plan attached as Appendix B. This will enable us to show the 'golden thread' between our engagement, our IC priorities and what residents tell us at the events. Our draft engagement timeline for the LTP priorities for 2019/20 is attached at Appendix A.

2.5 In terms of the wider system and ICS, the NHS Reginal director for London outlined the plans for there to be 5 ICS across London matching the 5 STPs in London with a very strong focus on integrated care delivery at place -level, e.g., City and Hackney level as well as at neighbourhood/primary care networks level.

Sign-off:

Programme SRO: Tim Shields London Borough of Hackney: Anne Canning City of London Corporation: Simon Cribbens City & Hackney CCG: David Maher

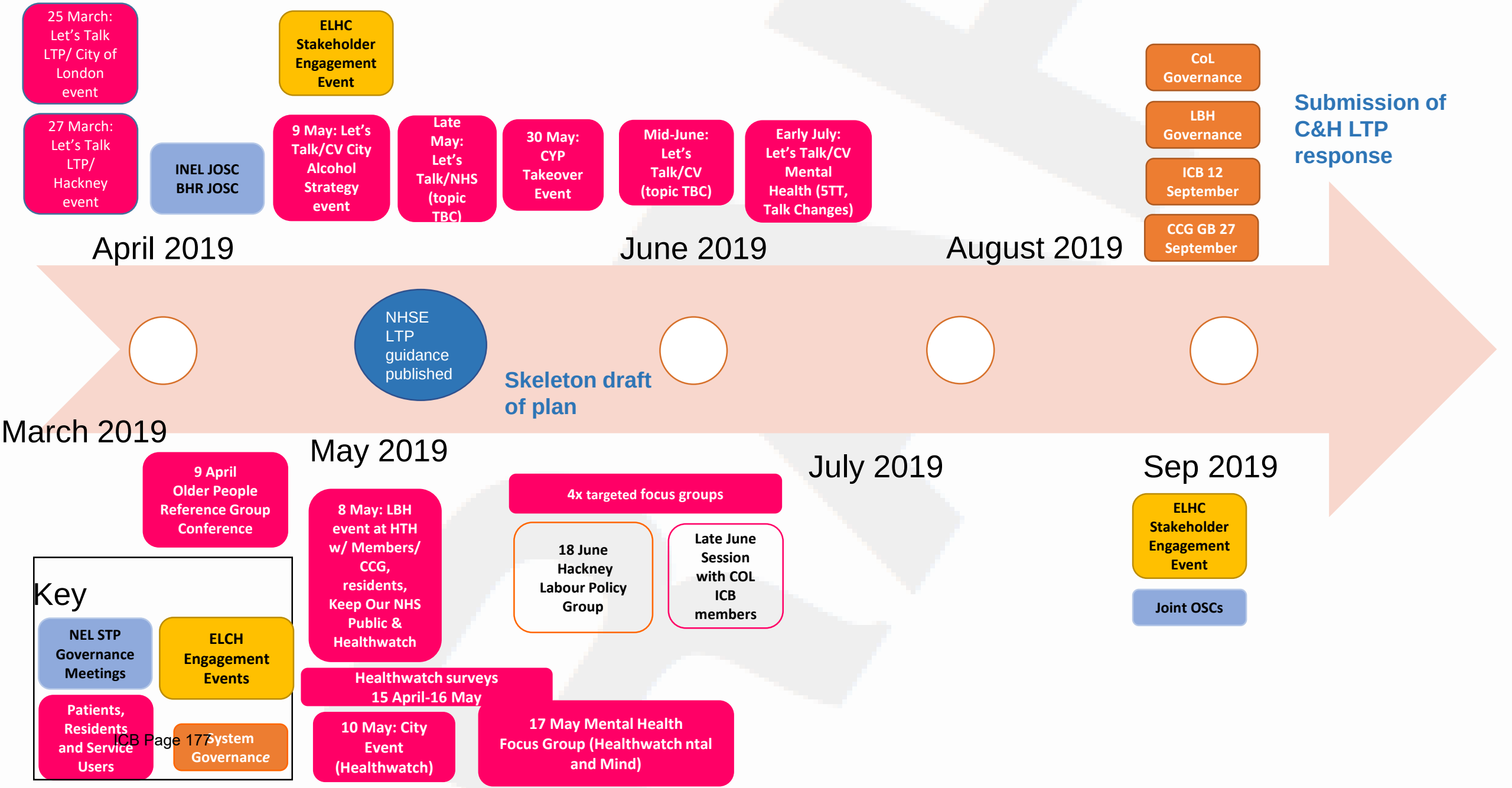
Priority Areas (designed with input from local patients and residents)	Integrated Commissioning Strategic Objectives	Themed engagement	Crosscutting engagement (across all priority areas and strategic objectives)
Reducing health inequity Tackling causes of poor health and wellbeing at an earlier stage Making sure all children and young people have a good start in life Increasing the length of a healthy life for local residents	Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	**Past engagement** Young Parents Advisory Forum (Oct 2018) Stay Healthy Event (Nov 2018) Stroke event (February 2019) Older People's Reference Group Annual Event (April 2019) **Future engagement** City Alcohol Strategy Event (May 2019) CYP Takeover Event (May 2019)	Stall at Ridley Rd Market (November 2018) 2x Let's Talk LTP events (March 2019) Healthwatch Survey (April-May 2019) Healthwatch City event (May 2019) Healthwatch Hackney event (May 2019)
Tackling causes of poor health and wellbeing at an earlier stage	Deliver community based care closer to home	**Past engagement** Outpatient services event (November 2018) Neighbourhood Health and Care Services Programme events (Jan 2019)	

Creating a safe environment for everyone to live in Creating services that 'work for me'		Stroke event (February 2019) **Future events** Let's Talk Out of Hours Care (name TBC, May/June 2019)	
	Ensure we maintain financial balance as a system and achieve our financial plans		
Creating services that 'work for me' Improving mental health and wellbeing of local population Reducing social isolation Creating a safe environment for everyone to live in	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	**Past events** Older People's Reference Group Annual Event (April 2019) **Future events** Healthwatch LTP focus group with MIND (May 2019) Let's Talk: Personalisation (name TBC) Potential key themes: Choice, PHBs, digital, Self-Care, Community assets, volunteering, access to results and records etc. (May/June 2019)	

		4x Let's Talk focus groups with seldom heard groups (potential audiences include BAMER, carers, people who are homeless and CYP with autism or LD and their families) Let's Talk Mental Health event (July 2019)	
Helping local people to become resilient and empowered Creating services that work for me Increasing employment Reducing social isolation	Empower patients and residents	Let's Talk: Personalisation (name TBC) Potential key themes: Choice, PHBs, digital, Self-Care, Community assets, volunteering, access to results and records etc. (May / June 2019)	

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

Appendix A



Title of report:	Consolidated Finance (income & expenditure) 2018/2019 - Month 12
Date of meeting:	09/05/19
Lead Officer:	Anne Canning, London Borough of Hackney (LBH) Jane Milligan, City & Hackney Clinical Commissioning Group (CCG) Simon Cribbens, City of London Corporation (CoLC)
Author:	Integrated Commissioning Finance Economy Group: Sunil Thakker, Director of Finance, City & Hackney CCG Mark Jarvis, Head of Finance, Citizens' Services, City of London Ian Williams, Group Director, Finance and Corporate Resources, LBH
Committee(s):	City Integrated Commissioning Board Hackney Integrated Commissioning Board Transformation Board
Public / Non-public	Public

Executive Summary:

This report on finance (income & expenditure) performance for the Integrated Commissioning Fund covers the period of April 2018 to March 2019 across the City of London Corporation, London Borough of Hackney and City and Hackney CCG.

At Month 12 Integrated Commissioning Fund has an outturn of £4.1m adverse against its annual budget. This is a £0.4m favourable movement on the Month 11 forecast driven by the City of London corporation. City & Hackney CCG reports a year-end breakeven position as planned. During the financial year the CCG was able to manage and contain cost pressures across the acute and non-acute portfolio totalling £8.9m net. The CCG was also able to support the wider NEL system as part of the Risk Share framework with £1.0m to support Waltham Forest CCG.

The City of London reports a year-end favourable position of £0.2m, driven by the Unplanned Care work stream where iBCF funding is mitigating work steam over spends.

The London Borough of Hackney reports a year-end adverse position of £4.3m in line with its previous month's forecast. The position is driven by cost pressures on Learning Disabilities budgets (primarily commissioned care packages) and reflects £1.9m funding from the CCG for joint funded LD packages pilot and one off ASC grant of £0.9m.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report.

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report.

Strategic Objectives this paper supports [Please check box including brief statement]:

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

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

Main Report

Background and Current Position

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

Options

[This section should present realistic courses of action, with financial implications, proposed beneficial outcomes and assessments of risk.]

Proposals

[This section should explain in more detail and justify the recommended course of action, setting out clearly what beneficial outcomes are expected.]

Conclusion

[This section should draw together and summarise the key points of the report.]

Supporting Papers and Evidence:

[Please list any appendices included with the report. Appendices should be clearly labelled and submitted as separate documents. Any additional references to supporting information or evidence, should be listed here with hyperlinks where possible.]

Sign-off:

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

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

Integrated Commissioning Fund
Financial Performance Report

Month 12 - 2018/19

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. Wider Risks & Challenges – London Borough of Hackney
9. Savings Performance

Consolidated summary of Integrated Commissioning Budgets

	Organisation	Annual Budget £000's	YTD Performance Budget £000's	YTD Performance Spend £000's	YTD Performance Variance £000's	Outturn Outturn £000's	Outturn Variance £000's	Outturn Prior Mth Variance £000's
Pooled Budgets	City and Hackney CCG	25,621	25,621	25,994	(373)	25,994	(373)	(133)
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	210	210	138	72	138	72	6
Total		25,831	25,831	26,132	(301)	26,132	(301)	(127)
Aligned	City and Hackney CCG	386,996	386,996	386,620	376	386,620	376	133
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	7,373	7,373	7,252	121	7,252	121	(194)
Total		394,369	394,369	393,872	497	393,872	497	(61)
ICF	City and Hackney CCG	412,617	412,617	412,613	3	412,613	3	-
	London Borough of Hackney Council	102,502	102,502	106,790	(4,288)	106,790	(4,288)	(4,285)
	City of London Corporation	7,583	7,583	7,391	192	7,391	192	(188)
Total ICF Budgets		**522,701**	**522,701**	**526,794**	**(4,093)**	**526,793**	**(4,092)**	**(4,473)**
CCG Primary Care co-commissioning		46,282	46,282	46,282	(0)	46,282	(0)	-
Total		**46,282**	**46,282**	**46,282**	**(0)**	**46,282**	**(0)**	**-**

Notes:

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

Summary position at Month 12

- At Month 12 Integrated Commissioning Fund has a outturn of £4.1m adverse against its annual budget. This is a £0.4m favourable movement on the Month 11 forecast driven by the City of London corporation.
- City & Hackney CCG reports a year-end breakeven position as planned. During the financial year the CCG was able to manage and contain cost pressures across the acute and non acute portfolio totalling £8.9m net. The CCG was also able to support the wider NEL system as part of the Risk Share framework with £1.0m to support Waltham Forest CCG.
- Homerton, Barts, LAS and Guys and St Thomas' were the main providers over performing, with underspends at UCLH and Moorfields contributing to mitigate the overall position. Mental Health, Primary Care and Homerton CHS contracts delivered on plan whilst the Non-Acute portfolio comprising of CHC, Learning Difficulties, Integrated Care, End of Life and Programme Projects recognised a net £1m over spend.
- The City of London reports a year-end favourable position of £0.2m, driven by the Unplanned Care work stream where iBCF funding is mitigating work steam over spends.
- The London Borough of Hackney reports a year-end adverse position of £4.3m in line with its previous months forecast. The position is driven by cost pressures on Learning Disabilities budgets (primarily commissioned care packages) and reflects £1.9m funding from the CCG for joint funded LD packages pilot and one off ASC grant of £0.9m.
- **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 over spend by £0.3m at year end.

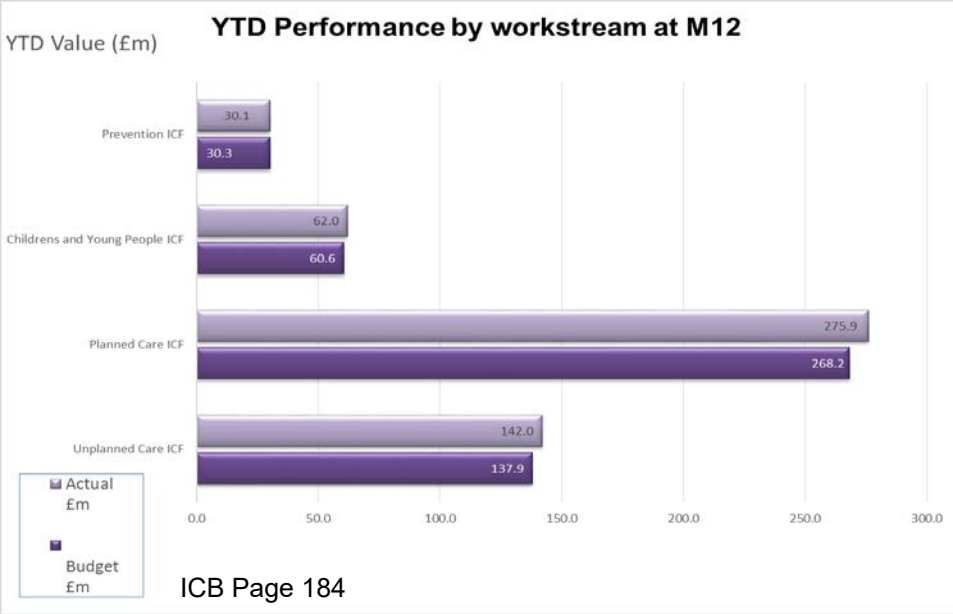
Note

Planned Care further pooling of Continuing Healthcare (CHC) and Adult Social Care budgets will be actioned in the new financial year (2019/20).

***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 Budgets – Performance by workstream

WORKSTREAM	Annual Budget £m	YTD Performance Budget £m	YTD Performance Actual £m	YTD Performance Variance £m	Outturn Outturn £m	Outturn Outturn Variance £m	Outturn Prior Mth Variance £m	Outturn Movement Variance £m
Unplanned Care ICF	137.9	137.9	142.0	(4.1)	142.0	(4.1)	(2.2)	(1.8)
Planned Care ICF	268.2	268.2	275.9	(7.7)	275.9	(7.7)	(10.0)	2.3
Childrens and Young People ICF	60.6	60.6	62.0	(1.4)	62.0	(1.4)	(0.8)	(0.5)
Prevention ICF	30.3	30.3	30.1	0.1	30.2	0.1	(0.2)	0.3
All workstreams	**497.1**	**497.1**	**510.0**	**(13.0)**	**510.1**	**(13.0)**	**(13.3)**	**0.3**
Corporate services	24.4	24.4	15.5	8.9	15.5	8.9	9.3	(0.4)
Local Authorities (DFG Capital and CoL income)	1.2	1.2	1.2	0.0	1.2	0.0	0.0	0.0
Not attributed to Workstreams	**25.6**	**25.6**	**16.7**	**8.9**	**16.7**	**8.9**	**9.3**	(0.4)
Grand Total	**522.7**	**522.7**	**526.8**	(4.1)	**526.8**	(4.1)	(3.9)	(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 and corporate running costs.
- **Planned Care:** The consolidated Planned Care position at Month 12 is £7.7m adverse.
- The underlying Planned Care position in year was driven by LBH (£5.1m), where Learning Disabilities £6.1m pressure as a result of increased demand was partly mitigated by a contribution of £1.9m from the CCG for the LD Joint Funding Pilot (reducing the pressure to £4.2m). This non recurrent drawdown was badged to support LD packages after the work jointly undertaken by the CCG and LBH to determine the level of non-recurrent monies was complete and supported by the CCG's Governing Body.
- In addition to the funding received for joint packages, LBH also benefitted from a £0.3m one off Public Health grant to support Voluntary Sector mental health provision within Adult Social care as well as £0.3 Winter pressure funding has been allocated to the LA in year.
- In the year, the Local Authority experienced delays in achieving some of the £2.5m Housing Related Support (HRS) savings profiled for this year resulting in a £0.8m over spend.
- The CCG over spend of £2.1m is driven the Homerton contract (£2m); Barts Health (£0.3m) Whittington Hospital (£0.3m) and Guys and St Thomas' (£0.4m) .The position includes Continuing Health Care overspend of £0.5m relating to Funded Nursing Care. The position is partially mitigated by underspend in Prescribing (£1.1m).
- **Unplanned Care:** At year end the workstream is over spent by £4.1m which reflects the CCG adverse position of £5.3m relating to acute over performance and the LBH under spend relating to Interim Care £0.8m. The LBH position is offset by under spends on care packages expenditure that sit in the Planned Care workstream .
- **CYPM:** The workstream is £1.4m over spent at year end driven by CCG acute activity Homerton contract (£0.7m); Barts Health (£0.3) and Guys and St Thomas (£0.3m) .

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

City and Hackney CCG – Position Summary at Month 12, 2018/19

	ORG	WORKSTREAM	Annual Budget £000's	YTD Performance Budget £000's	YTD Performance Spend £000's	YTD Performance Variance £000's	Outturn £000's	Outturn Variance £000's	Prior Mth Variance £000's
Pooled Budgets	Commissioned	Unplanned Care	19,094	19,094	19,094	0	19,094	0	0
		Planned Care	6,476	6,476	6,849	(373)	6,849	(373)	(133)
		Prevention	50	50	50	0	50	0	0
		Childrens and Young People	0	0	0	0	0	0	0
	Pooled Budgets Grand total		25,621	25,621	25,994	(373)	25,994	(373)	(133)

	ORG	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Outturn £000's	Outturn Variance £000's	Prior Mth Variance £000's
Aligned	Commissioned	Unplanned Care	112,902	112,902	118,163	(5,261)	118,163	(5,261)	(3,309)
		Planned Care	195,743	195,743	197,876	(2,133)	197,876	(2,133)	(4,059)
		Prevention	3,386	3,386	3,293	93	3,293	93	0
		Childrens and Young People	50,568	50,568	51,781	(1,213)	51,781	(1,213)	(1,128)
		Corporate and Reserves	24,397	24,397	15,507	8,890	15,507	8,890	8,629
	Aligned Budgets Grand total		386,996	386,996	386,620	376	386,620	376	133
Subtotal of Pooled and Aligned			**412,617**	**412,617**	**412,613**	**3**	**412,613**	**3**	**0**
In Collab		Primary Care Co-commissioning	46,282	46,282	46,282	(0)	46,282	(0)	0
Grand Total			**458,899**	**458,899**	**458,896**	**3**	**458,896**	**3**	**0**
CCG Total Resource Limit			**489,314**						
SURPLUS			**30,415**						

- **CYPM** work stream over spent by £31.2m at year end, driven by the Homerton contract (£0.7m); Barts Health (£0.3) and Guys (£0.3m) .
- **Corporate and Reserves** reported surplus of £8.9m included acute reserves and contingency to mitigate the in year over-spends and were also utilised to fund the cost of front line services.
- **Primary Care Co-Commissioning (outside of the ICF):** At month 12, the Primary Medical Service is reporting a breakeven position to budget and plan. Reserves coupled with Headroom totalling £2.7m fully utilised to mitigate some pressure in budget and investments in both existing and new opportunities to improve services in City and Hackney.

City & Hackney CCG achieved a breakeven position with a planned carry forward surplus of £30.418m. This position is net of £1.0m surplus as part of the 2018/19 NEL Risk Share Framework.

The CCG remained within its allocated Maximum Cash Drawdown limit for the year, delivered its compliance with the Public Sector Payment Target and achieved its statutory duty to maintain expenditure within the Revenue Resource Limit.

In year, over-spends and cost pressures were contained by utilising acute reserves and general reserves earmarked to manage the portfolio throughout the year. The main providers that over-performed were Homerton, Barts, LAS and Guys and St Thomas' with underspends at UCLH and Moorfields contributing to part mitigate the overall position.

Mental Health, Primary Care and Homerton CHS contracts delivered on plan whilst the Non-Acute portfolio comprising of CHC, Learning Difficulties, Integrated Care, End of Life and Programme Projects recognised a net £1m over spend. The funding of Integrated Commissioning and it's associated transformation work streams, and contributions towards the NEL STP work were absorbed by the underspends in the running cost budget.

Whilst disputes were settled in-year, a small number of disputes remain with NHS Property Services and CHP. These were risks identified and reported during the year, with adequate provision to cover risks and ensure compliance with the year-end audit.

The CCG achieved its planned QIPP target of £5.1m for the year with Green RAG rating as forecast. The CCG ends the financial year being well placed to deliver its 2019/20 strategic priorities.

Pooled budgets: The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF), Integrated Independence Team (IIT) and Learning Disabilities. The budgets were over spent by £0.4m, a deterioration of £0.1m on the previous month. The CCG has taken a prudent approach to recognise charges for two new Dowry patients while funding is being determined.

Unplanned Care: At Month 12 the £5.3m adverse outturn position is being driven by acute over performance for Homerton (£1.9m) and Barts Health (£1.3m); Out of Area Providers (£0.6m); Non Contracted Activity (£0.3m); The London Ambulance Service (£0.7m) driven by additional charges for delivering national performance standards & St Joseph's Hospice -Hospice at Home (£0.5m).

Planned Care: The £2.1 m adverse outturn position reflects over performance against the Homerton contract (£2m); Barts Health (£0.3m) Whittington Hospital (£0.3m) and Guys and St Thomas' (£0.4m) .The position includes CHC* overspend of £0.5m relating to Funded Nursing Care. Prescribing under spends of £1.1m in year resulting from the release of prescribing reserves have mitigated the position.

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

City and Hackney CCG - Risks and Mitigations Month 12, 2018/19

Summary and Progress Report on Financial Risks and Opportunities to Month 12 - 31 March 2019

Ref:		Description	Month 11 Reported: Risks/ (Opps) £'000	Month 11 Reported: Prob. %	Month 11 Reported: Adj. Recurrent £'000	Month 11 Reported: Adj. Non Recurrent £'000	Month 12 Actual: Adj. Recurrent £'000	Month 12 Actual: Adj. Non Recurrent £'000	Narrative
1	Risk	Homerton Acute performance	4,600	93%	4,280	0	4,678	0	Risk adjusted over-performance at +1.7% above gross risk.
2		Homerton Audits	300	100%	0	300	0	300	Independent audit on 2018/19 Homerton over-performance.
3		Bart's Acute performance	1,805	100%	1,805	0	1,805	0	Year-end deal agreed.
4		Outer sector - Acute performance	1,700	80%	1,353	0	2,102	0	Increased cost pressure recognised for the Whittington, LAS and across the portfolio at +23.6% above gross risk. Also Includes disputed amounts.
5		NCA performance	600	70%	421	0	188	0	Risk assessed at year-end.
6		Continuing Healthcare, LD & EOL	850	81%	687	0	912	0	High cost packages and provision assessed at +7.3% above gross risk.
7		Non Acute performance	100	83%	83	0	213	0	Includes infrastructure costs for new OOH service, previously in reserves.
8		Non Recurrent Investment Programme	1,600	100%	0	1,600	0	1,600	Approved non recurrent programme.
9		NELCSU POD Transfer to NELCA	150	100%	0	150	0	0	Transfer delayed. No cost pressure recognised.
10		CHS 2020	1,794	100%	0	1,794	0	1,794	Transformation programme including co-production.
11		Primary Care - Rent Revaluation	500	0%	0	0	0	0	Retrospective rent increases.
12		Primary Care - Rates	250	0%	0	0	0	0	Increased rateable value on estate.
13		Joint LD programme	1,965	98%	0	1,925	0	1,925	Approved at February GB. Amount also includes cost of external audit.
Total Risks			**16,214**	**89%**	**8,630**	**5,769**	**9,898**	**5,619**	
1	Opps	Acute Claims and Challenges	(1,250)	40%	(499)	0	(499)	0	Based on historic trend, revised to reflect current probability.
2		Acute Reserves	(951)	100%	(951)	0	(919)	0	Release to contain acute over-performance.
3		Contingency	(7,315)	96%	(5,081)	(1,965)	(5,656)	(1,965)	Contingency net of challenges.
4		Prescribing	(400)	0%	0	0	(1,477)	0	NCSO, flu and agency underspend.
5		Running Costs	(1,300)	100%	(1,300)	0	(1,300)	0	Release of reserves to underwrite acute programme costs.
6		Prior Year & Dispute Resolution	(5,000)	92%	0	(4,603)	0	(3,704)	Opportunities arising from settlement of disputes and balance sheet gains.
Total Opportunities			**(16,216)**	**89%**	**(7,831)**	**(6,568)**	**(9,851)**	**(5,669)**	
					799	**(799)**	**47**	**(50)**	
		Headline surplus				**(30,415)**		**(30,418)**	
		In-Year Surplus				**(0)**		**(3)**	
		Drawdown for Pilot LD Business Case				**1,965**		**1,965**	
		Underlying brought forward surplus				**(32,380)**		**(32,380)**	

ICB Page 186

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

City of London Corporation – Position Summary at Month 12, 2018/19

				YTD Performance			Outturn		
	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Outturn £000's	Outturn Variance £000's	Prior Mth Variance £000's
Pooled Budgets	Comm'ned & *DD	Unplanned Care	65	65	19	46	19	46	-
		Planned Care	145	145	120	25	120	25	6
		Prevention	-	-	-	-	-	-	-
Pooled Budgets Grand total			210	210	138	72	138	72	6

	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Outturn £000's	Outturn Variance £000's	Prior Mth Variance £000's
Aligned Budgets	Comm'ned & *DD	Unplanned Care	346	346	47	299	47	299	-
		Planned Care	3,785	3,785	3,807	(22)	3,807	(22)	(4)
		Prevention	2,326	2,326	2,330	(4)	2,330	(4)	(201)
		Childrens and Young People	1,093	1,093	1,241	(148)	1,241	(148)	-
		Non - exercisable social care services (income)	(177)	(177)	(173)	(4)	(173)	(4)	12
Aligned Budgets Grand total			7,373	7,373	7,252	121	7,252	121	(194)
Grand total			**7,583**	**7,583**	**7,391**	**192**	**7,391**	**192**	**(188)**

* DD denotes services which are Directly delivered .
* Aligned Unplanned Care budgets include iBCF funding - £317k
* Comm'ned = Commissioned

- At year end, City or London Corporation has an outturn position of £0.2m favourable against a budget of £7.6m. This represents an improvement of £0.4m on the previous months forecast.
- **Pooled budgets** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF). Pooled budgets are £0.07 favourable at year end. This relates to the BCF service Re-ablement Plus and Mental Health reablement support workers.
- **Aligned budgets** are under spent by £121k at year end.
- Whilst the Children's and Young People work stream over spent by £0.1m driven general child social care, the position was mitigated by the Unplanned Care work stream which reported an under spend of £0.3m where in year unspent amounts for IBCF supported the CoL's overall position.
- No additional savings targets were set against City budgets for 2018/19.

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

London Borough of Hackney – Draft Outturn Position at Month 12, 2018/19

Pooled and Aligned Budgets	ORG Split	WORKSTREAM	Total Annual Budget £000's	Pooled Annual Budget £000's	Aligned Annual Budget £000's	Draft Outturn £000's	Variance £000's	Prior Mth Variance £000's
	Commissioned & Directly Delivered	LBH Capital BCF (Disabled Facilities Grant)	1,414	1,414	-	1,414	-	-
		LBH Capital subtotal	1,414	1,414	-	1,414	-	-
		Unplanned Care (including income)	5,529	1,139	4,390	4,697	832	879
		Planned Care (including income)	62,082	26,002	36,080	67,235	(5,153)	(5,173)
		CYPM	8,986	-	8,986	8,986	-	-
		Prevention	24,491	-	24,491	24,458	33	10
		LBH Revenue subtotal	101,088	27,140	73,948	105,376	(4,288)	(4,285)
Grand total			**102,502**	**28,554**	**73,948**	106,790	(4,288)	(4,285)

102,502

- **Unplanned Care:** The majority of the Unplanned care under spend of £0.8m relates to Interim Care and is offset by overspends on care packages expenditure which sit in the Planned Care workstream.
- Safeguarding reflects an underspend of £169k which was due to Deprivation of Liberty Safeguard (DoLS) assessments being lower than initially anticipated.

- **In summary**, the Planned Care over spend is partially offset by forecast under spends in Unplanned Care reducing the overall revenue overspend to £4.3m
- **CYPM & Prevention Budgets:** Public Health constitutes vast majority of LBH CYPM & Prevention budgets which is forecasting a very small under spend.

- At Month 12 LBH reports an outturn position of £4.3m over spent.
- **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 £4.2m pressure after contribution of £1.9m from the CCG for joint funded LD packages pilot and one off ASC grant of £0.9m.
  - The overall budget pressure within LD represents increase in demand in terms of numbers and complexity.
  - The service is 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) is forecasting an overspend of £73k. The service has seen a sharp increase in the number of new clients (129 clients, full year impact £1.8m) via hospital discharge. The forecast overspend has been suppressed by winter pressures monies announced by the Government in the Budget 2018 to ease NHS winter pressures.
  - The Care Management & Adults Divisional Support reflects a £0.7m overspend. This was due to staffing pressures within Integrated Learning Disabilities for additional staffing capacity to manage demands within the service and improve annual review performance.
  - There is a delay in achieving some of the £2.5m Housing Related Support (HRS) savings profiled for this year resulted in a £0.8m 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.

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

London Borough of Hackney - Risks and Mitigations Month 12, 2018/19

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).	4,288	100%	4,288	100%
	TOTAL RISKS	**4,288**	**100%**	**4,288**	**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	4,288	100%	4,288	100%
	Uncommitted Funds Sub-Total	**4,288**	**100%**	**4,288**	**100%**
	Actions to Implement				
	Actions to Implement Sub-Total	**0**	**0**	**0**	**0**
	TOTAL MITIGATION	**0**	**0**	**0**	**0**

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

London Borough of Hackney – Wider Risks & Challenges

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

*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 12, 2018

City and Hackney CCG

- The CCG ended the financial year achieving its £5.1m savings target.

The key favourable variances and mitigations were in:

- HAMU Tariff change – where savings were agreed to expedite discharge, reduce length of stay and avoiding admissions.
- Prescribing – where switching to most cost effective drugs and tighter implementation of formulary have delivered savings over and above plan.
- Estates **–** non-recurrent benefit from finalising property related matters has helped the CCG mitigate slippage.

The key adverse variances were in:

- Outpatient Transformation – where delays in funding approval and recruitment meant that the programme slipped by 3 months. Coding issues identified from specialty audits carried out were adjusted at year- end whilst the follow up component of the plan has delivered.
- End of Life: Hospice at home – delays in sign-off and stakeholder agreement pushed plans back into 2019/20, where the scheme has been secured to be delivered in the Blended payment Approach.
- Termination of Pregnancy – where the procurement of the AQP provider delayed implementation until the later part of the year. However, this schemes is seeing favourable results in M11.

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 have delivered £1.9m (£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 £0.8m 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 did not identify 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	