

City Integrated Commissioning Board
Meeting in-common of the City and Hackney Clinical Commissioning Group and the City of London Corporation

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

**Joint Meeting in public of the two Integrated Commissioning Boards on
Thursday 14 November 2019, 10.00 – 12.00
Committee Room 3, West Wing, Guildhall, London EC2V 7HH**

Item no.	Item	Lead and purpose	Documentation type	Page No.	Time
1.	Welcome, introductions and apologies	Chair	Verbal	-	10.00
2.	Declarations of Interests	Chair <i>For noting</i>	Paper	4-9	
3.	Questions from the Public	Chair	Verbal	-	
4.	Minutes of the Previous Meeting and Action Log	Chair <i>For approval</i>	Paper	10-21	
Governance					
5.	Childhood Immunisations Update	Amy Wilkinson <i>For noting</i>	Paper	22-37	10.05
6.	Unplanned Care Detailed Review	Nina Griffith <i>For noting</i>	Paper	38-81	10.15
7.	Outcomes Framework	Anna Garner <i>For endorsement</i>	Paper	82-97	11.00
8.	Integrated Commissioning Register of Escalated Risks & Risk Management Working Group Outcomes	Carolyn Kus <i>For noting</i>	Paper	98-107	11.30
9.	Integrated Commissioning Finance Update	Sunil Thakker / Ian Williams / Mark Jarvis <i>For noting</i>	Paper	108-121	11.45
10.	Integrated Commissioning Progress Report	Carolyn Kus <i>For noting</i>	Paper	122-128	11.55
Strategies & transformation					
.	AOB & Reflections	Chair	Verbal	-	11.58

		<i>For discussion</i>			
-	Integrated Commissioning Glossary	<i>For information</i>	IC Glossary	128-133	

Date of next meeting:

12 December 2019, Room 102 & 103, Hackney Town Hall

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**Integrated Commissioning
2019 Register of Interests**

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Simon	Cribbens	12/08/2019	City ICB advisor/ regular attendee Accountable Officers Group member	City of London Corporation	Assistant Director - Commissioning & Partnerships, Community & Children's Services	Pecuniary Interest
				City of London Corporation	Attendee at meetings	Pecuniary Interest
				Porvidence Row	Trustee	Non-Pecuniary Interest
Sunil	Thakker	11/12/2018	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	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
Ruby	Sayed	11/12/2018	City ICB member	City of London Corporate	Member	Pecuniary Interest
				Gaia Re Ltd	Member	Pecuniary Interest
				Thincats (Poland) Ltd	Director	Pecuniary Interest
				Bar of England and Wales	Member	Pecuniary Interest
				Transition Finance (Lavenham) Ltd	Member	Pecuniary Interest
				Nirvana Capital Ltd	Member	Pecuniary Interest
				Honourable Society of the Inner Temple	Member	Non-pecuniary interest
				Independent / Temple & Farringdon Together	Member	Non-pecuniary interest
				Guild of Entrepreneurs	Founder Members	Non-pecuniary interest
				Bury St. Edmund's Woman's Aid	Trustee	Non-pecuniary interest
				Asian Women's Resource Centre	Trustee	Non-pecuniary interest
Mark	Jarvis	10/04/2017	City ICB advisor / regular attendee	City of London Corporation	Head of Finance	Pecuniary Interest
Anne	Canning	27/06/2019	Hackney ICB advisor / regular attendee Accountable Officers Group member	London Borough of Hackney	Group Director - Children, Adults & Community Health	Pecuniary Interest
					Partner works at Our Lady's Convent School, N16	Indirect interest
Honor	Rhodes	01/03/2019	Member - City / Hackney Integrated Commissioning Boards	City & Hackney Clinical Commissioning Group	Lay Member for Governance	Pecuniary Interest
				Tavistock Centre for Couple Relationships	Director	Non-Pecuniary Interest
				Southwark Giving	Chair	Non-Pecuniary Interest
				The School and Family Works, Social Enterprise	Special Advisor	Pecuniary Interest
				HUHFT	Daughter is employed as Assistant Psychologist	Indirect interest
				Oxleas NHS Foundation Trust	Spouse is Tri-Borough Consultant Family Therapist	Indirect interest
				Early Intervention Foundation	Trustee	Non-Pecuniary Interest
				n/a	Registered with Barton House NHS Practice, N16	Non-Pecuniary Interest
Gary	Marlowe	25/06/2019	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

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
				Local Medical Committee	Member	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				CHUHSE	Member	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Anntoinette	Bramble	05/06/2019	Member - Hackney Integrated Commissioning Board	Hackney Council	Deputy Mayor	Pecuniary Interest
				Local Government Association	Member of the Children and Young Board	Pecuniary Interest
				Schools Forum	Member	Pecuniary Interest
				SACRE	Member	Pecuniary Interest
				Admission Forum	Member	Pecuniary Interest
				HSFL (Ltd)		Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Urswick School	Governor	Non-Pecuniary Interest
				City Academy	Governor	Non-Pecuniary Interest
				Hackney Play Bus (Charity)	Board Member	Non-Pecuniary Interest
				Local Government Association	Member	Non-Pecuniary Interest
Feryal	Clark	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, Leisure 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
Marianne	Fredericks	21/11/2018	Member - City Integrated Commissioning Board	City of London	Member	Pecuniary Interest
				Farringdon Ward Club	Member	Non-Pecuniary Interest
				The Worshipful Company of Firefighters	Liveryman	Non-Pecuniary Interest
				Christ's Hospital School Council	Member	Non-Pecuniary Interest
				Aldgate and All Hallows Foundation Charity	Member	Non-Pecuniary Interest
				The Worshipful Company of Bakers	Liveryman	Non-Pecuniary Interest
Tower Ward Club	Member	Non-Pecuniary Interest				
Christopher	Kennedy	25/06/2019	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
Dhruv	Patel	12/08/2019	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
				P&A Developments	Company Secretary	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 J P Morgan American Investment Trust PLC Ord	Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of 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 Building 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
Randall	Anderson	15/07/2019	Member - City Integrated Commissioning Board	City of London Corporation	Chair, Community and Children's Services Committee	Pecuniary Interest
				n/a	Self-employed Lawyer	Pecuniary Interest
				n/a	Renter of a flat from the City of London (Breton House, London)	Non-Pecuniary Interest
				Member	American Bar Association	Non-Pecuniary Interest
				Masonic Lodge 1745	Member	Non-Pecuniary Interest
				Worshipful Company of Information Technologists	Freeman	Non-Pecuniary Interest
				City of London School for Girls	Member - Board of Governors	Non-Pecuniary Interest
				Neaman Practice	Registered Patient	Non-Pecuniary Interest
Andrew	Carter	12/08/2019	City ICB advisor / regular attendee	City of London Corporation	Director of Community & Children's Services	Pecuniary Interest
				Petchey Academy & Hackney / Tower Hamlets College	Governing Body Member	Non-pecuniary interest
				n/a	Spouse works for FCA (fostering agency)	Indirect interest
David	Maher	19/06/2019	Accountable Officers Group Member ICB regular attendee/ AO deputy	City and Hackney Clinical Commissioning Group	Managing Director	Pecuniary Interest
				World Health Organisation	Member of Expert Group to the Health System Footprint on Sustainable Development	Non-Pecuniary Interest
				NHS England, Sustainable Development Unit	Social Value and Commissioning Ambassador	Non-Pecuniary Interest
Rebecca	Rennison	31/05/2019	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
				Cancer52Board	Member	Non-Pecuniary Interest
				Clapton Park Tenant Management Organisation	Board Member	Non-Pecuniary Interest
				North London Waste Authority	Board Member	Non-Pecuniary Interest
					Land Interests - Residential property, Angel Wharf 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				
Carol	Beckford	09/07/2019	Integrated Commissioning Programme Director (Interim)	Hunter Health Group	Agency Worker	Non-Pecuniary Interest
Henry	Black	27/06/2019	NEL Commissioning Alliance - CFO	Barking, Havering & Redbridge University Hospitals NHS Trust	Wife is Assistant Director of Finance	Indirect interest
				East London Lift Accommodation Services Ltd	Director	Non-financial professional interest
				East London Lift Accommodation Services No2 Ltd	Director	Non-financial professional interest
				East London Lift Holdco No2 Ltd	Director	Non-financial professional interest
				East London Lift Holdco No3 Ltd	Director	Non-financial professional interest
				East London Lift Holdco No4 Ltd	Director	Non-financial professional interest
				ELLAS No3 Ltd	Director	Non-financial professional interest
				ELLAS No4 Ltd	Director	Non-financial professional interest
				Infracare East London Ltd	Director	Non-financial professional interest
Jane	Milligan	26/06/2019	Member - Integrated Commissioning Board	NHS North East London Commissioning Alliance (City & Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)	Accountable Officer	Pecuniary Interest
				North East London Sustainability and Transformation Partnership	Senior Responsible Officer	Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
				n/a	Partner is employed substantively by NELCSU as Director of Business Development from 2 January 2018 on secondment to Central London Community Services Trust.	Indirect Interest
				Stonewall	Ambassador	Non-Pecuniary Interest
				Peabody Housing Association Board	Non-Executive Director	Non-pecuniary interest
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	Member - City and Hackney Integrated Commissioning Boards	City and Hackney Clinical Commissioning Group	Chair	Pecuniary Interest
			Primary Care Quality Programme Board Chair (GP Lead)	Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow	Non-financial professional interest
			Primary Care Quality Programme Board Chair (GP Lead)	GP Confederation	Nightingale Practice is a Member	Professional financial interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	Professional financial interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	Nightingale Practice (CCG Member Practice)	Salaried GP	Professional financial interest
Jake	Ferguson		Chief Executive Officer	Hackney Council for Voluntary Service	Organisation holds various grants from the CCG and Council. Full details available on request.	Professional financial interest
			Member	Voluntary Sector Transformation Leadership Group which represents the sector across the Transformation / ICS structures.		Non-financial personal interest
Jon	Williams	29/03/2017	Attendee - Hackney Integrated Commissioning Board	Healthwatch Hackney	Director Hackney Council Core and Signposting Grant - CHCCG NHS One Hackney & City Patient Support Contract - CHCCG NHS Community Voice Contract - CHCCG Involvement Alliance Contract - CHCCG Devolution Communications and Engagment Contract Based in St Leonard's Hospital	Pecuniary Interest

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

and

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

**Minutes of meeting held in public on 10 October 2019,
In Rooms 102 & 103, Hackney Town Hall**

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

Cllr Feryal Clark	Deputy Mayor and Cabinet Member for Health, Social Care, Leisure and Parks	London Borough of Hackney
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Cllr Rebecca Rennison	Cabinet Member for Finance and Housing Needs	London Borough of Hackney
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Cllr Anntoinette Bramble	Deputy Mayor & Cabinet Member for Education, Young People & Children's Social Care	London Borough of Hackney
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City & Hackney CCG Integrated Commissioning Committee

Mark Rickets	CCG Chair (ICB Chair)	City & Hackney CCG
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Honor Rhodes	Governing Body Lay member	City & Hackney CCG
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City Integrated Commissioning Board

City Integrated Commissioning Committee

Randall Anderson	Chairman, Community and Children's Services Committee	City of London Corporation
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Dhruv Patel	Member, Community & Children's Services Committee	City of London Corporation
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Marianne Fredericks	Member, Community and Children's Services Committee	City of London Corporation
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In attendance

Anne Canning	Group Director, Children, Adults and Community Health	London Borough of Hackney
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Anna Garner	Head of Performance	City & Hackney CCG
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Tessa Cole	Head of Strategic Programmes & Governance	London Borough of Hackney
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Ellie Ward	Head of Strategy and Performance	City of London
Dan Burningham	Mental Health Programme Director	City & Hackney CCG
Henry Black	Chief Finance Officer	East London Health and Care Partnership
Gary Marlowe	Governing Body GP member	City & Hackney CCG
Andrew Carter	Director, Community & Children's Services	City of London Corporation
Carolyn Kus	Director of Programme Delivery	London Borough of Hackney, City of London Corporation, and City & Hackney CCG
Jake Ferguson	Chief Executive	Hackney Council for Voluntary Services
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Sunil Thakker	Director of Finance	City & Hackney CCG
Simon Cribbens	Assistant Director Commissioning & Partnerships, Community & Children's Services	City of London Corporation
Siobhan Harper	Planned Care Workstream Director	City & Hackney CCG
Dean Henderson	Borough Director – City & Hackney	ELFT NHS Foundation Trust
Apologies – ICB members		
Jane Milligan	Accountable Officer	East London Health and Care Partnership
Ruby Sayed	Member, Community and Children's Services Committee	City of London Corporation
Other Apologies		
Ann Sanders	Lay member	City & Hackney CCG
Tim Shields	Chief Executive	Hackney Council
Mark Jarvis	Head of Finance	City of London Corporation

1. WELCOME, INTRODUCTIONS AND APOLOGIES

- 1.1. The Chair, Mark Rickets, opened the meeting.
- 1.2. Apologies were noted as listed above.
- 1.3. It was noted that City of London would become inquorate at 10.45, therefore the Chair, with acceptance of those present, opted to take the agenda items out of sequence.

- 1.4. Items for which the City of London were inquorate will be ratified at the next ICB meeting.

2. DECLARATIONS OF INTERESTS

2.1. The City Integrated Commissioning Board

- **NOTED** the Register of Interests.

2.2. The Hackney Integrated Commissioning Board

- **NOTED** the Register of Interests.

3. QUESTIONS FROM THE PUBLIC

- 3.1. There were no questions from members of the public.

4. MINUTES OF PREVIOUS MEETING AND ACTION LOG

4.1. The City Integrated Commissioning Board:

- **APPROVED** the minutes of the Joint ICB meeting held in public on 12 September 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 12 September 2019.
- **NOTED** the updates on the action log.

5. City & Hackney Mental Health Strategy

5.1 Dan Burningham introduced the item. He asked for it to be noted that this is the first time City & Hackney have had an integrated mental health strategy. This had been socialized among the workstreams and the Mental Health Commissioning Committee, and we are delivering against a rapidly changing landscape.

5.2 Cllr Clark added that whilst this was a very good visionary document, she had hoped to see a delivery plan against this – it was currently not clear precisely what would be different. We therefore needed a bit more detail about how this would affect services on the ground, and some consideration of accountability.

5.3 Cllr Bramble added that the vision and aspirations were in the right place, but we also should be mindful of the key elements of mental health that we were currently developing.

5.4 Dan Burningham stated that within Appendix 2 there is an action plan, although this could be further developed. Within the action plan each area which has been identified as a programme of delivery does have a definitive action plan. Cllr Bramble added that this should be included in the body of the strategy as currently it felt too generic. Mark Rickets stated

that the action plan covering all of this in-depth would likely be very large but without that level of detail it would be difficult to envisage how this would be implemented.

5.5 Cllr Clark added that as a local authority there are different partners who target different areas of mental health, one of the key areas of focus is prevention. Currently, Cllr Clark did not feel there is a clear enough vision of how we would restructure or rearrange the services in order to target prevention.

5.6 Dan Burningham responded that he would welcome further clarity around this preventive aspect of mental health. He would also welcome further working with Cllr Clark through the Mental Health Commissioning Committee in order to get that clarity.

5.7 Mark Rickets also stated that we have workstream detailed reviews brought to the ICB and suggested that we also bring mental health detailed reviews to the ICB as part of the regular cycle of detailed reviews.

- **It was agreed that the Equalities Impact Assessment would be shared with voting members of the ICB, and other attendees for information, before a decision was made to approve the strategy.**

5.8 Gary Marlowe added that this is a good strategy. As a GP he felt consistently let down by the mental health services in the area. Although ELFT was an “outstanding” rated trust, the level of the mental health provision was not, to his mind, always outstanding. There is scope for us to work with the Local Authority to deal with a lot of low-level mental health problems.

5.9 Jake Ferguson requested that more be done to reflect the work of Thrive London in the Mental Health Strategy.

5.10 Honor Rhodes added that it was relationships which keep us well and sustain people’s mental health. We should be brave enough to talk about love and compassion when considering these papers. If we cannot do that t our work would be fruitless.

- **A delivery plan for the Mental Health Strategy to also be brought back to the committee in the context of a detailed review for Summer 2020.**
- **Dan Burningham to discuss the Mental Health Strategy with the Communications & Engagement Enabler Group.**

5.11 The City Integrated Commissioning Board

- **DELEGATED AUTHORITY** to the ICB Chair to **APPROVE** the Mental Health Strategy subject to ICB members reviewing the EqIA. (Approval attached at Appendix 1).

5.12 The Hackney Integrated Commissioning Board

- **DELEGATED AUTHORITY** to the ICB Chair to **APPROVE** the Mental Health Strategy subject to ICB members reviewing the EqIA. (Approval attached at Appendix 1).

The City of London at this point became inquorate due to the departure of one voting member. City of London Standing Orders require that three sub-committee members be present to achieve quorum. Therefore, all subsequent decisions made by the City of London ICB are provisional until ratified at the next appropriate meeting of the City of London Integrated Commissioning Board or meeting-in-common of the City and Hackney Integrated Commissioning Boards.

6. A) Integrated Commissioning Progress Report & Review

6.1 The item was introduced by Carol Beckford. The STP have now produced and published their draft response to the NHS long-term-plan. The 2020/21 System Intentions has also been produced. The programme itself is currently “amber” rated. In the coming months, a more accessible programme report would be produced that would enable us to look in greater depth at what was going on, not merely those items that were rated green.

6.2 Comms & Engagement had a partially red-rated status which related to the logo redesign. The Comms team have been encouraged to work fairly quickly. However, given that we were going to engage with the public we would not be able to sign off the system logo until January 2020. We would need to continue to engage with the public irrespective of the logo.

6.3 There had been a meeting of the Risk Management Working Group which went through the IC Risk Register. This was on track to be brought back for the next ICB meeting in draft form. Randall Anderson added that some of the risks had been poorly-described on the risk register in its current format. It was hoped that we would have an ICB development session focused around risk in Q1 2020.

6.4 The City Integrated Commissioning Board

- **NOTED** the report.

6.5 The Hackney Integrated Commissioning Board

- **NOTED** the report.

B) Integrated Commissioning Finance Report

6.7 The City Integrated Commissioning Board

- **NOTED** the report.

6.8 The Hackney Integrated Commissioning Board

- **NOTED** the report.

7. Planned Care Detailed Review

7.1 Siobhan Harper introduced the item. There are opportunities to look at how we support residents to look after themselves better. Last year, there has also been a lot of escalating cost around elective activity in the Homerton. A report would be made available to the ICB on this very soon. Siobhan confirmed that the degree of overspend that had occurred last year was not anticipated to occur again.

7.2 We are also working on implementing our joint funding arrangement for learning disabilities, and it was anticipated that it would go further as this work on reviewing cases progresses. There had been a lot of focus on making sure we can make the most of this opportunity.

7.4 Gary Marlowe added that in terms of the audit there has been only preliminary feedback, however, as we move forward and think about different payment systems, getting this feedback was important. Furthermore, the databases used by the NHS are flawed.

7.5 A virtual fracture clinic had been launched and teledermatology services is working.

7.6 Randall Anderson asked, with respect to the audit, if the data issues are genuine issues or cases where need had been under-assessed. Siobhan Harper responded that the data sets were not just about under-assessment of need. From the perspective of Homerton, for example, it was about being properly recompensed for the services they are delivering.

7.7 Sunil Thakker stated that this time last year we were in an overspend situation, which was now no longer the case with respect to Homerton. We have an ongoing issue with the different data sets we are required to use. Nonetheless, there is still some work to be done. We would likely deploy another plan for the next 6-12 months that should enable us to mitigate some of the issues and work on a more clearly-defined process.

7.8 Andrew Carter asked what we could do as a ICB to affect the wider determinants of health in order to affect the prevention model. Siobhan Harper responded that we have had a recent away day with the public health team at which other work stream directors were invited to talk about the ways in which we have the support of the public health service. Cancer is one of these areas, in terms of raising our screening uptake and our thinking around the wider determinants of health to aid people in engaging with that agenda.

7.9 The City Integrated Commissioning Board

- **NOTED** the report.

7.10 The Hackney Integrated Commissioning Board

- **NOTED** the report.

8. S75 ILDS Provider Agreement

8.1 The ICB Chair, Mark Ricketts, noted that there were minor amendments to be made to this paper, and it was subsequently confirmed that these minor amendments do not alter the legality of the ICB sign-off of the S75.

8.2 Dean Henderson introduced the item. This rS75 has been in place since July 2018, and also reflected the new partnership working. Under the S75 the London Borough of Hackney manages the service and is the lead social care provider.

- **Eligibility criteria for people accessing the service to be made available to those wishing to use it.**

8.2 The process has proven a good method for further social care integration. There are S75 agreements in place with other parts of the service.

8.3 Cllr Clark stated that when we talk about comms we should consider making this available to the public.

- **The ICB Cover Sheet would be updated with a section to include any relevant communications and engagement that papers would go through.**

8.4 Sunil Thakker stated that we have cost pressures in the Learning Disability Service, and there should be an update brought back regularly to the ICB on this. It was possible that there would be a reduction in costs against this plan because of vacancies. Dean Henderson added that there will be a partnership management group that will come back to the board to report on finances.

8.5 Andrew Carter stated that there is a planned learning disability case study workshop to capture learning from this with respect to budget pooling.

8.6 Siobhan Harper noted that there should be some more thinking given to how the Communications and Engagement Enabler group supported workstreams.

8.7 The City Integrated Commissioning Board

- **NOTED** the report.

8.8 The Hackney Integrated Commissioning Board

- **APPROVED** the Section 75 Provider Agreement which sets out the operational arrangements and boundaries of responsibility between the two providers in the partnership

9. NE London Sustainability and Transformation Partnership Long Term Plan

9.1 David Maher introduced this item. He noted that our own response to the LTP had been robustly engaged with. This version was the STP-wide plan, and what has been published so far is a draft and we have a significant amount of time to re-develop the plan. It needs to be made vibrant and more alive for our communities.

9.2 Cllr Clark stated that she was pleased by the process in which the City & Hackney plan has been put together as it genuinely reflected the priorities of the ways of working in the system, and when the STP version is read, we should be able to see our own voice in it. However, we have not quite worked out how to properly engage with this and the structures for doing so are too unwieldy.

9.3 In terms of the strategy itself, one of the main issues Cllr Clark noted is that it referred at length to the priorities of the Mayor of London. However, it referred less completely to the priorities of the City & Hackney system. There is a section, for instance, on air quality and the ULEZ which doesn't even apply to NE London.

9.4 Furthermore, Cllr Clark noted that there were plans for Whipps Cross and Barts Hospital. We have discussed plans for Homerton to expand its surgical capacity, which was a ten-year plan. However, it is not reflected in the STP long-term plan.

9.5 Cllr Clark also added that the strategy is too generic. It doesn't reflect what the ICB and ICS currently do, and the maturity of the system is not reflected in the strategy.

9.6 David Maher responded that the plan is still a draft, however the feedback is welcomed and appreciated. It would be useful to gather a more consolidated view of some of our local authorities for where this did not reflect local authority inputs. There should be one, singular City & Hackney view. Cllr Clark responded that either the structures are themselves not working or they were not speaking to us.

9.7 Mark Rickets added that the plan needed to more clearly recognize the subsystems. Gary Marlowe stated that this should be contained in the body of the plan itself.

9.8 Randall Anderson stated that on a more fundamental level, P16 of the plan stated we would be supported by a single NE London CCG however we have also been told that this decision has not been taken. At the moment, there are three systems: place-based systems, local systems and the overall integrated system, but this plan does not clearly articulate what these are. David Maher responded that there needs to be clearer governance around what this would look like in practice.

- **Jake Ferguson to send papers around the violence reduction plan to ICB members and attendees.**

9.9 Jon Williams asked if the proposed Citizens Panel would be open to the public. He also asked if an EqlA would be carried out on the plan. Furthermore, he noted Healthwatch had not been invited to a meeting of engagement colleagues in November and requested that they were.

- **Invitation to be sent out to Healthwatch for the meeting of engagement colleagues.**

9.10 Marianne Fredericks also added that in terms of the City's residential population we currently had 1,600 second home residents and an increasing number of students living in the City. In terms of worker population we have roughly 425,000 workers in the City and this number is set to increase. We needed to clearly define who we are in order to ensure that workers, visitors and residents shaped our services.

- **All attendees to forward any other comments to David Maher and Nic Ib before 25 October.**

9.11 Cllr Clark also added that we needed more firm answers as to whether our feedback on this plan would be contained in the final version.

9.12 The **City Integrated Commissioning Board**

- **NOTED** the report.

9.13 The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

10 **Adult Substance Misuse Service**

10.1 Jayne Taylor introduced the item. The paper sets out how we operationalize the delivery of our strategic objectives, and represents our commitment to increase prevention investment activities. In terms of resourcing activities we recognize that our initial ideas are around building capacity in the voluntary sector. The proposals outlined here are very much in the health context. Work needs to be done to think about what this means in a local authority context. There is a lot of work to do, but we need to work with our system partners to develop our options.

10.2 Anna Garner added that there are three pieces of work to take forward. These were: financial matters, measurement of commitment and relationships with providers. On the latter, it was proposed to use the Transformation Board at the end of November to think about this.

10.3 Jake Ferguson stated that this is a new way of doing things, and we have to make sure that the system was working. He also asked if this is a replacement of the innovation fund. David Maher stated that it was not a replacement but a change in the fund. Anna Garner added that she welcomed the opportunity to meet with the voluntary sector to work on how this happens in practice.

10.4 Cllr Clark stated that local authority colleagues needed to be involved as early as possible on this.

10.5 Sunil Thakker highlighted the need to fully understand and define the baseline going forward.

10.6 The **City Integrated Commissioning Board**

- **NOTED** the report.

10.7 The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

11. AOB & Reflections

11.1 Cllr Bramble stated that we are now at a place on the ICB where we have a professional dialogue. We still, however, needed to think about when we make suggestions at the board how we could get things moving.

- **Carol Beckford to take away the need for a formulated action plan for the ICB and work it up with David and Jon.**

11.2 Cllr Clark added that there was a lot of good work that was happening here which needed to be reflected more widely.

11.3 Honor Rhodes stated that we should treat people who present papers with respect and kindness.

12. Integrated Commissioning Glossary

12.1 It was requested that the IC Glossary also contain a breakdown of any jargon or acronyms used in ICB papers.

13. Date and time of next meeting

The next meeting will be held on 14 November, 10:00-12:00, Committee Room 3, Guildhall, London EC1V 2HH

Appendix 1 – Approval of the City & Hackney Mental Health Strategy

Dear ICB Member

Re: Equalities Impact Assessment for the Integrated Mental Health Strategy

At our meeting held on 10th October 2019, we were presented with the **Integrated Mental Health Strategy** and asked to approve the said strategy.

Although there was consensus by members that the strategy is both a good document and a positive step forward for City & Hackney in how we support people with mental health issues. Members also raised that before they could agree the strategy they would like to view the Equalities Impact Assessment. It was agreed this would be circulated to all core members.

However, in order to process the strategy members gave delegated authority to me as the Chair of ICB to both review the comments made regarding the EqIA and if there were no concerns or issues raised to approve the document. In order to progress without too much delay members were asked to respond within one week identifying any concerns or issues they may have with regard to the content of the EqIA.

I am now writing to you to confirm that as there has not been any issues or concerns raised regarding the EqiA therefore, as agreed I have now on behalf of ICB members formally approved the Integrated Mental Health Strategy. This letter will form part of the minutes of the 10th October 2019 and we will also record the decision on the action tracker

I will also inform Dan Burningham that the Integrated Mental Health Strategy has been formally approved by the ICB.

Yours faithfully,

Mark Rickets

Current Chair ICB

City and Hackney Integrated Commissioning Programme Action Tracker

Ref No	Action	Assigned to	Assigned from	Assigned date	Due date	Status	Update
ICBJul-1	Immunisations risk to remain on the register and a report on immunisations to be brought back to ICB in due course.	Amy Wilkinson	City & Hackney Integrated Commissioning Board	11/07/2019	Nov-19	Closed	On the ICB agenda for November.
ICBJul-4	ICB would receive a further report on workforce analysis by the CEPN team.	Mark Rickets	City & Hackney Integrated Commissioning Board	11/07/2019	Nov-19	Closed	A Workforce Enabler has been established . Laura Sharpe is the SRO. CEPN will be a subset within the Workforce Enabler. The work is being rescoped at a workshop to be held in December 2019, with key workforce stakeholders being invited from across the system to confirm the scope, objectives and what should be achieved by when. Recommendation: the Workforce Enabler Group update ICB with post-Workshop actions at December/January ICB.
ICBSep-2	Marianne Frederick to join the design group to refine the Care Partnership logo further.	Alice Beard	City & Hackney Integrated Commissioning Board	12/09/2019	Oct-19	Closed	Marianne has been approached. The new logo design has been progressed and stakeholders will be contacted.
ICBSep-5	David Maher to confirm STP timescales for engaging with the public on the long-term plan.	David Maher	City & Hackney Integrated Commissioning Board	12/09/2019	Oct-19	Open	The exact timescales for engaging with the public on the STP LTP still TBC. The document will submitted to NHSE and online from 15 November 2019
ICBSep-8	Anne Canning to produce a paper on the Transitional SEND work and its interface with the workstreams.	Anne Canning	City & Hackney Integrated Commissioning Board	12/09/2019	Oct-19	Open	Work has begun on getting a singular database on Children and Adults. A committed date to be brought to the next meeting of the ICB.
ICBOct-1	It was agreed that the Equalities Impact Assessment of the City & Hackney Mental Health Strategy would be shared with voting members of the ICB and other attendees for information before a decision was made to approve the strategy.	Dan Burningham	City & Hackney Integrated Commissioning Board	10/10/2019	Nov-19	Closed	Strategy signed-off.
ICBOct-2	The ICB cover sheet to be updated to include a section on relevant comms and engagement for each item.	Alex Harris	City & Hackney Integrated Commissioning Board	10/10/2019	Nov-19	Open	To be implemented by the next ICB meeting.
ICBOct-3	A delivery plan for the Mental Health Strategy to be brought back to the Committee.	Dan Burningham	City & Hackney Integrated Commissioning Board	10/10/2019	Jun-20	Open	On track, delivery plan to be finalised by Dec 2019.
ICBOct-4	Dan Burningham to discuss the Mental Health Strategy with the Comms & Engagement Enabler Group.	Dan Burningham	City & Hackney Integrated Commissioning Board	10/10/2019	Nov-19	Open	A meeting has been set up with the Comms & Enabler Lead (05 11 19) to discuss next steps. MH rep to attend January's Comms & Engagement Enabler Group meeting.
ICBOct-5	Jake Ferguson to send papers around the violence reduction plan to ICB members and attendees.	Jake Ferguson	City & Hackney Integrated Commissioning Board	10/10/2019	Nov-19	Closed	Papers circulated 16 October - action closed.
ICBOct-6	All ICB attendees to forward comments on the STP LTP to David Maher and Nicholas Ib before 25 October.	All	City & Hackney Integrated Commissioning Board	10/10/2019	Nov-19	Closed	
ICBOct-7	Carol Beckford to discuss the need for a formulated action plan for the ICB with David Maher and Jonathan McShane.	Carol Beckford	City & Hackney Integrated Commissioning Board	10/10/2019	Nov-19	Closed	To address this, after every ICB (from December 2019/January 2020) the IC Programme Mgt Office will advise the Communications & Engagement Enabler Team of ICB decisions, new actions and the associated action owners. This will be placed on the IC Programme website with a link to the ICB minutes - so that this information is available to everyone working within the IC programme. We need to wait until December 2019 because this is the target datesupplied by the Comms team for the re-launch of the IC Programme website
ICBOct-8	Eligibility criteria for people accessing the ILDS to be made available to those wishing to use it.	Simon Galczynski	City & Hackney Integrated Commissioning Board	10/10/2019	Nov-19	Closed	The eligibility criteria for the Integrated Learning Disabilities Service is shared openly with anyone who asks for it and any service user and their families and friends who are referred to the service are informed about the criteria. There is currently a review being carried out into all communications materials provided to people about the ILDS which includes working with service users to develop more easy read information. This will include updating the website.
ICBOct-9	Healthwatch to be invited to the meeting of engagement colleagues in November 2019.	Alice Beard	City & Hackney Integrated Commissioning Board	10/10/2019	Nov-19	Closed	Jon has been contacted to confirm which meeting this was referring to in order to send an invitation out.

Title of report:	<i>Immunisations Update</i>
Date of meeting:	14 th November 2019
Lead Officer:	Amy Wilkinson
Author:	Kate Heneghan
Committee(s):	Integrated Commissioning Board, for information, 12 November 2019 Children, Young People, Maternity and Families Strategic Oversight Group, for information, 16 December 2019
Public / Non-public	Public

Executive Summary:

Following the recent measles outbreak in Hackney, the immunisations risk remains on the risk register for the Children, Young People, Maternity and Families (CYPMF) workstream. This report provides an update to the Integrated Commissioning Board (ICB) about the work that has happened to date across City and Hackney to minimise the impact of the outbreak and the planned work to mitigate future risks.

The measles outbreak in Hackney started in October 2018 and ended in July 2019. There were 464 confirmed cases and no fatalities across north east north central London, with most cases in 2018 in north east north central London occurring in the Orthodox Jewish community. From October 2018 to January 2019 the CCG commissioned the GP Confederation to deliver additional clinics and appointments in the north of Hackney to increase the number of Measles, Mumps and Rubella (MMR) vaccines delivered to residents. In February 2019 an immunisations workshop was held with partners from across City and Hackney and regional representatives from NHS England and Public Health England. At the workshop initial ideas were scoped for the two year immunisations action plan for City and Hackney were collected, which has since been developed and uses a life course approach to increasing the uptake of immunisations locally.

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:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	<input checked="" type="checkbox"/>	The Immunisations Action Plan for City and Hackney is a proactive plan to increase the uptake of immunisations across the life course, rather than focusing resources on outbreak responses.
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input type="checkbox"/>	

Ensure we maintain financial balance as a system and achieve our financial plans	<input type="checkbox"/>	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input type="checkbox"/>	
Empower patients and residents	<input checked="" type="checkbox"/>	The Immunisations Action Plan for City and Hackney will provide patients and residents with information, support and knowledge about immunisations, empowering them to proactively arrange and complete their immunisations schedule.

Specific implications for City

No specific implications for the City

Specific implications for Hackney

The measles outbreak was predominantly in the north of the borough, with a high number of cases in the Orthodox Jewish community. The outbreak response has therefore been predominantly focused in this part of the borough, with good engagement levels from GP practices, key community figures and other community settings such as children's centres.

Patient and Public Involvement and Impact:

Local community groups have been involved in contributing into the local health promotion campaigns to date. The joined up approach to the immunisations action plan for City and Hackney, aims to increase trust and transparency with the public and patients, encouraging them to have vaccinations for them and their families.

Clinical/practitioner input and engagement:

There has been clinical and practitioner input into the local immunisation work from the beginning of the measles outbreak. The outbreak response team included Anita Bell, Health Protection Consultant from Public Health England (PHE), Dr Nicole Klynman, Public Health Consultant and Dr Mary Clarke, GP Confederation. The mentioned professionals have been a part of the immunisations Task and Finish group, as have Dr Tehseen Khan, GP from Springfield Park Primary Care Network and Dr Rhiannon England, CCG, who have all contributed to implementing the response locally.

Equalities implications and impact on priority groups:

The measles outbreak was predominantly in the north of the borough, with a high number of cases in the Orthodox Jewish community. As part of the outbreak response the GP Confederation delivered additional vaccination appointments in various community and health settings. Representatives from the community have been involved in the Immunisation workshop and the Immunisations Task and Finish group. The immunisations health promotion campaigns have been adapted with the community, with articles placed in the Jewish press.

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

The immunisations workshop in February 2019 and the recent investigation into pre-school vaccinations by the National Audit Office, highlighted the complexity of the roles and responsibilities in delivering the vaccinations schedule. The local response to the recent measles outbreak has been a joined-up approach between the NHS, Local Authority, GP and community partners and has strengthened relationships in this area. As part of the outbreak response, the CCG commissioned the GP confederation to deliver additional vaccine appointments. This temporarily enhanced the offer for the local population, to ensure as many residents as possible had access to vaccines during the outbreak.

Main Report

Background and Current Position

The measles outbreak in Hackney started in October 2018 and ended in July 2019. There were 464 confirmed cases and no fatalities across north east north central London, with most cases in 2018 in north east north central London occurring in the Orthodox Jewish community. Local partners from Public Health England (PHE) Health Protection team, City and Hackney CCG, City and Hackney Public Health and City and Hackney GP Confederation formed an outbreak response team. The response to the outbreak included communications to partners across City and Hackney and additional, targeted vaccine clinics in north Hackney.

From October 2018 to January 2019 the CCG commissioned the GP Confederation to deliver additional clinics and appointments in the north of Hackney to increase the number of Measles, Mumps and Rubella (MMR) vaccines delivered to residents. The GP Confederation administered over 3000 MMR vaccines through the appointments delivered at additional clinics in GP practices, Lubavitch children's centre, Hatzola and domiciliary visits.

The GP Confederation was successful in being awarded funding from NHS England to pilot a call recall system to send reminder messages to patients who have missed vaccines, in GP practices in the north west of Hackney. This work started in February 2019 and will run until January 2020, when a full report on findings will be shared. Early learnings highlight that there is variance in success rates across practices, the importance of using the template provided so that the data is correctly coded and the difficulty in obtaining a full immunisation history for children who have moved a lot.

In February 2019 an immunisations workshop was held with partners from across City and Hackney with regional representatives from NHS England (vaccines commissioner) and PHE. At the workshop, roles and responsibilities in relation to commissioning, promotion, delivering and responding to outbreaks was discussed. Initial ideas were scoped to produce a two year immunisations action plan for City and Hackney, this has since been developed further and uses a life course approach to increasing the uptake of vaccines locally.

Nationally, the uptake of MMR vaccines has decreased, resulting in an increasing incidence of measles. In 2016 the World Health Organization (WHO) declared that the UK had eliminated measles. WHO defines measles elimination as the absence of circulating measles, in the presence of high vaccine coverage and good systems to identify cases of the disease. Following 231 confirmed cases of the measles nationally in the first quarter of 2019, the WHO removed the measles free status from the UK. This has resulted in an increased political awareness nationally in the need to prioritise an increase in uptake of the two doses of MMR.

In the Advancing our Health: Prevention in the 2020s Green Paper (2019) the Department of Health and Social Care committed to releasing a Vaccination Strategy by spring 2020. The strategy will include action on:

- Operational work to increase uptake of all recommended vaccinations across all communities and areas, including implementing the UK measles and rubella elimination strategy to increase uptake of the second dose of the MMR vaccine
- Enhanced use of local immunisation co-ordinators and primary care networks, ensuring the right mechanisms are in place to increase uptake
- Continued evolution of the immunisation programme, incorporating new, more effective and cost-effective vaccines and new uses for existing vaccines across the life course.

The National Audit Office Investigation into pre-school vaccinations (2019) highlights that NHS England has missed the Department of Health and Social Care's performance standard for uptake of nearly all pre-school vaccinations in England since 2012-13, with London reporting the lowest levels nationally. The investigation highlighted NHS England and PHE's potential factors contributing to declining vaccination uptake, including:

- inconsistent call/recall
- difficulties in timely access to healthcare professionals
- incomplete data vaccination uptake
- 'under-served' populations
- vaccine hesitancy among a small minority of parents.

Options

This report is for information, to provide an update on the work undertaken locally to increase the uptake of vaccinations, particularly the MMR following the measles outbreak in Hackney. Work will continue locally to increase the uptake of all vaccinations across the life course, as outlined in the Immunisations Action Plan for City and Hackney. This work has been led by the CYPMF workstream to date as the work has predominately been focused on the response to the measles outbreak and is on the risk register of the CYPMF workstream. Following the end of the measles outbreak, the next steps will be to develop the action plan further, with input and joint work across all of the workstreams.

Proposals

The Immunisation Action Plan for City and Hackney will take a life course approach to promoting and increasing the uptake of vaccines over the next two years, resulting in more residents having timely, completed vaccines courses. The action plan will be further developed with partners from across all four workstreams to ensure it is fit for purpose across all ages and stages and incorporating learnings from the recent measles outbreak and call/recall pilot in the north west of Hackney. Recommendations from the awaited Vaccine Strategy, expected in spring 2020 will be incorporated into the local action plan as appropriate. To ensure oversight and implementation of the local action plan, a City and Hackney Immunisations Strategy Group will be established in early 2020. The group will include senior representatives from local health organisations and will provide oversight and input into the Immunisations Task and Finish Group.

Conclusion

Following the measles outbreak in north Hackney, a local response team was formed with partners from across City and Hackney. The response included additional vaccination appointments, health promotion campaigns and participation in a call/recall pilot in GP practices in north west Hackney. With the official end of the measles outbreak, the focus now turns to the development of a partnership approach across all four workstreams to increase uptake of all vaccinations across the life course. The Immunisation Action Plan for City and Hackney will be implemented in partnership over the next two years, with strategic oversight from a soon to be established Immunisations Strategy Group.

The action plan will be further developed and adapted based on national action as outlined in the Vaccine Strategy, expected in spring 2020.

Supporting Papers and Evidence:

Immunisations Action Plan for City and Hackney

[Advancing our Health: Prevention in the 2020s Green Paper](#)

[Investigation into pre-school vaccinations, National Audit Office](#)

Sign-off:

Workstream SRO: Anne Canning, Director of Children's, Adults and Community Health

London Borough of Hackney: Sandra Husbands, Director of Public Health

City of London Corporation: Andrew Carter, Director of Communities and Children's Service

City & Hackney CCG: David Maher, Managing Director

Vaccinations action plan for City and Hackney November 2019

Following a measles outbreak in Hackney, partners from across City and Hackney, Public Health England (PHE) and NHS England (NHSE) came together for an Immunisations Workshop in February 2019. The objectives for the workshop were:

- To agree a local partnership approach on delivery of vaccinations, including increasing uptake rates and coordinating outbreak responses.
- To be clear about who is responsible for what aspects of vaccinations.

Roles and responsibilities in relation to vaccinations was discussed, with the complexity of the national system highlighted. The National Audit Office's [Investigation into pre-school vaccinations](#) detailed the complex commissioning, funding and delivery system of vaccinations nationally (Appendix 1).

At the workshop initial ideas were tabled to form an action plan to increase the uptake of vaccinations across the lifecycle. The action plan has been further developed and a health promotion campaign, targeting vaccinations for the under 5's was delivered in spring/summer 2019. The next stage of the health promotion campaign is focusing on school based vaccinations, with subsequent campaigns taking a life course approach for all vaccinations delivered (Appendix 2), with partners from all of the integrated commissioning workstreams. The oversight of the vaccinations action plan will be led by the City and Hackney Vaccinations Steering Group, to be established in early 2020.

The green paper, [Advancing our health: prevention in the 2020s](#) made a commitment by the Government to develop a vaccination strategy by spring 2020. Recommendations from the strategy will be incorporated into the Vaccinations action plan for City and Hackney, the national strategy will include action on:

- Operational work to increase uptake of all recommended vaccinations across all communities and areas, to include the medium-term aim of reaching over 95% uptake for childhood vaccinations and continuing to increase uptake of the seasonal influenza vaccine. This includes implementing the UK measles and rubella elimination strategy to increase uptake of the second dose of the MMR vaccine to at least 95%, to match the aspiration for the first dose.
- Enhanced use of local immunisation co-ordinators and primary care networks, ensuring the right mechanisms are in place to increase uptake (through the GP Vaccines review) including consistent application of call and recall, and improved data services.
- Continued evolution of our immunisation programme, incorporating new, more effective and cost-effective vaccines and new uses for existing vaccines across the life course, as advised by our expert group, the Joint Committee on Vaccination and Immunisations.

Key Area	Vaccine	Time Vaccine is delivered	Vaccine delivered by	Actions	Desired outcome	Timescale	Lead Agency	Resources
All ages	All	All ages	All delivery partners	Public Health to lead on and develop local awareness campaign on immunisations	Upskilled professionals and communities who are well informed on immunisations and can respond to questions	April 2019	Public Health (PHE, CCG, local community)	PHE Resources Myth busting Q&A with Dr Khan
				Public Health in partnership with other agencies to develop a communications strategy for the borough that includes all ages (0-5, school based and adults)		2019	Public Health/ CCG/ GP Confed/ PHE/ HLT (incl. Children's Centres and youth parliament)	
				North Hackney GP practices to deliver neighbourhood event for parents promoting use of immunisations		3-6 months rolling	Neighbourhood and 3 surgeries (Spring Hill, Stamford Hill, Cranwich Road)	

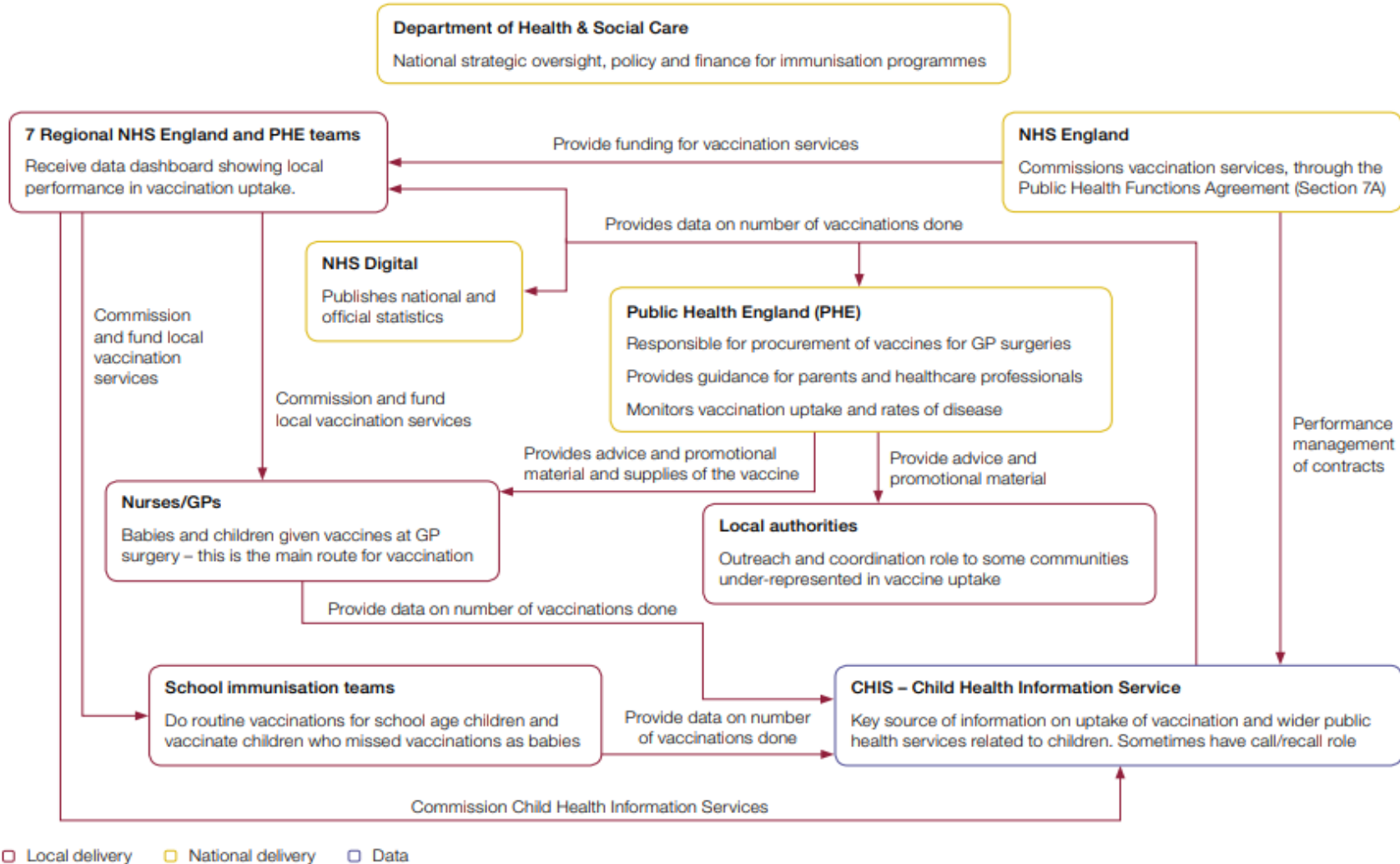
Pregnant women	Whooping cough (pertussis) vaccine	From 16 weeks pregnant	GP or antenatal clinic	Vaccination resources to be shared with midwifery, pharmacies and GPs and vaccine promoted by local partners	95% vaccination uptake across City and Hackney	Rolling programme	CCG/GP Confed/HU HFT Maternity	PHE Pertussis Resources
	Flu vaccine	During flu season	Maternity services, GPs and Pharmacies	Flu resources to be shared with midwifery, pharmacies and GPs and vaccine promoted by local partners	95% vaccination uptake across City and Hackney	Annual flu season	NHSE	PHE Seasonal Flu Resources
Babies under 1 year old	All	8, 12 and 16 weeks	GP	NHSE to explore the proposal for health visiting and school nursing teams to immunise.	A responsive service for vulnerable groups such as those on Child Protection and Children in Need plans in a community setting. 95% vaccination uptake across City and Hackney	2019	NHSE	Immunisations Campaign 0-5 years
				GP Confed and NHSE to review and improve Call recall (GP) process, following call recall pilot in NW Hackney		February 2020		

				GP Confed and CCG to ensure that each GP practice has an immunisations champion		2019	GP Confed/ CCG	
				GP Confed and CCG to build capacity for other community settings to deliver immunisations		2019	GP Confed/ CCG	
				Public Health to ensure that Health Visiting Rio template includes a reminder- prompt to parents for immunisations		Summer 2019	Public Health	
				NHSE and CCG to review commissioning arrangements and potential for GP Confederation to be subcontracted to deliver immunisations.		Discussions in 2019, with action following the vaccination strategy in spring 2020	GP Confed/ CCG	
Children aged 1 to 15 years	All	All	All delivery partners	Public Health to connect Vaccinations UK with HLT so they can arrange a data sharing agreement, to make access to Hackney schools easier	Higher return of consent forms and increased uptake of vaccines	Autumn 2019	Public Health/ CCG/ HLT/Vaccinations UK	School based vaccinations data School Based Vaccinations Communication Campaign

				Vaccinations UK to share school based vaccinations UK data with Public Health, so they can support them with accessing schools	Identify schools that have a lower vaccination uptake, so partners can support increased uptake	Autumn 2019	Public Health/ HLT/Vaccinations UK
				Health promotion messages to be written in a journal article from the Head of HLT	Increase awareness, support and uptake of vaccinations in schools	Autumn 2019	Public Health/HLT
	MMR (second dose) 4-in-1 pre-school booster	3 years and 4 months	Vaccinations UK	Schools and school based health service to adapt school entry forms to ask about vaccination history and signpost to services where they can access catch up clinics.	Increase the number of catch up vaccinations issued	2019/20, in place for September 2020 entrance	Public Health/HLT /CoL/School Based Health
	HPV vaccine (boys and girls)	12 to 13 years	Vaccinations UK	Develop a specific HPV vaccination health promotion campaign Explore the possibilities in catch up HPV vaccinations	Increase uptake and awareness of HPV, especially as boys have been included since September 2019	Plan over 2019/20 2020	Public Health/Vaccinations UK/HLT

				for the Orthodox Jewish communities and a specific health promotion campaign					
Adults	Pneumococcal (PPV) vaccine	65 years	GP	Work with planned care and prevention to develop specific actions for this group					
	Flu vaccine	65 years (and every year after) Adults working in Health and Social Care	GP	Work with planned care, unplanned care and prevention to develop a specific actions on seasonal flu			CCG/GP Confereration	PHE Seasonal Flu Resources	
	Shingles vaccine	70 years	GP				HUHFT, ELFT, CCG, GP Confederation, LBH and CoL for own workforces		
Sustainability and Transformation Partnership (STP)	All	N/A	N/A	Local stakeholders to ensure that the vaccination agenda consistently feeds into STP plans.	Vaccinations is a regular and significant agenda item in STP plans.	Rolling basis	CCG		

Roles and responsibilities for the delivery of the pre-school vaccination schedule in England



Source: National Audit Office analysis of roles and responsibilities

Appendix 2: [Routine Immunisation Schedule](#)

Pregnant women	
When it is offered	Vaccine
During flu season	Flu vaccine
From 16 weeks pregnant	Whooping cough (pertussis) vaccine
Babies under 1 year old	
Age	Vaccine
8 weeks	6-in1 vaccine Pneumococcal (PCV) vaccine Rotavirus vaccine MenB
12 weeks	6-in1 vaccine (second dose) Rotavirus vaccine (second dose)
16 weeks	6-in1 vaccine (third dose) Pneumococcal (PCV) vaccine (second dose) MenB (second dose)
Children aged 1 to 15 years	
Age	Vaccine
1 year	Hib/MenC (first dose)

	MMR (first dose) Pneumococcal (PCV) vaccine (third dose) MenB (third dose)
2 to 10 years	Flu vaccine (every year)
3 years and 4 months	MMR (second dose) 4-in-1 pre-school booster
12 to 13 years	HPV vaccine (boys and girls)
14 years	3-in-1 teenage booster MenACWY
Adults	
Age	Vaccine
65 years	Pneumococcal (PPV) vaccine
65 years (and every year after)	Flu vaccine
70 years	Shingles vaccine

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Title:	Unplanned Care Workstream Report
Date:	14 November 2019
Lead Officer:	Nina Griffith – Workstream Director Tracey Fletcher - SRO
Author:	Nina Griffith – Workstream Director
Committee(s):	CCG Finance & Performance Committee – 22 May 2019 CCG Clinical Executive – 8 May 2019 CCG Patient and Public Involvement Committee – 9 May 2019
Public / Non-public	Public

Executive Summary:

This report provides an update on the workstream progress in respect of a number of areas. These include:

- Delivery of the workstream ‘asks’ and transformation priorities (covering Neighbourhoods, improving discharge, Dementia, End of Life Care and Urgent Care)
- Performance against national Constitution standards, Integrated Assessment Framework standards, ASCOF measures, CQUIN and Quality Premium measures
- Finance and QIPP delivery
- Plans and opportunities for the workstream going forward.

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:

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

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

Resident representatives are members of the unplanned care board and each of the sub-groups. Co-production and ongoing engagement is in train or in development throughout the workstreams current projects. Further work with patient and public representatives will be incorporated in the plans for 2019/20.

Clinical/practitioner input and engagement:

Our work is strongly clinically led. We have three clinical/practitioner leads who are leading on the different transformation areas of our work. We also have clinical representation from a number of our partners on the board and on the subgroups.

Equalities implications and impact on priority groups:

There are no specific equalities issues addressed through this report. Impact assessments will be undertaken on any new plans for the workstream in 19/20

Impact on / Overlap with Existing Services:

Some of our transformation initiatives are much broader than just unplanned care – neighbourhoods spans all of the workstreams and we have established neighbourhood working groups with each of the workstreams to address this.

Supporting Papers and Evidence:

Appendix 1 – Unplanned Care Workstream report

Sign-off:

Workstream SRO: Tracey Fletcher

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Unplanned Care Workstream Detailed Review November 2019



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Section 2: Emergency Activity

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Slides 36 – 41 Financial performance against budgets and QIPP, plus QIPP planning for 2020/21

Unplanned Care Workstream- Who is involved?



Unplanned Care Workstream- What are we trying to achieve?

Over-arching Care Workstream objective :

Bring together partners to create services that meet people's urgent needs and support them to stay well

Workstream Strategic Priorities

- Develop strong and resilient neighbourhood services that support residents to stay well and avoid crisis where possible
- Provide consistent and equitable care across the system, enabled by effective communication and appropriate sharing of information
- Develop urgent care services that provide holistic, consistent, care and support people until they are settled
- Work together to prevent avoidable emergency attendances and admissions to hospital
- Provide timely access to urgent care services when needed, including at discharge
- Deliver models of care that support sustainability for the City and Hackney health and care system.

Unplanned Care Workstream - Priorities

We will do this through the following transformation areas:

Delivery of a **neighbourhood** model in City and Hackney to provide locally integrated services that support patients with complex needs and address the wider determinants of health

Deliver an **urgent care** system in City and Hackney which best meets patients' urgent needs at all times and joins up the range of different services on offer.

Improve how we **discharge** people from hospital by ensuring that they can access the community care that they need and that they do not stay in acute or mental health trusts for longer than is medically required

Transformation Programmes – Activities and Achievements last 6 months

Neighbourhoods

- **PCNs** established since July, these are the primary care foundation for the neighbourhoods
- Neighbourhoods team **supporting the clinical directors** to develop their PCNs and to take on wider system leadership roles
- All Neighbourhoods have **data profiles** which have been analysed to create a list of opportunities/priority areas
- We are developing a model of **anticipatory care**
- **Adult social care** are testing their model of working in MDTs and supporting neighbourhoods
- We are implementing **neighbourhood community nursing teams**
- We have started developing the model of care for **community therapies**
- **Community Pharmacy** have appointed lead pharmacists for each neighbourhood
- **Mental health** have secured transformation monies to implement a neighbourhood model of community mental health
- Strong **co-production model** in place across the neighbourhood programme led by the Neighbourhood Resident Involvement Group
- HCVS are leading the work to develop and strengthen links between statutory services and **voluntary sector** organisations and community groups. We are considering a model of a lead community provider or anchor in each neighbourhood.
- There is a **strong focus on prevention** in the Neighbourhood programme with work on community navigation, community asset mapping, housing, volunteering, immunisation and obesity in place within Neighbourhoods to deliver this
- An **outcome framework** has been developed to understand the impact of the work in neighbourhoods (sitting as part of the integrated commissioning framework)
- **Neighbourhoods health and care services** provides the new system and contractual structures to fully realise the vision

Transformation Programmes – Activities and Achievements last 6 months

Improving Discharge

- We evaluated our **Discharge to Assess (D2A)** pilot – this showed that the service provided quality and financial benefits, as well as identifying some improvements which we will put into the final model. One of the surprising benefits from the new model was that it has also enabled more people to be successfully supported from A&E, therefore **avoiding an admission**. We are now working to fully embed the new model.
- We are expanding our use of local authority **enhanced packages of care**, including twilight and overnight packages to enable more patients to return home (rather than be admitted to a care home).
- We are reviewing hospital and discharge pathways for **homeless people**, and have been working with Pathways charity to undertake a needs assessment audit in the Homerton.
- We are piloting a **trusted assessor** model with 2 of our local care homes

Urgent Care

- **Integrated Urgent Primary Care / New out of hours (OOH) service** - Homerton have been running the GP OOH service since April; to date the service is functioning very well with good GP shift fill. The home visiting OOH service run by Tower Hamlets had some shifts uncovered in the early months, but is now running well.
- **Integrated Urgent Primary Care / NEL 111** – The service has had some access issues, although overall performance is improving, and we are seeing lower levels of ambulance dispatches than the London average for 111 calls.
- **High Intensity Users** – A new High Intensity User Service started 1st April 2019 to support frequent attenders to A&E and frequent callers to 111 and 999 with considerably more mental health support. We are currently reviewing the effectiveness of this.
- **A&E Analysis and Action Plan**- We undertook analysis to understand the increase in A&E attendance rates in year (18/19) and developed an action plan with a range of short term actions that we can take to address the changes in the rates seen in C&H.
- **CMC Urgent Care Users** – we continue to work to improve quality of care plans being created in primary care, and usage of CMC across all system partners. We have seen a dramatic improvement seen in rates of LAS reviewing care plans.

Unplanned Care Activities & Opportunities over the Next 6 Months

Integrated Urgent Care

- Continued implementation of effective out of hours primary care services - 111, extended access hubs, GP OOH
- Implementation of streaming and redirection model at the front door of A&E
- Maximise use of appropriate care pathways (Paradoc, IIT, MH crisis line) working with LAS and primary care
- Realise the expected benefits from the new high intensity users service pilot, and establish the model going forward
- Improvements and enhancements to falls pathway
- Complete review of Duty doctor
- Complete review of ambulatory care
- Engage with the public to increase awareness of urgent care services
- Ongoing roll out and realise benefits from CMC care plans - including introduction of My CMC
- Working with public health to support procurement and implementation of a new substance mis-use service

Neighbourhoods

- Support the development of the PCNs so that they are able to deliver on population health and integrated care
- Support the development of the provider alliance to deliver integrated community services - including delivery of a new neighbourhood community nursing service
- Development of the anticipatory care service as part of the neighbourhood model, including the development of a core integrated team around each neighbourhood and an effective model of navigation
- Establishment of a model for how the neighbourhood structure provides a framework for effective involvement from the voluntary and wider community sector to address the wider determinants.
- Work with wider community and local authority partners to ensure that the neighbourhoods can address the wider determinants in Hackney Marshes
- Drive the personalisation agenda through neighbourhoods, ensuring that we listen to and work with our residents in how we plan, design and deliver care

Discharge

- Review and implement a sustainable discharge to assess model
- Improved primary care and wider system support to our local care home residents
- Improved working between care homes and hospitals - including introduction of trusted assessor and red bag scheme
- Review of intermediate care services and discharge services as part of the re-contracting for the Integrated Independence Team (IIT) from November 2020
- Develop improved pathways for homeless people coming out of hospital

End of life care

- Implementation of new Urgent end of life care service to enable people to die at home if that is what they prefer
- Deliver Better support at end of life for homeless people, working with local hostels

Dementia

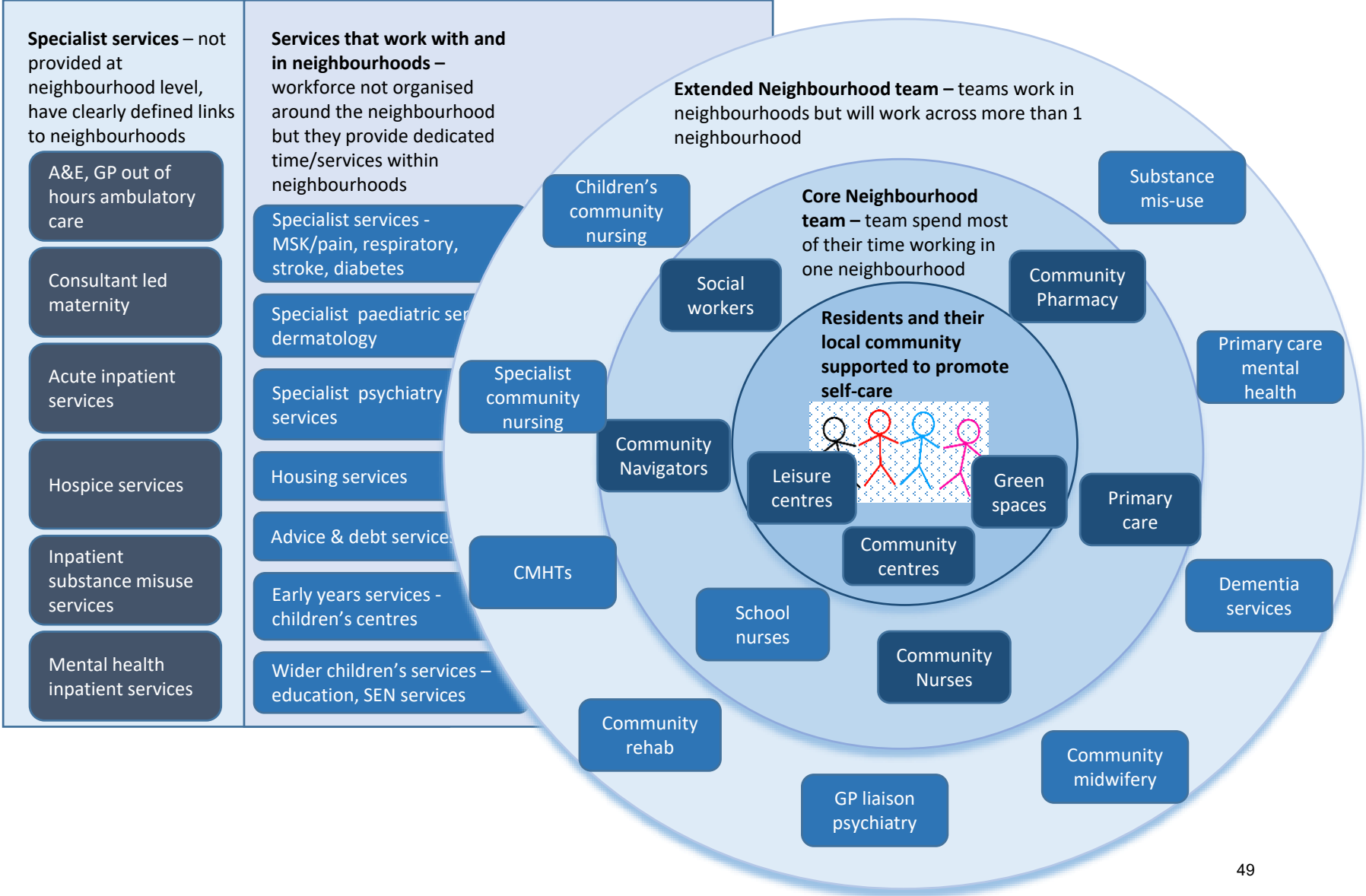
- Realise benefits from new City and Hackney dementia service

Neighbourhoods in focus- the vision

Our vision

Working together across City and Hackney to support people and their families to live the healthiest lives possible and receive the right care when they need it.

- **More support** for patients and their families to get healthy, stay well and be as independent as possible
- **Neighbourhoods** where people and communities are actively supported to help themselves and each other
- **Joined up support** that meets the physical, mental and other needs of patients and their families
- **High quality GP practices, pharmacies and community services** that offer patients more support closer to home
- **Thriving local hospitals** for patients when they need them

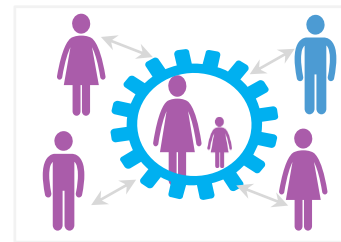


Neighbourhoods in focus: Approach to population health and personalisation

The neighbourhoods programme is working to embed a population health approach across our health and care partners, and to ensure that we support and work with people as individuals through all of our services.

This is a large-scale cultural change across all of our partner organisations. It will also be the approach taken in a range of projects including:

- Anticipatory care (see next page)
- Review of MDT working, which is a CEPN funded project that is linked to anticipatory care and aims to work with partners to develop the approaches, tools and training needed to deliver effective MDTs



1. Understanding the needs of Neighbourhoods as a whole (people and place)

Neighbourhood teams supported by evidence based information to understand the current and future needs & priorities within individual Neighbourhoods



2. Understanding the needs of specific groups or cohorts of the Neighbourhood

It will be important to identify specific groups of the population where support will have the greatest impact, informing service delivery. This includes whole population prevention.



3. Identification of individuals and families that would benefit from multi-disciplinary support

Information (data alongside professional and other local knowledge) used to identify specific individuals for discussion at Neighbourhood MDTs (anticipatory care)



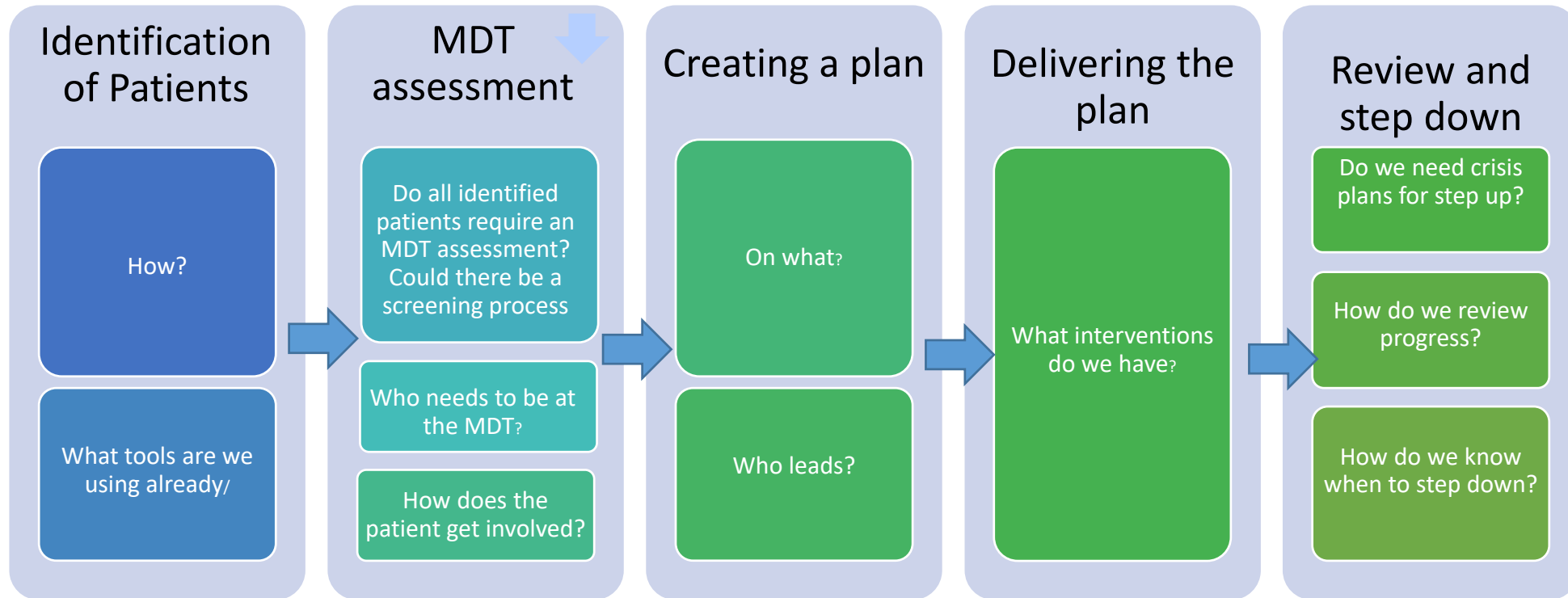
4. Personalised and coordinated care and support which puts the person at the centre

Coordinated response from Neighbourhood MDT team. Trusted assessment & integrated care processes supporting.

Neighbourhoods in focus: Anticipatory Care

We are developing an **Anticipatory Care service** in City and Hackney to improve outcomes for residents – this will compliment the current primary care proactive care service but will be multi-disciplinary (not just primary care) and delivered on a neighbourhood footprint. It will also deliver on the PCN service specification for anticipatory care which will become part of the PCN contract in 2020/21.

We are developing a service model and tools which will deliver the following steps: (we are working with partners to answer the questions at each stage)



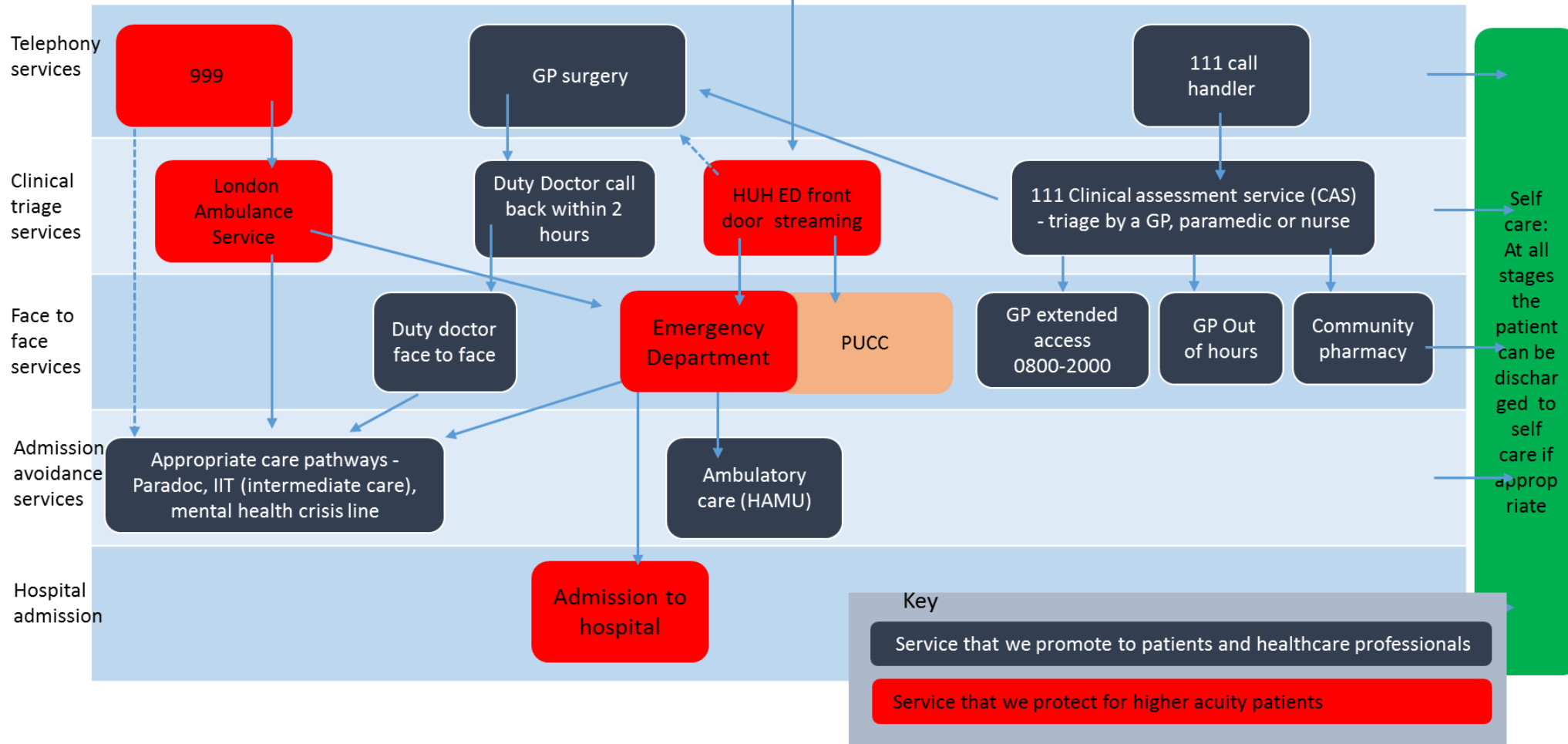
Planning to develop approach and trial in Clissold Park Neighbourhood – from January
Begin expanding to all Neighbourhoods - April 2020 in line with GP Contract

Urgent Care in Focus – delivering integrated urgent care

We are working to deliver an integrated urgent care pathway for patients which:

- Meets people’s urgent care needs,
- Triages and navigates people to the most appropriate place at every entry point into the system,
- Develops strong and effective community based services as an alternative to hospital wherever possible.

This schematic describes the different elements of the urgent care pathway, and how they work together to deliver this ambition

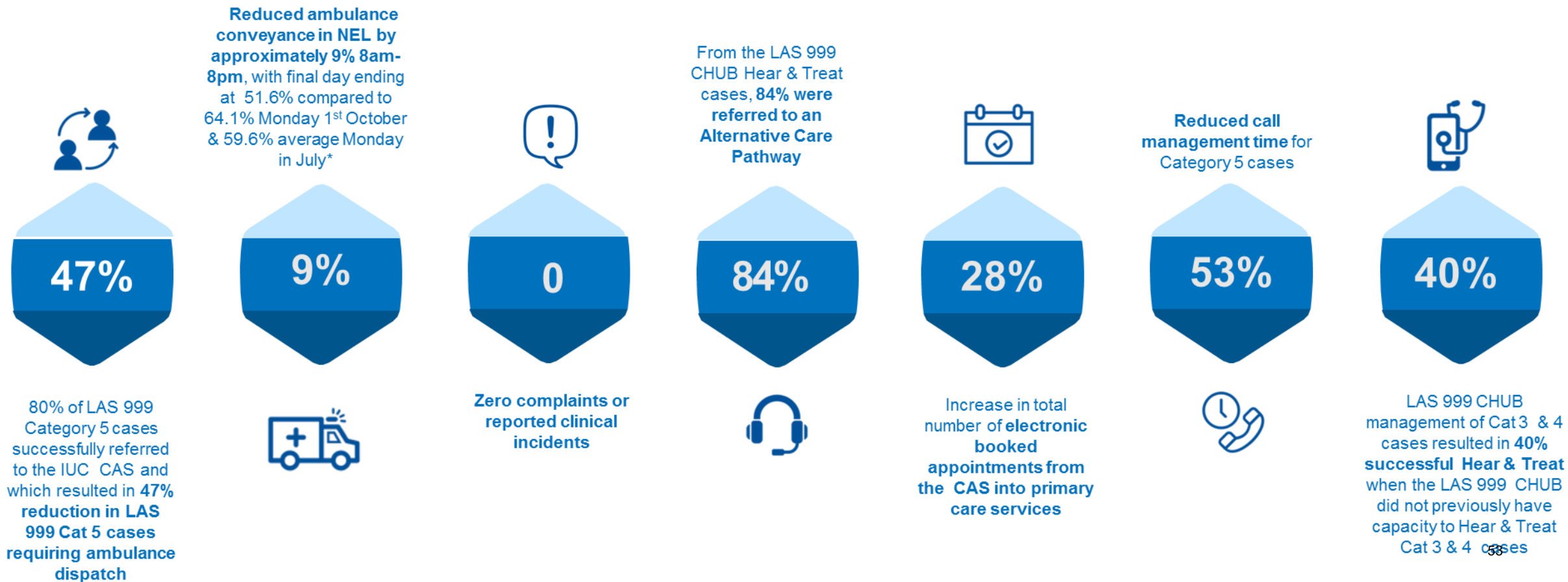


Urgent Care in Focus – NEL Perfect Day 30th September 2019

We worked with NEL partners to run a ‘perfect day’ which was a 1 day trial of bringing together 111 and 999 services to reduce ambulance conveyances. All low acuity 999 calls were triaged by the 111 clinical assessment service and patients could be referred into GP extended access, GP OOH, MH crisis line, Paradoc, IIT or Duty doctor without the need to convey an ambulance.

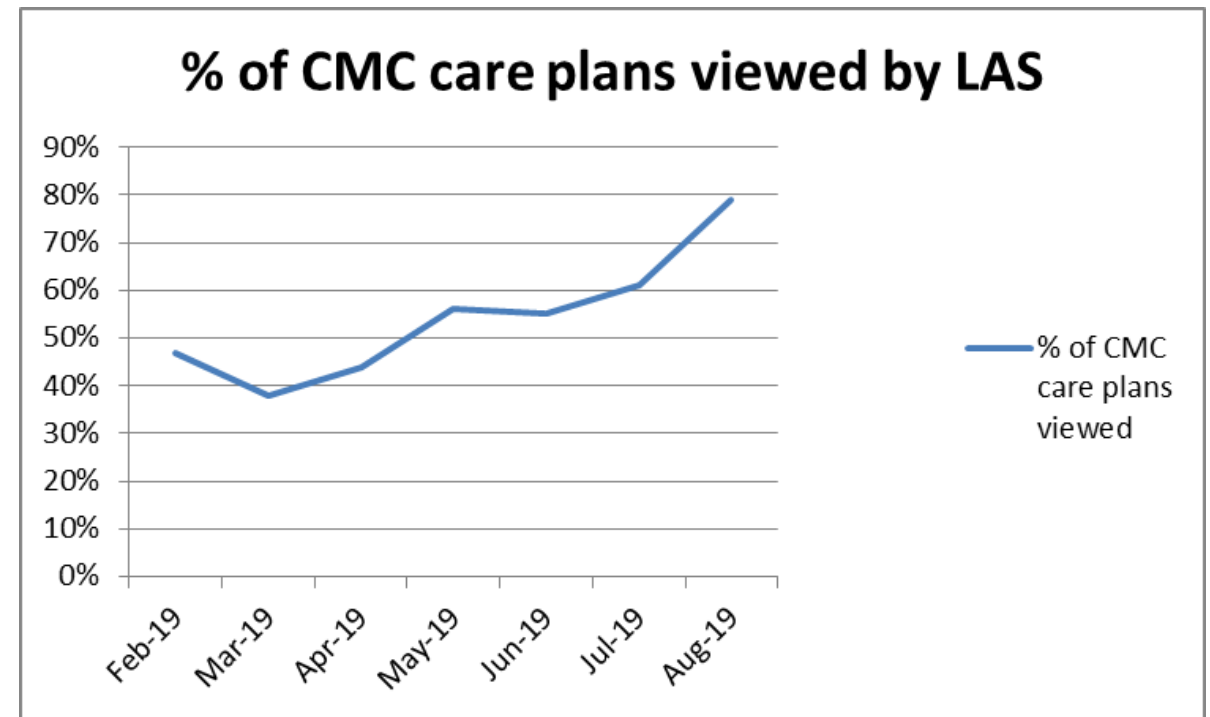
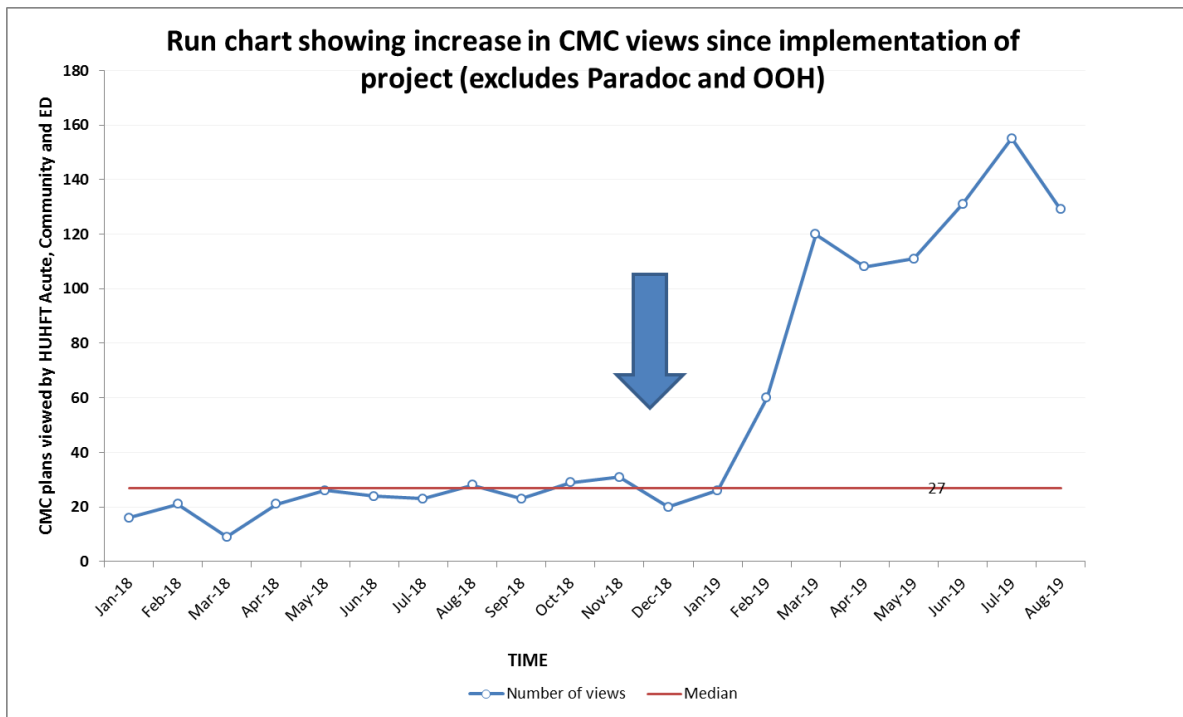
Where an ambulance was needed they could send a more appropriate clinician (such as a mental health practitioner) to treat the patient on site.

The outcomes from the day were positive, and we are working with LAS to take this forward. One of the lasting impacts from the day is that we have now established a referral route from LAS into duty doctor .



Urgent Care in Focus – CMC Care Plans

- We have worked hard to try to maximise the benefit from the Co-ordinate my care (CMC care plans)
- This has taken a two fold approach, supporting primary care to ensure that the care plans are high quality, and working with wider system partners, particularly in the acute and urgent care setting to ensure that these care plans are used to inform decision making.
- There has been recent success in increased use of CMC care plans by Homerton ED, acute and LAS colleagues



Urgent Care in Focus – working with INEL partners

We are working with Inner North East London partners on a number of agendas that make sense to be delivered across WEL and C+H.

The work reports through the INEL System Transformation Board; and we have agreed to focus on 2 areas: Primary urgent care and health seeking behaviours.

Primary Urgent Care

Strong primary care is vital to keeping demand away from the hospital. We are currently facing significant workforce pressures on GPs, particularly in out of hours services.

This programme area will focus on:

- *(by winter)* Agreeing to transparency and common principles for rates of pay to avoid the inequity, competition and increasing costs that we currently have.
- *(longer term)* Developing an INEL cross borough model for GP out of hours home visiting. Cross borough provision would deliver the scale required to introduce innovative models of care, including a skill mix that reduces the requirement for GPs

Health seeking behaviours

We know that our population continue to access ED rather than alternative services (111, pharmacy etc).

This programme area will focus on:

- *(by winter)* Deliver a stronger and more consistent messaging on urgent care and winter planning across INEL that delivers the national campaign effectively as well reflecting local population needs.
- *(longer term)* To develop a robust understanding of peoples usage of urgent care services; and to develop a resultant marketing campaign for INEL, which has wide reach as well as targeted interventions certain populations

Urgent Care in Focus – Update on A&E Action Plan

- We have an action plan in place to reduce demand in A&E – the following provides an update on this:

Action	Status
Evaluation of Proactive Care Home Visiting Service	Complete – and subsequent data analysis did demonstrate that people in this service were less likely to attend A&E
Development of the neighbourhood model for anticipatory care	Model for anticipatory care being developed, to be implemented in 2020/21
Analysis to establish level of impact which frequent attenders have on a GP Practices A&E attendance rate	Complete – 75% of the A&E attendances are for people who attend only once or twice
Establishment of C&H High Intensity User (ie frequent attenders) Service	Complete –service in place since April
LBH Public Health to undertake analysis to identify whether any practices have unexplained variation in A&E Attendance	Complete – no unexplained variation
Undertake analysis of the change in access arrangements by Practices	Not yet done
Review of Duty Doctor Service post introduction of 111 Service	Underway – will complete in December 2019
Introduction of re-direction at Homerton and Royal London (discussions underway)	Delayed – <ul style="list-style-type: none"> Homerton were delayed in starting due to 3 senior nurse vacancies emerging over the summer. They aim to start the process in November Barts were delayed due to a change in service provider. The THGP Care Group taking on the UTC and streaming service, we are now working with them to deliver this.
Work with London Ambulance Service to deliver a reduction in ambulance conveyances and to increase their usage of our local community based rapid response services as an alternative to A&E	Ongoing – We are working with NEL colleagues and LAS, work to date includes: <ul style="list-style-type: none"> Perfect day (see separate slide) Agreed pathway from LAS to duty doctor We undertook an audit of ambulance attendances which identified opportunities for reducing conveyances We are exploring whether a dedicated resource can be based in the 999 call hub in order to identify cases that are suitable for community rapid response services instead of dispatching an ambulance
Establish referral pathway from Telecare to Paradoc (instead of to LAS)	Underway - Referral pathway developed and in contract, referral activity still low

Dementia in focus – new C+H Dementia Service



Dementia

- The new City and Hackney dementia service (CHDS) went live on 28th October 2019.
- This is a comprehensive service for City & Hackney residents diagnosed with dementia that will hold patients from point of diagnosis to death or out of borough placement with each patient having a named Community Psychiatry Nurse or named Dementia Navigator. It will act as a single point of access for all dementia services.
- The new model has been designed to facilitate navigation, improve diagnostic rates and prevent crisis by ensuring timely access to diagnosis and assessment; ongoing post diagnostic support and treatment. This will include regular reviews; easy access to medical review, good liaison with social services and a clearly defined pathway with Out of Hours crisis response and hospital admissions avoidance services.

We expect to see the following outcomes

- Improvements in diagnostic rates
- Patient experience, and carers' satisfaction.
- Reduction in avoidable hospital admissions
- Out of hour's crisis for Patients with Dementia.

End of Life Care: Urgent End of Life Care Service

Background

- Rapid Response End of Life 'Hospice at Home' services have been demonstrated to deliver considerable quality benefits and cost savings through avoided hospital admissions for end of life patients. There is currently no urgent response service for patients approaching the end of life in City & Hackney. This gap means that any patient deterioration, symptom management needs and family anxiety cannot be dealt with and often lead to unnecessary hospital admission. We benchmark badly on the number of admissions that patients have in their last 3 months of life (IAF metric)
- The 2018/19 PIC approved £511k for a Hospice at Home pilot to be run in 19/20. We attempted to launch a pilot with St Joseph's Hospice, but were unable to recruit a full complement of nurses to deliver the 24/7 service.

Shared Service with Newham CCG

- Newham have been running an equivalent overnight End of Life Rapid Response service, provided by Marie Curie, since January 2019. The service is hosted by St Joseph's Hospice and uses the same pathways for referral. The service has been performing well so far but it took some time to get up to speed and Newham are keen to extend that pilot for another year to the end of 2020 to allow for better testing and evaluation, as a shared service with City & Hackney CCG. It is also planned to expand the hours during which the service operates to 5pm-8am.
- The existing team has capacity to cover City & Hackney patients overnight (10pm-8am). The extended-hours component will require some additional recruitment, but the costs of a shared service are considerably lower than those associated with a City & Hackney-only service.
- We plan to launch the service in City & Hackney in November, and anticipate that the extended hours component of the service will be operational from January 2020.

End of Life Care: Urgent End of Life Care Service – Costs and Savings

- The City & Hackney element of the shared service will cost a total of **£148,450** for a 14 month period. These costs and the anticipated savings are set out below.

Item	2019/20 Cost	2020/21 Cost	Total Cost
Overnight Nursing Service (10pm-8am, inc. 20% subsidy by Marie Curie) @ £76.5k per annum	£31,875 (November 2019-March 2020)	£57,375 (April 2020-December 2020)	£89,250
St Joseph's Overnight Hosting (50% cost share with NCCG) @£9,600 per annum	£4,000 (November 2019-March 2020)	£7,200 (April 2020- December 2020)	£11,200
Evening Hours Nursing Service (inc. 20% subsidy by Marie Curie and projected hosting costs) @ £48,000 per annum	£12,000 (January 2019-March 2020)	£36,000(April 2020- December 2020)	£48,000
TOTAL	£47,875	£100,575	£148,450

- During the first 9 months of the Newham Rapid Response pilot, the team coded an average of 12.1 contacts per month as having avoided a 999 call out which would have led to an admission to hospital. Based on HRG activity data for patients in the last 12 months of life who died in hospital in 2018/19 and were aged over 60, a conservative average cost per admission is £2,828.
- We have used these activity and cost assumptions to project cost savings for the service, though these have been heavily risk adjusted to account for the likelihood that activity will be low in the initial months of operation, and because the assumptions have not yet been tested with City & Hackney.

Year	2019/20		2020/21			Total Savings
	Q3	Q4	Q1	Q2	Q3	
Risk Adjusted Saving	£34,219	£87,045	£107,888	£107,888	£107,888	£444,928

- After cost, the projected savings are **£73,389** for 2019/20, and **£223,089** for 2020/21.

Patient Engagement undertaken in last 6 Months

Neighbourhoods

Co-production is at the heart of the neighbourhoods model and we have convened a Neighbourhood Resident Involvement Group which meets monthly and has a two-fold purpose:

1. To help ensure that through the Neighbourhood Programme all projects have a strong co-production element to their work and that residents are involved in shaping the design of services. Each resident from the Neighbourhood Resident Involvement Group has been linked to one or more of the 11 Neighbourhood projects;
2. To help co-design a future model for resident engagement within Neighbourhoods based on an understanding of effective methods of resident engagement.

A range of the projects across the neighbourhoods have involved residents -

- Hackney CVS have been engaging with residents (as well as the voluntary community sector) in Well Street Neighbourhood to help consider how the voluntary and community sector might support a Neighbourhood way of working;
- Community therapies have been involving their service user involvement group on the Neighbourhood re-design work;
- Primary care has been working with residents as part of its pilot projects on group consultations;
- Mental health are involving service users in their re-design and transformation projects;
- Co-production sessions with residents have been held as part of the work on community navigation

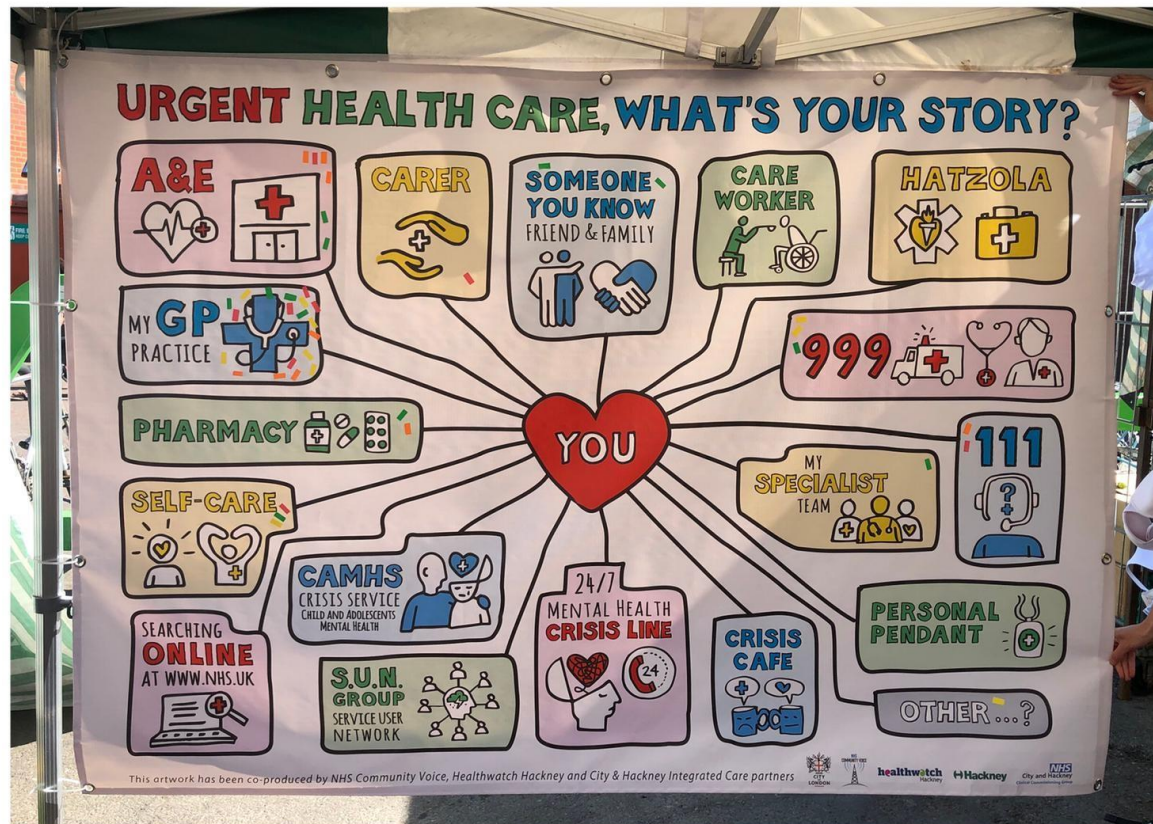
Urgent Care

- Ridley Road – Urgent care event (in detail on following slide)
- Falls improvement - A reference group is being set up to support Programme. Interest in participation in this group sought via existing resident and service user groups and more widely through other community and faith groups. As part of this, a smaller focus has been established specifically to co-produce a new service specification for community falls prevention service that is recommissioned this year
- LAS 111 IUC –PPI group set up, exploring options for wider engagement through network of existing groups / alternative routes e.g. online across NEL.
- East London Citizens Survey Panel – Survey developed with ELHCP colleagues to gain insight on how the public use urgent care services, their awareness of local services, and their view on the NHS over winter.
- Long Term Plan Engagement Events – series of events to get public feedback on local plan for delivery of long term plan objectives

Discharge

- A Discharge Co-production group has met on a couple of occasions and have committed to the following actions to support patients and their families.
 - Map of Patient journey (and carer expectations) – consider elective vs unplanned and look at what / when information should be provided along this journey and how.
 - Working through welcome pack and co-producing particular aspects of this in relation to patient discharge information and accessibility of document.
 - Look at how we utilise the discharge lounge to assist patients with the discharge process (i.e. signposting, leaflets, information etc)
 - Consider creation of visual pathway for use at Homerton to manage expectations of patient experience.
 - Work with colleagues in Hospital Discharge/IIT to look at evaluating patient experience of discharge.

Patient Engagement in focus



What's your story – Urgent Care Event Ridley Road Market 4th July

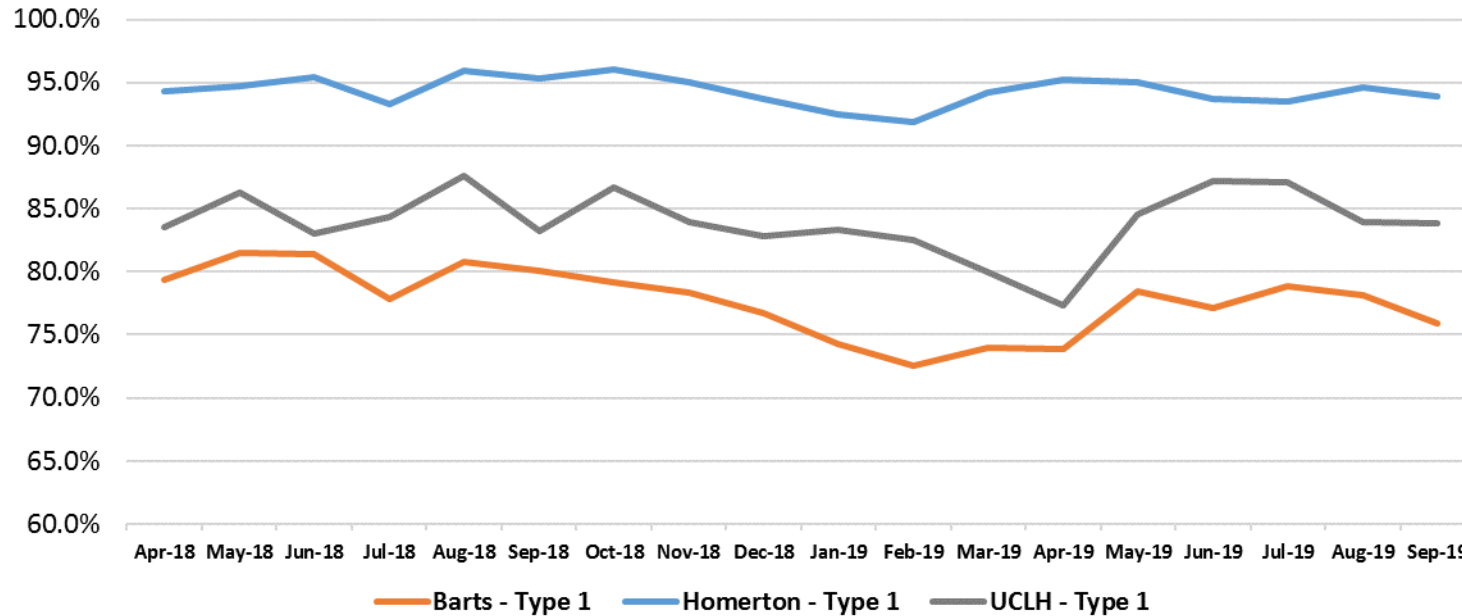


Patient Engagement in focus: What's your story – Urgent Care Event

- A bespoke event co-produced event with NHS Community Voice that set out to engage with local residents and patients in a novel way, in order to:
 - Understand choices and decisions when accessing urgent health care services for non-life threatening conditions
 - Raise awareness of the pathway choices available to local residents and provide sign-posting opportunities to City and Hackney Health and Social care services (and encourage people to sign up for Healthwatch membership and join PPG's at practices)
 - Reach a wider cohort compared with those accessed by traditional engagement events
- This was achieved by
 - Choice of venue – all day stall within busy Hackney market
 - Unique involvement activity - attendees were invited to have their portraits drawn by a commissioned artist, whilst answering structured questions regarding their experiences of urgent care services.
 - Supporting materials / staff - large scale visual representation of the urgent care services available, attractive market stall, attended by commissioning staff (all relevant works stream) and Community Voices/Healthwatch staff but also Homerton Hospital non-clinical navigators – opportunity to talk about services across the borough and GP practice registration
- The event was great success - attended by 80 people, 50 of whom completed the involvement experience. There was also broad range of ages and ethnicities within the cohort
- Patient rating of event – majority rated positively feeling better informed about how to use local services and how to get involved with informing design of them
- Results / next steps
 - Use feedback to inform development of
 - Winter and wider communications about urgent care
 - Detailed plans to deliver system intentions
 - Specific service reviews e.g. Duty Doctor
 - 'Learning from the event will be used to develop and refine the approach for further application in other areas
 - Consideration will be given to wider utilisation of the visual and involvement material produced for the event

A&E 4 Hour Performance *(Data source: Unify)*

4-hour performance - Type 1



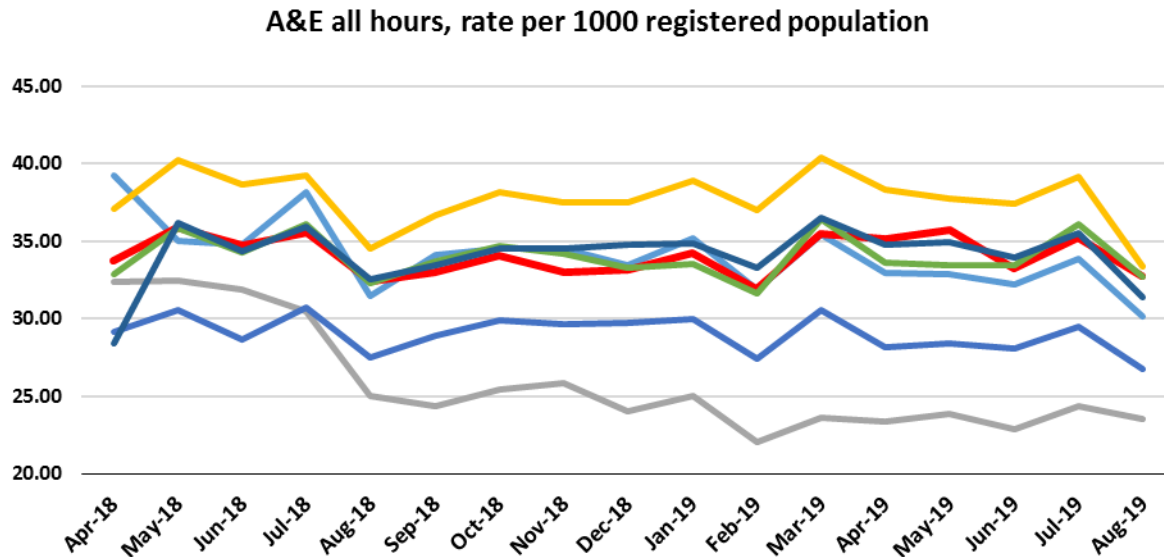
A&E performance at the Homerton continues to be excellent, the trust achieved the second best performance in London in 2018/19 with 94.3%

In 2019/20 to date the Homerton is continuing to deliver 94.3% performance.

Provider	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Homerton - Type 1	94.3%	94.7%	95.4%	93.3%	95.9%	95.3%	96.0%	95.0%	93.7%	92.5%	91.9%	94.2%	95.2%	95.0%	93.7%	93.5%	94.6%	93.9%
UCLH - Type 1	83.5%	86.3%	83.0%	84.3%	87.6%	83.2%	86.7%	83.9%	82.8%	83.3%	82.5%	80.0%	77.3%	84.6%	87.2%	87.1%	83.9%	83.8%
Barts - Type 1	79.4%	81.5%	81.4%	77.8%	80.8%	80.1%	79.2%	78.4%	76.7%	74.3%	72.6%	74.0%	73.9%	78.5%	77.1%	78.9%	78.1%	75.9%
Barts - ALL	86.2%	87.6%	87.6%	85.0%	87.4%	87.1%	86.5%	85.9%	84.9%	83.2%	82.5%	83.4%	83.5%	86.6%	85.4%	86.6%	85.5%	84.5%

Benchmarking: All hours, A&E attendances rate per 1000 population

— NHS Barking and Dagenham CCG
 — NHS City and Hackney CCG
 — NHS Havering CCG
 — NHS Newham CCG
 — NHS Redbridge CCG
 — NHS Tower Hamlets CCG
 — NHS Waltham Forest CCG



City and Hackney rate of A&E attendance is in line with North East London CCGs and is not increasing.

However, we recognise that there is an opportunity for improvement. We have a range of actions in place to reduce demand in A&E – see slide 11: *Urgent Care in focus, A&E Action Plan*

	2018-19	2019-20 (M1-5 FOT)***	Difference
NHS Barking and Dagenham CCG	414	387	-6.5%
NHS City and Hackney CCG	404	412	1.9%
NHS Havering CCG	321	283	-11.9%
NHS Newham CCG	450	445	-1.2%
NHS Redbridge CCG	350	337	-3.8%
NHS Tower Hamlets CCG	402	405	0.7%
NHS Waltham Forest CCG	406	408	0.4%

*** This rate is based in the Aug-19 Registered list sizes

C&H A&E Attendances by Provider 2018/19 v 2019/20 FOT

City and Hackney GP Registered Patients (42 Practices) / SUS data					
Provider	All A&E (PbR and PUCC) 18/19	All A&E (PbR and PUCC) 19/20 M5 FOT	Actual difference between 18/19 and 19/20 M5 FOT	% change between 18/19 and 19/20 M5 FOT	% of total C&H Hackney A&E attendances (2019/20) M5 FOT
Homerton	80803	81376.8	573.8	0.71%	66%
Barts	13062	13579.2	517.2	3.96%	11%
UCLH	5117	5080.8	-36.2	-0.71%	4%
Other	24583	24158.4	-424.6	-1.73%	19%
All	123565	124195.2	630.2	0.51%	100%

Unknown	18/19	19/20 M5 FOT	Difference
		732	319
			-413

"Other providers" is not a true reduction of other providers as, provider coding has been better this year, in SUS A&E.

The biggest increase in A&E demand is at Barts Health (predominately the Royal London). There is also a corresponding increase in NEL admissions

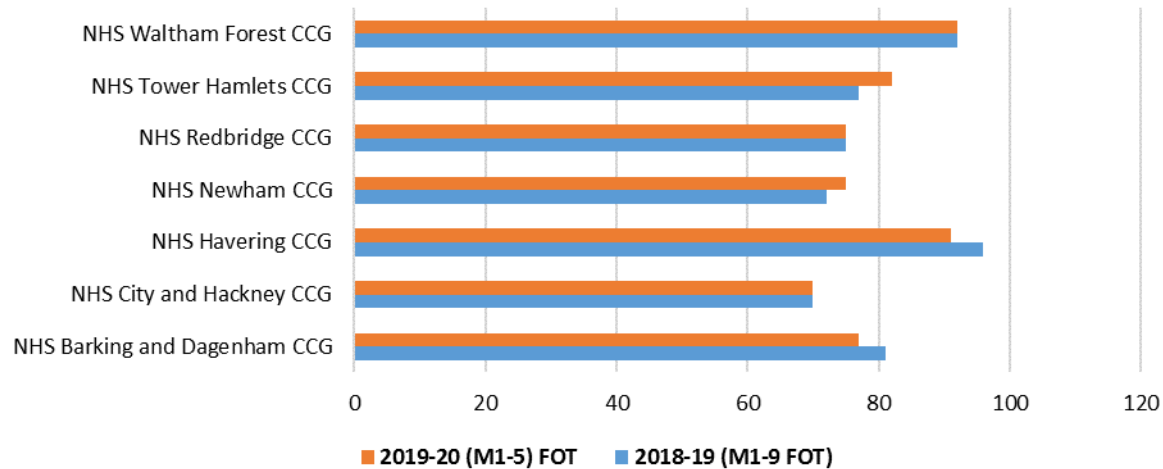
We are working with them to:

- try to understand this increase
- promote our range of appropriate care pathways (ACPs) to the RLH ED, so that patients are referred into IIT or Paradoc where an admission can be avoided
- implement streaming and redirection from the RLH front door – there have been delays in this owing to the Tower Hamlets GP Care Group taking over as the provider of the UTC and streaming

Note- the decrease in UCLH is due to reporting errors rather than a drop in activity following their move to a new system, we have a block contract with them

Benchmarking: Non-elective emergency admissions rate per 1000 population

Non-Elective admissions per 1000 registered population (G&A)



City and Hackney rate NEL admissions is the lowest in NEL.
This rate has not changed in the last year.

	2018-19 (M1-9 FOT)	2019-20 (M1-5 FOT)	difference
NHS Barking and Dagenham CCG	81	77	-4.9%
NHS City and Hackney CCG	70	70	0.0%
NHS Havering CCG	96	91	-5.2%
NHS Newham CCG	72	75	4.2%
NHS Redbridge CCG	75	75	0.0%
NHS Tower Hamlets CCG	77	82	6.5%
NHS Waltham Forest CCG	92	92	0.0%

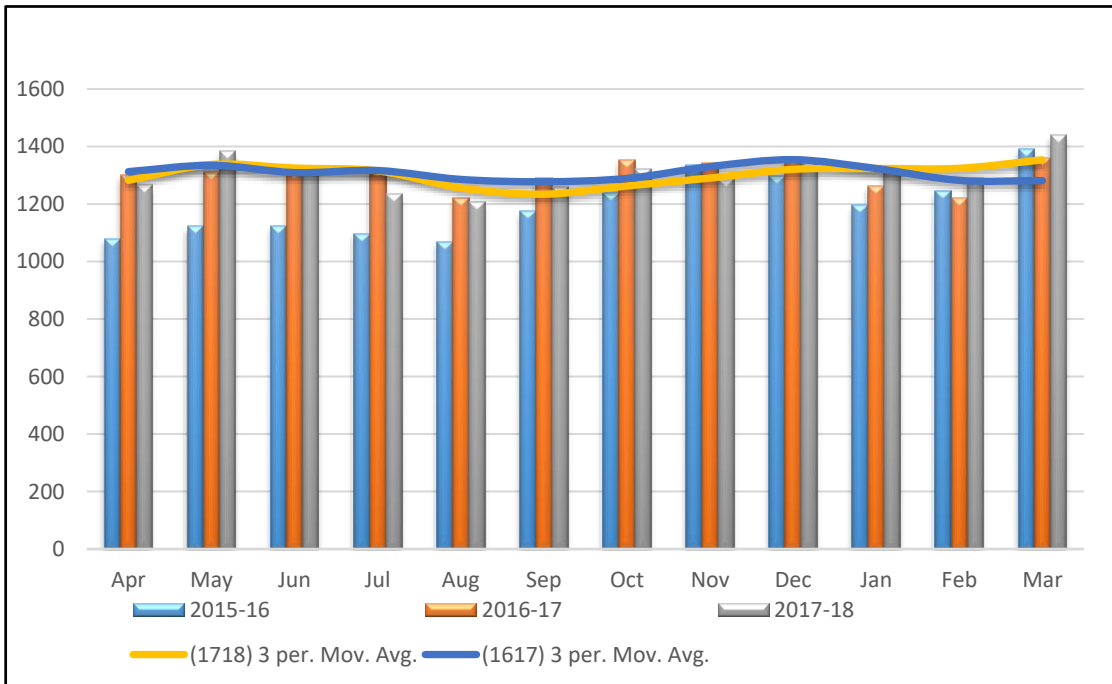
M1-9 FOT (SUS+) has been used for 18-19 because Q4 SUS reporting has to be resubmitted due to inaccuracies in the data.

NEL admissions since 2017

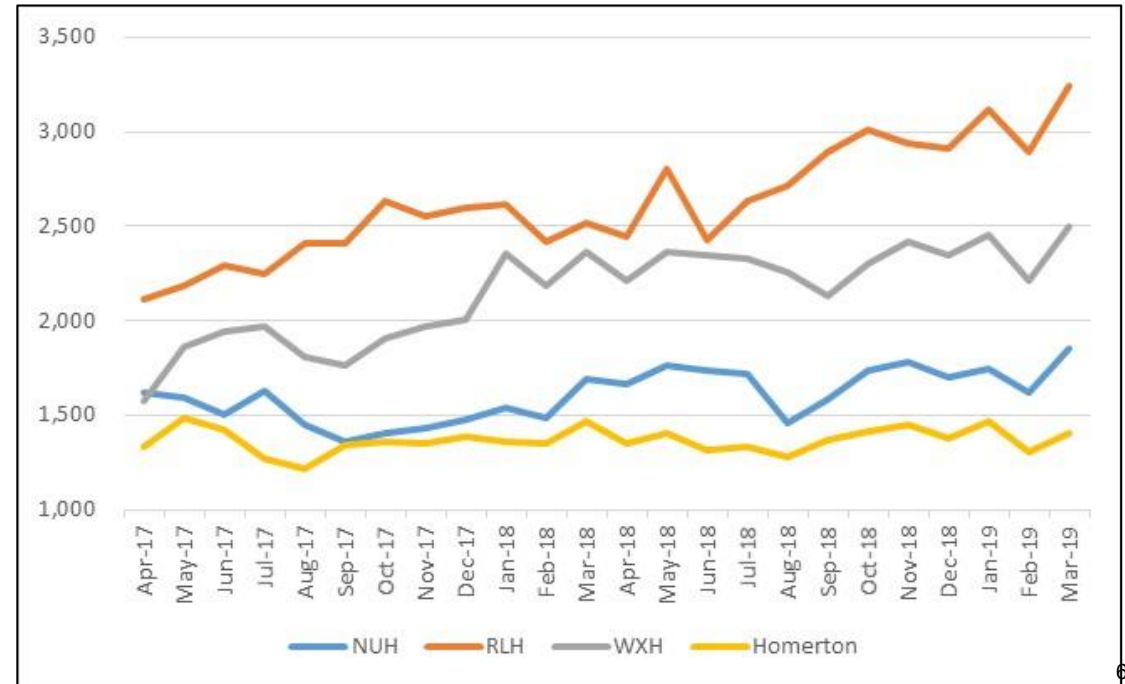
The workstream has been in place since 2017.

Over this period the rate of growth of NEL admissions into the Homerton has reduced, and, the rate of admissions for patients from City and Hackney and WEL systems into the Homerton has remained relatively stable, whilst admissions into Barts have grown:

Non-elective admissions of City and Hackney patients into Homerton, 15/16 -17/18



Non-elective admissions of all INEL patients into Homerton and Barts



C&H Emergency Admissions by Provider 2018/19 (M9 FOT) Vs 19/20 (M5 FOT)

Non elective admissions						
*** City and Hackney GPs only / SUS Data (POD = NEL,NELST)						
Provider	All Emergency admission 18/19 (M1-9 FOT)	All emergency admissions 19/20 M5 FOT	Actual difference between 18/19 (M1-9 FOT) and 19/20 M5 FOT	% change between 18/19 (M1-9 FOT) and 19/20 M5 FOT	% of total C&H Hackney Emergency admissions(2019/20 M5 FOT) eg. HUH is X% of total admissions	
Homerton	14640	13903	-737	-5.03%	63.49%	
Barts	3836	4480.8	644.8	16.81%	20.46%	
UCLH	1107	924	-183	-16.53%	4.22%	
Other	2405	2589.6	185	7.68%	11.83%	
All	21988	21898	-90	-0.41%	100.00%	

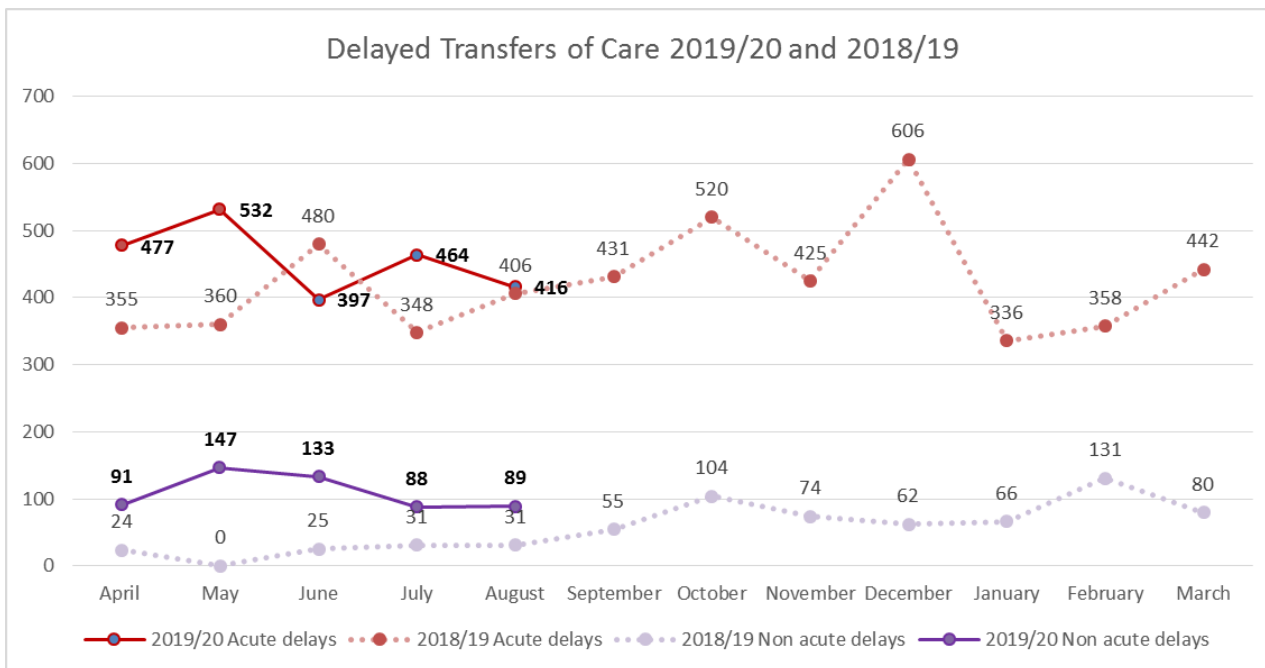
- M1-9 FOT (SUS+) has been used because Q4 SUS reporting has to be resubmitted due to inaccuracies in the data.
- This year, Homerton have seen a reduction in Emergency admissions
- However, there has been an increase at Barts

2018/19 DTOC Performance

Table 1: Published delays and targets

	Apr-2018	May-2018	Jun-2018	Jul-2018	Aug-2018	Sep-2018	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	September 2019 Estimate	
Actual NHS Bed Delays	183	146	258	164	265	306	380	288	388	259	243	268	211	259	294	258	315	397	
NHS target	294	304	294	304	304	294	304	294	304	304	274	304	294	304	294	304	304	304	294
Actual Social Care Delays	196	214	247	215	172	180	244	211	280	143	246	254	357	420	236	294	190	288	
Social care target	165	171	165	171	171	165	171	165	171	171	154	171	165	171	165	171	171	171	165
Actual Both bed delays	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Both target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Actual Total Bed delays	379	360	505	379	437	486	624	499	668	402	489	522	568	679	530	552	505	685	
Total target	477	493	477	493	493	477	493	477	493	493	445	493	477	493	477	493	493	493	
Av. Total Bed delays Per 100K Pop	5.9	5.4	7.8	5.7	6.5	7.5	9.3	7.7	10.0	6.0	8.1	7.8	8.8	10.2	8.2	8.3	7.6	477	
Av SC Delays Per 100K Pop	3.0	3.2	3.8	3.2	2.6	2.8	3.7	3.3	4.2	2.1	4.1	3.8	5.5	6.3	3.7	4.4	2.8		

Chart 1: Published bed day delays - acute and non-acute



The bed day targets were set by NHS England through the Better Care Fund. The maximum daily delays as specified are: 15.9. This translates to 477 on a 4 week month or 493 on a 5 week month.

Looking at recently published data for August 2019, the main reasons for social care delays are finding care home placements, completion of assessment, and setting up a care package in the patient's home.

The main reasons for NHS delays was housing, setting up a care package in the patient's home and patient/family choice.

Unplanned Care Performance Issues – summary

111 IUC Performance:

- National call answering target not consistently achieved
 - Performance improvement plan in place – reviewing via 111 CRM
 - *Significant improvement in call answering metrics from April to September, but have subsequently deteriorated*
- Consult and complete rate – target not yet achieved
 - Performance review underway (see below)
- Call abandonment rate target achieved since April 2019 & % calls transferred to clinician consistently above target
- CAS performance – failure to meet local call back performance targets
 - CAS escalation/surge process implemented
 - CAS design and transformation group established to undertake clinical audit/review of CAS pathways / performance

Barts NEL Over-performance:

Significant over-performance on A&E and non elective emergency admissions for C&H patients at Barts.

We are working with the trust to try to understand what is driving this, to ensure that we are paying for activity appropriately (particular query in ambulatory care) and that Barts ED utilise our range of admission avoidance services such as paradoc.

DToCs

We are not achieving the DToC target and performance continues to fluctuate.

We continue to focus on this through the integrated discharge service, actions include:

- Procurement of additional interim and nursing home beds at Manor Farm
- Increased use of enhanced packages of care for people who would otherwise require a bed based placement
- Work with INEL colleagues to ensure that patients in hospital in other boroughs can access step down services quickly
- Work with ELFT to focus on mental health delays (where there are small numbers of patients but some large delays)
- Co-production work to support a reduction in delays where patients or families do not accept proposed placements or packages
- Improved discharge pathways for homeless people
- Improved access to cleaning services where people's home environment is a limiting factor

Unplanned Care Risks

Risk No.	Description	Inherent Risk Score	Risk Tolerance	Q1 2019/20	Q2 2019/20	Monthly progress update	Projected next quarter risk score
1	Failure to deliver the workstream financial objectives for 2019/20	16	8	12	12	<ul style="list-style-type: none"> PID in place for each QIPP scheme for 2019/20. Attendance at monthly CCG QIPP meetings. Work undertaken with CCG QIPP lead and Informatics on measuring performance monthly. Negotiations continue with Barts to implement service change to try and avoid admissions Monthly Finance & QIPP report in place. 	12
3	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.	20	6	12	12	<ul style="list-style-type: none"> Continued work to increase utilisation of both the core ParaDoc and ParaDoc Falls service. Falls Service - 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. Evaluation of proactive Care Home Visiting service in August 2018 - the Board endorsed a proposal to continue investment of PMS money into the proactive care practice-based service for 2019/20, for recommendation to the Primary Care Quality Board and the CCG Contracts Committee. The service is being evaluated. A&E Action Plan (see May UPCB agenda item for detail) 	12
9	Discharge and Hospital Flow processes are not effective, resulting in increased DToCs and failure to meet Length of Stay Targets	20	6	12	15	<ul style="list-style-type: none"> Weekly teleconference continues although DTOC targets were not met for Q1. HICM group are implementing DTOC case review action plan. The group is also considering whether a MADE event would be of benefit. Evaluation of Discharge 2 Assess pilot has been completed. 	15
13	Risk that we cannot get sufficient engagement from front line staff across all of our partner organisations in order to deliver the scale and pace of change required.	12	3	12	12	<ul style="list-style-type: none"> The programme group continues to work with existing steering group members to broaden engagement. A formal communication has been developed which clearly articulates the governance structure and links between the Neighbourhoods programme and the Neighbourhoods Health and Care programme. Ongoing work with Workstream Directors to ensure that the priorities of the Neighbourhoods reflect the workstream priorities. Communications support has been secured to develop the website and other comms materials. The website has been updated and there are core slide sets used for raising awareness of the Neighbourhoods structure and programme. There is a session planned with the new primary care network directors in September to raise awareness of the Neighbourhoods programme wider aims and objectives and work programme and also introduce them to key system partners which will help with engagement. The Neighbourhoods structure has embedded clinical leaders and project managers across all partners which has improved engagement with an ongoing responsibility to continue to raise awareness and champion Neighbourhoods within their own providers. 	12

Improvement Assessment Framework [IAF]

C&H CCG	Dementia	EoLC	Falls
Metrics	<p>Estimated diagnosis rate for people with dementia*</p> <p>% of pts who have had a face-to-face review of their care plan in the last 12m</p>	% of deaths with 3+ emergency admissions in last three months of life	We are the highest performing CCG (1 st out of 195 CCGs) for having the lowest rate of injuries from falls in people aged 65 and over.
CCG rating for performance	Outstanding	Requires Improvement Rate has increased from 6.9% to 10.3%. This ranks the CCG 185 th out of 195 CCGs and is above the average England performance of 7.4%.	Outstanding
Actions to Improve		<ul style="list-style-type: none"> We are implementing a palliative urgent response service (similar to hospice at home) in order to provide 24/7 community based palliative care to our local residents We use CMC care plans for patients identified at end of life We are working with primary care to improve identification of people at end of life 	<ul style="list-style-type: none"> Falls prevention has been a key area for the workstream over the past 18 months

Better Care Fund Metrics

National Metrics	Hackney Metrics		
	Position reported	Q1	Q2
Reduction in non-elective admissions	Met target	Actual – 5501 Target – 5628	Actual – 5622 Target – 5694
Permanent admissions to residential care per (65+)	Met target	Actual - 56 Annual target – 86 (418.1/100k)	Actual – 56 There are a large number of interim placements where a decision on long-term placement is overdue which may result in the number rising to 80-90. Annual target – 86 (418.1/100k)
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Did not meet target	Actual – 91% (295/324) Annual target – 91.3% (219/240)	Actual – 88.6% (295/333) This is below target due to high number of older people that died before the 91 st day. Annual target – 91.3 %
Delayed Transfers of Care (delayed days)*	Did not meet target	Actual – 1,777 Target – 1,356	Actual – 1,757 This is based on published figures for July & August and estimates for September. Target – 1,330

Better Care Fund Metrics

National Metrics	City Metrics		
	Position reported	Q1	Q2
Reduction in non-elective admissions	Met target	Actual - 158 Target – 174	Actual - 142 Target – 176
Permanent admissions to residential care per (65+)	Met target	Actual – 0 2.5/Q or Annual target – 10	Actual - 0 2.5/Q or Annual target – 10
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Met target	Actual – 100% Annual target - 90%	Actual - 100% Annual target - 90%
Delayed Transfers of Care (delayed days)*	Did not meet target	Actual – 64 Target – 63	Actual – 105 The 15 delayed days recorded in July against Social Care were incorrect and we are currently pursuing correction as there were no delays recorded. Target – 63

Quality Premium at 2018/19

Measure	2018/19	Standard (no greater than planned)	Variance	Measure achieved projection
A1 – Type 1 A&E attendances	130379	129626	0.6%	No
A2 – Non-elective admissions with zero length of stay	6273	6507	-3.6%	Yes
B – Non-elective admissions with length of stay of 1 day or more	16067	16818	-4.5%	Yes

Summary of Unplanned Care Budgets 2019/20 M6

Summary of Pooled and Aligned budgets

Organisation	Month	Pooled Budget £000's	Aligned Budget £000's	Total Annual Budget £000's	Outturn		YTD		
					Outturn Spend £000's	Outturn Variance £000's	YTD Budget £000's	YTD Spend £000's	YTD Variance £000's
City and Hackney CCG	M06	19,384	120,021	139,405	140,824	(1,419)	69,702	70,408	(706)
City of London	M05	65	294	359	359	0	37	21	16
London Borough of Hackney	M05	1,029	4,270	5,299	4,806	493	2,208	2,729	(521)
Grand Total		20,478	124,585	145,063	145,989	(926)	71,948	73,159	(1,211)

Summary

At Month 06, the Unplanned Care work-stream has budget of £145.1m. The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF) including the Integrated Independence Team (IIT) and Learning Disabilities and have a combined budget of £20.4m.

City and Hackney CCG

At Month 6 CCG Unplanned Care budgets are forecast to over spend by £0.9m, this relates to Barts Heath over performance (£0.7m). The CCG is working with the CSU to get a better understanding of the specialties that are causing these variances.

City of London

The CoL are reporting a year end break even position at month 05 with a small year to date underspend.

London Borough of Hackney

The London Borough of Hackney are forecasting a £0.5m favourable position at year end. The majority of the Unplanned care forecast underspend of £400k relates to Interim Care and is offset by overspends on care packages expenditure which sits in the Planned Care work stream

*Please note the Month 06 position for LBH and CoL has not been finalised, the Month 05 position is above.

Budget Performance by service line 2019/20 M6

Org	Cat	Month	Workstream	Contract/Service Description	Provider	Annual Budget £000's	FORECAST OUTTURN			YTD PERFORMANCE		
							Forecast Spend £000's	Outturn Variance £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	
CCG	BCF	06	Pooled	LBH-Out of Hours and ParaDoc service (BCF)	Homerton University Hospital NHS Foundation Trust	600	600	0	300	300	0	
CCG	BCF	06	Pooled	LBH-Homerton CHS -Adult Community Nursing	Homerton University Hospital NHS Foundation Trust	4,631	4,631	0	2,315	2,315	0	
CCG	BCF	06	Pooled	LBH-Integrated Independence Team (IIT)	LBH	3,807	3,807	0	1,904	1,904	0	
CCG	BCF	06	Pooled	LBH-Maintaining eligibility criteria	LBH	3,227	3,227	0	1,613	1,613	0	
CCG	BCF	06	Pooled	LBH-End of Life - St Joseph's Hospice Hackney	St. Joseph's Hospice	2,418	2,418	0	1,209	1,209	0	
CCG	BCF	06	Pooled	LBH-Neighbourhood Care Model	LBH	1,297	1,297	0	648	648	0	
CCG	BCF	06	Pooled	LBH-Community equipment and adaptations	LBH	1,098	1,098	0	549	549	0	
CCG	BCF	06	Pooled	LBH-Services to support carers	LBH	491	491	0	245	245	0	
CCG	BCF	06	Pooled	LBH-Targeted preventative services	LBH	410	410	0	205	205	0	
CCG	BCF	06	Pooled	LBH-Bryning Day unit/Falls Prevention	Homerton Acute	400	400	0	200	200	0	
CCG	BCF	06	Pooled	LBH-LA bed based interim beds	LBH	370	370	0	185	185	0	
CCG	BCF	06	Pooled	LBH-Telecare	LBH	271	271	0	136	136	0	
CCG	BCF	06	Pooled	CoL-Homerton CHS -Adult Community Nursing	Homerton University Hospital NHS Foundation Trust	244	244	0	122	122	0	
CCG	BCF	06	Pooled	CoL-Reablement Plus	CoL	66	66	0	33	33	0	
CCG	BCF	06	Pooled	CoL-Neighbourhood Care Model	CoL	42	42	0	21	21	0	
CCG	BCF	06	Pooled	CoL-Bryning Day Unit/Falls Prevention	Homerton Acute	13	13	0	6	6	0	
CCG	Acute	06	Aligned	Homerton University Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Homerton University Hospital NHS Foundation Trust	40,398	40,398	(0)	20,199	20,199	0	
CCG	Acute	06	Aligned	Barts Health Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Barts and the London NHS Trust	13,883	14,604	(721)	6,942	6,942	0	
CCG	Acute	06	Aligned	Adult Acute	East London NHS Foundation Trust	11,304	11,304	0	5,652	5,652	0	
CCG	Acute	06	Aligned	UCLH Hospital NHS FT Unplanned (Adult A&E +NEL activity)	University College London NHS Foundation Trust	3,437	3,451	(15)	1,718	1,718	0	
CCG	Acute	06	Aligned	NCA (Non Contracted Activity - Various)	Various	3,254	3,254	0	1,627	1,627	0	
CCG	Acute	06	Aligned	Whittington Hospital NHS Unplanned (Adult A&E +NEL activity)	Whittington Hospital NHS Trust	1,720	1,619	102	860	860	0	
CCG	Acute	06	Aligned	CH MHCOP ACUTE (50% Leadenhall)	East London NHS Foundation Trust	1,104	1,104	0	552	552	0	
CCG	Acute	06	Aligned	CH MHCOP C-CARE (Thames - Ex Cedar)	East London NHS Foundation Trust	1,038	1,038	0	519	519	0	
CCG	Acute	06	Aligned	Moorfields Eye Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Moorfields Eye Hospital NHS Foundation Trust	1,008	1,065	(57)	504	504	0	
CCG	Acute	06	Aligned	ROYAL FREE Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Royal Free London NHS Foundation Trust	930	911	19	465	465	0	
CCG	Acute	06	Aligned	NORTH MID Hospital NHS Unplanned (Adult A&E +NEL activity)	North Middlesex University Hospital NHS Trust	793	804	(11)	397	397	0	
CCG	Acute	06	Aligned	GUY'S & ST THMAS Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Guys and St. Thomas' Hospital NHS Foundation Trust	678	632	46	339	339	0	
CCG	Acute	06	Aligned	IMP COLLEGE Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Imperial College Healthcare NHS Trust	383	313	70	192	192	0	
CCG	Acute	06	Aligned	KINGS COLLEGE Hospital NHS FT Unplanned (Adult A&E +NEL activity)	Kings College Hospital NHS Foundation Trust	214	241	(27)	107	107	0	
CCG	Acute	06	Aligned	NORTH MID Hospital NHS Unplanned over / under performance	North Middlesex University Hospital NHS Trust	0	0	0	0	6	(6)	
CCG	Acute	06	Aligned	NORTH MID Hospital NHS Children & YP over / under performance	North Middlesex University Hospital NHS Trust	0	0	0	0	3	(3)	
CCG	Acute	06	Aligned	GUY'S & ST THMAS Hospital NHS FT Unplanned over / under performance	Guys and St. Thomas' Hospital NHS Foundation Trust	0	0	0	0	(23)	23	
CCG	Acute	06	Aligned	ROYAL FREE Hospital NHS FT Unplanned over / under performance	Royal Free London NHS Foundation Trust	0	0	0	0	(9)	9	
CCG	Acute	06	Aligned	Barts Health Hospital NHS FT Unplanned over / under performance	Barts and the London NHS Trust	0	0	0	0	360	(360)	

Budget Performance by service line 2019/20 M6

Org	Cat	Month	Workstream	Contract/Service Description	Provider	Annual Budget £000's	FORECAST OUTTURN		YTD PERFORMANCE		
							Forecast Spend £000's	Outturn Variance £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's
CCG	Acute	06	Aligned	IMP COLLEGE Hospital NHS FT Unplanned over / under performance	Imperial College Healthcare NHS Trust	0	0	0	0	(35)	35
CCG	Acute	06	Aligned	UCLH Hospital NHS FT Unplanned over / under performance	University College London NHS Foundation Trust	0	0	0	0	7	(7)
CCG	Acute	06	Aligned	Whittington Hospital NHS Unplannedover / under performance	Whittington Hospital NHS Trust	0	0	0	0	(51)	51
CCG	Acute	06	Aligned	Moorfields Eye Hospital NHS FT Unplanned over / under performance	Moorfields Eye Hospital NHS Foundation Trust	0	0	0	0	28	(28)
CCG	Acute	06	Aligned	KINGS COLLEGE Hospital NHS FT Unplanned over / under performance	Kings College Hospital NHS Foundation Trust	0	0	0	0	13	(13)
CCG	Acute	06	Aligned	Lewisham & Greenwich Unplanned over / under performance	Lewisham & Greenwich	0	0	0	0	33	(33)
CCG	CHS	06	Aligned	Homerton CHS - Adult Community Nursing (incl Intermediate Care -Section 75)	Homerton University Hospital NHS Foundation Trust	3,698	3,698	0	1,849	1,849	0
CCG	CHS	06	Aligned	Homerton CHS -Adult Community Rehabilitation Team	Homerton University Hospital NHS Foundation Trust	2,649	2,649	0	1,324	1,324	0
CCG	End Of Life	06	Aligned	Mildmay Mission	Mildmay Mission Hospital	376	378	(2)	188	188	0
CCG	End Of Life	06	Aligned	End of Life - St Joseph's Hospice Hackney	St. Joseph's Hospice	239	239	0	119	119	0
CCG	End Of Life	06	Aligned	End of Life Care (GP contract)	GP Confederation	202	202	0	101	101	0
CCG	End Of Life	06	Aligned	End of Life - Medicines Project	PSP LTD	15	15	0	8	8	0
CCG	GP Confed	06	Aligned	Duty Doctor	GP Confederation	1,606	1,606	0	803	803	0
CCG	GP Confed	06	Aligned	Proactive Care: Home Visiting (Frail Home Visiting)	GP Confederation	1,470	1,470	0	735	735	0
CCG	Mental Health	06	Aligned	HTT & Emergency Services	East London NHS Foundation Trust	2,850	2,850	0	1,425	1,425	0
CCG	Mental Health	06	Aligned	PICU	East London NHS Foundation Trust	2,448	2,448	0	1,224	1,224	0
CCG	Mental Health	06	Aligned	CH MHCOP CMHT	East London NHS Foundation Trust	1,857	1,857	0	929	929	0
CCG	Mental Health	06	Aligned	C&H Commissioning	East London NHS Foundation Trust	1,425	1,425	0	713	713	0
CCG	Mental Health	06	Aligned	MH Services (Out of Area) - Camden	Borough Border Contracts (CANDI,BEH & NELFT)	645	645	0	322	322	0
CCG	Mental Health	06	Aligned	MH Services (Out of Area) - BEH FT	Borough Border Contracts (CANDI,BEH & NELFT)	369	369	0	184	184	0
CCG	Mental Health	06	Aligned	MH Services (Out of Area) - Camden overperformance allowance	CANDI Cap	103	103	0	51	51	0
CCG	Mental Health	06	Aligned	MH Services (Out of Area) - NELFT	Borough Border Contracts (CANDI,BEH & NELFT)	86	86	0	43	43	0
CCG	Nursing Homes	06	Aligned	Community Matron Service - Elsdale Street Surgery	Elsdale Street Surgery	145	145	0	72	72	0
CCG	Nursing Homes	06	Aligned	Community Matron Service - Shoreditch Park Surgery	Shoreditch Park Surgery	134	134	0	67	67	0
CCG	Nursing Homes	06	Aligned	Nursing Homes (LES) Acorn Lodge - Latimer	Latimer Health Centre	116	116	0	58	58	0
CCG	Nursing Homes	06	Aligned	Nursing Homes (LES) Barton House - St Anne's	St Anne's	25	25	0	13	13	0
CCG	Other	06	Aligned	London Ambulance Service (LAS)	London Ambulance Services	12,304	13,050	(746)	6,152	6,152	0
CCG	Other	06	Aligned	Out of Hours and ParaDoc service	Homerton University Hospital NHS Foundation Trust	1,851	1,851	0	926	926	0
CCG	Other	06	Aligned	NHS 111 Service - LAS Contact	London Ambulance Services	1,023	1,036	(12)	512	512	0
CCG	Other	06	Aligned	PUCC	Homerton University Hospital NHS Foundation Trust	969	969	0	484	484	0
CCG	Other	06	Aligned	Enhanced PUCC - (Homerton PUCC) NR	Homerton University Hospital NHS Foundation Trust	675	675	0	338	338	0
CCG	Other	06	Aligned	CEOV weighted share adjustment	East London NHS Foundation Trust (overseas)	470	470	0	235	235	0
CCG	Other	06	Aligned	GP Out of Hours Home Visiting Service	Tower Hamlets GP Care Group CIC	345	345	0	173	173	0

Budget Performance by service line 2019/20 M6

Org	Cat	Month	Workstream	Contract/Service Description	Provider	Annual Budget £000's	FORECAST OUTTURN			YTD PERFORMANCE		
							Forecast Spend £000's	Outturn Variance £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	
CCG	Other	06	Aligned	HBPos - ELFT	East London NHS Foundation Trust	325	325	0	163	163	0	
CCG	Other	06	Aligned	Integrated Dementia Service (post QIPP of £60k) - ELFT/ Alzheimer's Society	East London NHS Foundation Trust	274	274	0	137	137	0	
CCG	Other	06	Aligned	Targeted Preventative Dementia Service (Alzheimer's)	Alzheimers' Society	264	264	0	132	132	0	
CCG	Other	06	Aligned	Lewisham & Greenwich	Lewisham & Greenwich	198	263	(66)	99	99	0	
CCG	Other	06	Aligned	Take Home and Settle	Age UK	166	166	0	83	83	0	
CCG	Other	06	Aligned	SOS therapy service	East London NHS Foundation Trust	143	143	0	71	71	0	
CCG	Other	06	Aligned	Out of hours start-up costs	Homerton University Hospital NHS Foundation Trust	140	140	0	70	70	0	
CCG	Other	06	Aligned	Overseas visitor NonReciprocal agreement and 1/3 risk share	East London NHS Foundation Trust (overseas)	103	103	0	51	51	0	
CCG	Other	06	Aligned	Other Social Care - Handyperson (Home from Hospital)	London Borough of Hackney	67	67	0	34	34	0	
CCG	Other	06	Aligned	Dementia Shared Care Plans - ELFT	East London NHS Foundation Trust	51	51	0	26	26	0	
CCG	Other	06	Aligned	NHS 111 Service - CSU charges	CSU	47	47	0	23	23	0	
CCG	Other	06	Aligned	London Ambulance Service (LAS) over / under performance	London Ambulance Services	0	0	0	0	373	(373)	
CCG	Other	06	Aligned	TBC	(blank)	0	0	0	0	0	(0)	
City and Hackney CCG Total						139,405	140,824	(1,419)	69,702	70,408	(706)	
CoL	BCF	05	Aligned	provision of out of hours emergency care for ASC & Mental health services.	Local Authority	29	29	0	0	0	0	
CoL	IBCF	05	Pooled	Reablement Plus (BCF)	Local Authority	65	65	0	7	0	7	
CoL	Other	05	Aligned	IBCF funding	Private sector	265	265	0	30	21	9	
City of London Total						359	359	-	37	21	16	
LBH	Adult Social Care	05	Aligned	Rehabilitation Social Work	London Borough of Hackney	23	(1)	25	Detail not available			
LBH	Adult Social Care	05	Aligned	Emergency Duty Service	London Borough of Hackney	173	163	10				
LBH	Adult Social Care	05	Aligned	Approved Social Workers Pool	London Borough of Hackney	158	174	(16)				
LBH	Adult Social Care	05	Aligned	Home Treatment Team	London Borough of Hackney	43	(0)	43				
LBH	Adult Social Care	05	Aligned	VULNERABLE PEOPLE Housing Related Support - Single homeless/Rough Sleepers	London Borough of Hackney	1,710	1,699	11				
LBH	Adult Social Care	05	Aligned	Information & Assessment	London Borough of Hackney	986	986	0				
LBH	Adult Social Care	05	Pooled / Aligned	Hospital Social Work Team	London Borough of Hackney	920	998	(78)				
LBH	Adult Social Care	05	Aligned	Unit Co-ordination (Front Office)	London Borough of Hackney	68	88	(20)				
LBH	Adult Social Care	05	Pooled / Aligned	Safeguarding	London Borough of Hackney	663	658	5				
LBH	Adult Social Care	05	Aligned	City & Hackney SAB	London Borough of Hackney	77	77	0				
LBH	Adult Social Care	05	Aligned	Substance Misuse rehabilitation	London Borough of Hackney	371	381	(9)				
LBH	Adult Social Care	05	Pooled / Aligned	Interim care accommodation	London Borough of Hackney	921	509	412				
LBH	Adult Social Care	05	Aligned	Integrated Independence Team	London Borough of Hackney	127	127	(0)				
LBH	Adult Social Care	05	Aligned	Integrated Independence Team	London Borough of Hackney	(1,000)	(1,000)	0				
LBH	Adult Social Care	05	Aligned	Accident Prevention	MOBILE REPAIR SERVICE	60	60	0				
LBH	Adult Social Care	05	Aligned	Removal Of Bcf UnPlanned CareTo Avoid Double Count With CCG Figures		0	0	0				
LBH	Adult Social Care	05				0	(111)	111				
London Borough of Hackney Total						5,299	4,806	493	2,208	2,729	(521)	
GRAND TOTAL						145,063	145,989	(926)	71,948	73,159	(1,211)	

QIPP Performance 2019/20

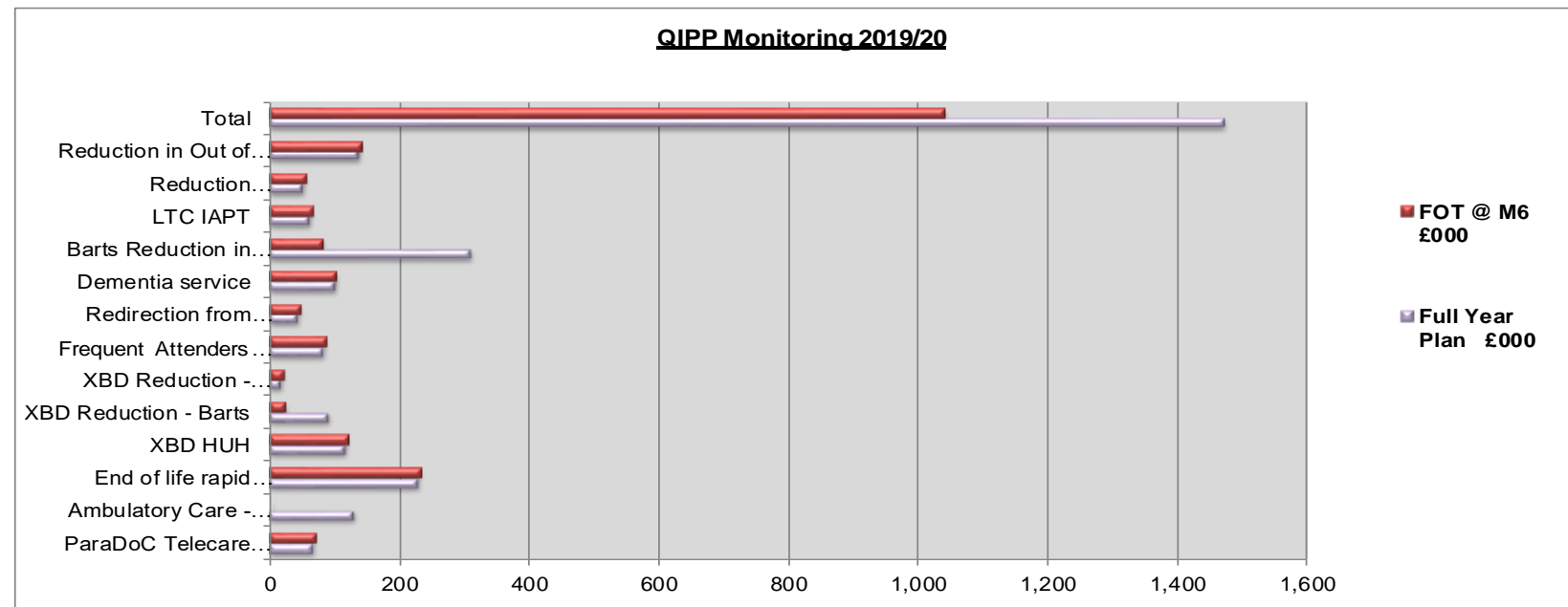
Name of scheme	Full Year Plan £000	FOT @ M6 £000	FOT Variance £000	YTD Plan £000	YTD Actual £000	YTD Variance £000	RAG
ParaDoC Telecare Referrals	70	70	0	35	35	0	Medium
Ambulatory Care -Barts	132	0	(132)	66	0	(66)	Closed
End of life rapid response	232	232	0	77	77	0	Medium
XBD HUH	119	119	0	60	60	0	Medium
XBD Reduction - Barts	94	23	(70)	31	0	(31)	High
XBD Reduction - UCLH	20	20	0	10	10	0	Low
Frequent Attenders Team – A&E Attendances (High Intensity Users)	86	86	0	0	0	0	Low
Redirection from A&E Barts (royal london)	47	47	0	16	0	(16)	Medium
Dementia service	103	103	0	51	51	0	Low
Barts Reduction in Emergency Admissions	312	82	(230)	104	4	(100)	High
LTC IAPT	65	65	0	29	29	0	Low
Reduction Emergency Admissions UCLH	55	55	0	27	27	0	Low
Reduction in Out of Area Cost - BEH	141	141	0	70	70	0	Low
Total	1,474	1,041	(433)	577	364	(213)	

- The 2019/20 QIPP target for the Unplanned Care work-stream is £1.47m for the year with a forecast of £1.04m at Month 6.

- Key risks are to the savings targets are:

➤ **Ambulatory Care – Barts:** under delivery due to delays in the implementation of a local tariff arrangement for Ambulatory care at Barts.

➤ **Barts Reduction in emergency admissions**



QIPP Planning 2020/21

Looking forward to next year:

We have identified £1.3m QIPP against a £1.8m target.

There are a number of schemes that we are still working to quantify the value of – and do expect to close this gap.

NO	QIPP Initiatives (Scheme Name)	NEW / FYE	Provider Activity reduced from;	PID received	Total gross scheme value (pre-risk adjustment) £	Investment to deliver QIPP	Net QIPP Target (pre-risk adjustment) £	Status Comment
1	Barts Ambulatory Care local pricing	FYE	Barts	Yes	£132,244		£132,244	
2	Respiratory - Reduction in Pneumonia admission	New	Homerton	No	TBC		TBC	PID to be developed by the end of October-2019 following review of data with ACERS to assess viability of Scheme
3	End of life rapid response - Full year effect	FYE	Homerton/Barts	Yes	£160,968		£160,968	Expected savings subject to change as average cost to be updated following review of HRGs and Newham assumptions. Revised savings to be updated by the 25th of October
4	Redirection from A&E Barts -Activity (royal london - GP Streaming) -Full Year Effect	FYE	Barts	Yes	£34,498		£34,498	Awaiting signoff of updated PID from NG
5	Reduction in Local tariff - A&E Streaming Barts (royal london)	New	Barts	No	TBC		TBC	PID development timeline TBC
6	Neighbourhood Based Care -Community Mental Health Teams and CHAMRAS (secondary care mental health single point of access service)	New	TBC	No	£700,000		£700,000	PID to be produced by the 15th of November due to issues as DB heavily involved in LTP development
7	System Resilience Efficiency	New	TBC	No	TBC		TBC	PID to be developed by the 31st of October 2019 as sign of idea required from the unplanned care board on the 25th of October
8	NEL Baseline Reduction at Homerton	New	Homerton	No	TBC		TBC	PID development timeline TBC with NG
9	GP OOH impact on ED activity	New	Homerton	No	TBC		TBC	PID to be developed by the 31st of October 2019
10	Embedding New Discharge Pathways	New	Homerton	No	TBC		TBC	PID expected from CF by the 18th of Oct
11	ParaDoC Telecare Referrals	FYE	Homerton	Yes	£26,310		£26,310	Expected savings subject to change as average cost to be updated following review of HRGs. Revised savings to be updated by the 25th of October
12	Barts Reduction in Emergency Admissions	FYE	Barts	Yes	£233,790		£233,790	Expected savings subject to change once EOL and Paradoc Savings assumptions finalised
13	LAS use of Appropriate Care Pathways (TRAC Audit) - Use of Existing care Pathways and services -Phase 1	New	Homerton/Barts	Yes	£66,500		£66,500	Expected savings subject to change following update on assumptions with latest annual conveyance relating to C&H
					£1,354,310	£0	£1,354,310	81

Title of report:	<i>City and Hackney Integrated Care System Outcomes Framework</i>
Date of meeting:	14 th November 2019
Lead Officer:	Anna Garner, Head of Performance, City and Hackney CCG
Author:	Anna Garner, Head of Performance, City and Hackney CCG
Committee(s):	Accountable Officers Group – July 2019 Accountable Officers Group – October 2019
Public / Non-public	Public

Executive Summary:

Paper includes:

- Outcomes Framework for City and Hackney Integrated Care System: outcomes and key outcomes across 8 priority areas
- Methodology for development of framework
- Current performance on key outcomes
- Proposal for twice yearly outcome updates to ICB

Recommendations:

City and Hackney Integrated Commissioning Boards are asked:

- To **NOTE** the report;
- To **APPROVE** the proposal for twice yearly outcome reports to the ICB based on this outcomes framework (additional performance issues can be more urgently escalated outside of this process)
- To **APPROVE** the proposal to use this outcomes framework within emerging performance/oversight framework for City and Hackney with STP and NHSE/I

Strategic Objectives this paper supports

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

Specific implications for City

Outcomes apply across City of London and Hackney

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Specific implications for Hackney

Outcomes apply across City of London and Hackney
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Patient and Public Involvement and Impact:

Healthwatch led engagement event in June 2019 to generate 20 value statements and 14 priority outcomes from local residents (City of London and Hackney). The value statements were used to identify priority areas which form basis of outcomes framework (originally 10 priority areas, now collated into 8).

Clinical/practitioner input and engagement:

Workstreams (including clinical/practitioner engagement) led on development of workstream logic models and outcomes which were then collated into the outcomes framework
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Equalities implications and impact on priority groups:

Outcomes include those which can be used to monitor impact on health inequalities

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

Sign-off:

London Borough of Hackney: Tim Shields/Anne Canning

City of London Corporation: Andrew Carter

City & Hackney CCG: David Maher

City and Hackney Integrated Care Outcomes Framework

Slide Format and Key:

A. Priority area

Overarching aims/indicator(s) within each priority area

Key outcomes/indicators

(workstreams contributing to achievement of outcome: Pr = Prevention, PC = Planned Care, UC = Unplanned Care, C = Children, Young People, Maternity and Families)

Other outcomes/indicators

Placeholder indicators (where measure still to be decided)

Outcomes Framework development methodology

1. Healthwatch event (June 2018) → 34 resident value statements
2. Stakeholder workshop to prioritise these (August 2018) → 10 priority areas
3. Series of workstream workshops (October 2018 – June 2019) to define overarching indicators for each priority area, decide on key workstream outcomes and develop logic models for each workstream
4. Workstream outcomes collated into outcomes framework, August 2019.
Validation steps:
 1. Where an outcome relevant to more than one priority area, only retained under most relevant priority area
 2. Checked against other strategy documents e.g. NHS Long Term Plan, to ensure all LTP priorities represented in this outcomes framework
5. Key outcomes chosen by workstreams
6. Priority areas reduced from 10 to 8 (areas 8, 9, 10 combined)

Outcome Framework: priority areas

1. Making sure all children and young people have a good start in life
2. Achieving a reduction in the present inequity in health and wellbeing (includes closing the health and wellbeing gap for people with long term conditions and co-morbidities)
3. Increasing the length of a healthy life, so that local people have both longer lives and more years spent free of ill-health and disability
4. Tackling the causes of poor health and wellbeing at an earlier stage and putting in place measures to ensure better prevention
5. Creating 'services that work for me', or services that are more joined up and person centred
6. Improving the mental health and wellbeing of the local population, including ensuring better access to mental health care
7. Helping local people to become resilient and empowered, increasing people's sense of control, autonomy and self-efficacy (includes encouraging people to become involved in their own care and to understand and manage their own health better)
8. Tackling the causes of the causes of health and wellbeing at an earlier stage (was Social Isolation, Employment, Creating safe environment)

1. Making sure all children and young people have a good start in life

Improving the childhood experiences of children and young people in City & Hackney

Increase % children achieving a good level of development at the Foundation Stage (C)

Increased immunisation coverage (C, Pr)

Reduce infant mortality rate; Rate of neonatal mortality and stillbirths (C)

Reduce permanent school exclusion rate; Fixed period exclusion rate (all CYP, Children in Need, LAC) (C)

Increase KS4 average progress for CYP with SEND/LAC compared to all pupils (C)

Increase % of 2/3/4 year olds taking up some early funded education (C)

Increase in % of pupils at KS2 achieving expected levels in reading, writing and mathematics (C)

Increase % of pupils at KS4 achieving grade 5+ in English and Maths (C); all schools have 70% of young people achieving grade 5+ in English and Maths (C)

Reduce number of paediatric outpatient appointments, especially 'only seen once and discharged' (C)

Decrease 'Children in need' rate per 10,000 (C)

Percentage of children in low income families (C)

Decrease % of low birth weight babies (C, Pr)

Increase % of women who have first antenatal appt by booking by 10w and 12w (C)

Reduced NICU admissions (C)

Reduced prevalence of domestic violence (C, Pr)

Improved physical and mental health of children with SEND/complex health needs (measure TBC) (C)

Reduced instances of self-harm amongst children and young people (measure TBC) (C)

Increase in LAC Initial Health Assessments delivered on time; improvements % of LAC assessments (measure TBC) (C)

2. Achieving a reduction in the present inequity in health and wellbeing (includes closing the health and wellbeing gap for people with long term conditions and co-morbidities)

Inequalities in healthy life expectancy are reduced

Rates of infant mortality, stillbirths, neonatal and maternal deaths are reduced

Patients feel supported to manage their own conditions and care for as long as possible

The wellbeing of people with long-term conditions is improved

Increased health related quality of life for people with long term conditions (Pr, UC, PC)

Reduced number of emergency admissions with LTCs (UC, PC, Pr)

Reduced admission episodes for alcohol related conditions (Pr, UC)

Increase in social care related quality of life (PC, Pr)

Increased successful completion of alcohol treatment (Pr)

Reduced years of life lost due to alcohol related conditions (Pr)

Reduced deaths from drug misuse (Pr)

Increased successful completion of drug treatment – opiate and non-opiate (Pr)

Increase referrals to IAPT for people with LTC; completed IAPT treatment (PC)

Increase completeness of GP LD register; QOF prevalence (PC)

Increase % LD patients receiving annual health check (PC)

Increase life expectancy/quality of life for people with LD (PC)

Better health and wellbeing for Housing First cohort (PC)

3. Increasing the length of a healthy life, so that local people have both longer lives and more years spent free of ill-health and disability

Quality of life for people in City & Hackney is improved

Reduced premature/preventable mortality rate (Pr, PC, UC)

Reduced long term support needs met by admission to residential and nursing care homes (UC, PC)

Reduced injuries from falls in people in older people (UC)

Reduced rate of premature mortality for respiratory disease and CVD (Pr, UC, PC)

Reduced prevalence of stroke (Pr, PC)

Prevalence of diabetes (Pr, PC)

Increased one year survival – all cancers/lung cancer/colorectal cancer (PC)

Improved cancer patient experience (PC)

Increased % patients achieving cancer waiting times targets (PC)

Improved appropriate prescribing of broad spectrum antibiotics – across primary and secondary care (PC)

4. Tackling the causes of poor health and wellbeing at an earlier stage and putting in place measures to ensure better prevention

Smoking prevalence is reduced	Obesity is reduced for children and adults	Increased breastfeeding prevalence	Perinatal mental health is improved	Reduced prevalence of main preventable causes of ill health	Prevalence of problematic alcohol use is reduced
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Reduced prevalence of main preventable causes of ill health – smoking, obesity, alcohol (Pr)

Decreased % of maternal smoking at pregnancy (CYP)

Increased breastfeeding rates (CYP)

Improved mental health amongst women/mothers (measure TBC) (CYP)

Reduced prevalence of overweight/obesity in reception/Yr 6 (Pr, C)

Reduced prevalence of overweight/obesity in adults (Pr)

Reduced rates of maternal obesity. 18% with BMI>30 (CYP, Pr)

Reduced prevalence of stroke (Pr, PC)

Prevalence of diabetes (Pr, PC)

Increased % of physically active/ reduced inactive adults (Pr)

Reduced smoking prevalence in adults/adults with SMI (Pr)

Reduced gap between prevalence of current smokers in routine and manual occupations and other occupations (Pr)

Reduced smoking attributable hospital admissions (Pr)

Reduced number of people sleeping rough (Pr, PC)

Chlamydia, gonorrhoea, syphilis diagnosis/detection rates (Pr)

Reduced HIV late diagnosis (Pr)

Increased take-up of flu and pertussis vaccinations with GPs at 20w antenatal scan (C)

People with multiple and complex needs experience improvements in mental and physical health, use of substances, housing situation (measure TBC) (Pr)

Treatable conditions identified at an earlier stage (measure TBC) (Pr, PC)

5. Creating 'services that work for me', or services that are more joined up and person centred

People have a more integrated experience of services

The local health and care workforce are empowered to have conversations with patients and the public about their health and wellbeing

Increased % of people still at home 91 days after discharge, ASCOF (UC, PC)

Reduced emergency admissions for acute conditions that should not usually require admission (UC, PC, Pr)

Reduced emergency admissions for urgent care sensitive conditions (UC)

Reduced emergency readmissions within 30 days of discharge from hospital (UC)

Decreased number of A&E attendances by <19s (CYP)

Reduced % of deaths with 3+ admissions in last 3m of life (UC)

% of deaths in preferred place, % deaths in hospital (UC, PC)

Reduced number of admissions in <5s (C)

Reduced number of A&E attendances by all C&H population (UC, PC)

Reduced number of long stay patients (UC)

Reduced number of non-elective admissions (UC, PC)

Improvement in people's experience of integrated care, ASCOF (Pr, UC, PC)

Increased number of people with a care plan which is reviewed at agreed frequency (UC)

Reduced number of Adult Safeguarding reviews where coordination of care is a factor (UC)

Achievement of 111 access targets (UC)

A&E 4 hour wait target achievement and A&E FFT scores (UC)

Improvement in GP patient survey measure on waiting times and satisfaction with primary care (UC)

Reduction in DTOC per 100,000 population – acute and mental health (UC)

Increase in carer reported quality of life for people caring for someone with dementia (Pr, UC)

Staff feel that services are more joined-up (staff survey TBC - part of the detailed qualitative evaluation of neighbourhoods) (UC)

6. Improving the mental health and wellbeing of the local population, including ensuring better access to mental health care

People with mental health conditions are better able to manage their conditions

Improved mental health and wellbeing among children and young people

Improved CYP emotional wellbeing (measure TBC) (C)

Increased CAMHS access rates (C)

Reduced CAMHS wait times for assessment and treatment (C)

Reduce excess premature mortality rates for people with SMI (PC, Pr)

Reduce number of A&E attendances by 'High Intensity User' cohort (UC)

Improve dementia care planning and post-diagnostic support, IAF (UC)

Number of ambulance handover breaches in A&E related to mental health (UC)

Reduced number of non-elective admissions for dementia (UC)

Improved effectiveness of post-diagnosis care in sustaining independence and improving QoL for people with dementia+carers (UC)

Increased % of wellbeing network participants who report improvement against WEWM, PHQ9, and GAD7 (Pr)

Reduced suicide rate (Pr)

Achievement of IAPT waiting times (PC)

Increase in IAPT recovery rates (PC)

Reduced number of MH admissions (UC, PC)

Reduced number of frequent attenders attending with MH crisis (UC)

Reduced mortality of people with mental health problems (measure TBC) (Pr, UC)

Mental health recovery (measures TBC) (Pr, PC, UC)

Numbers using self-referral mental health resources (recovery college, SUN groups, crisis cafe, five to thrive) (Pr)

Housing-related support outcome measure (measure TBC) (Pr, PC)

Patients feel supported to manage their MH condition (measure TBC) (UC, PC, Pr)

7. Helping local people to become resilient and empowered, increasing people's sense of control, autonomy and self-efficacy (includes encouraging people to become involved in their own care and to understand and manage their own health better)

People feel more empowered to manage their own health better

Workforce have the skills and knowledge to support people in navigating the health and care system

Increased % of people feeling supported to manage their long term condition (Pr, UC, PC)

Increased % of people who use services who have control over their daily life (UC, PC)

Increased % people who use services and carers who find it easy to find information about services (Pr, PC, UC)

Increase in people who use short-term services where the sequel to support in no or lower level of support (PC)

% of adults with a learning disability who live in their own home or with their family (Pr, PC)

Improvement of women's experience of maternity services (C)

Total number OP appointments booked/attends, by speciality (PC)

Reduced C2C referrals (PC)

Increased % patients achieving RTT targets (PC)

Increase % users and carers who receive self-directed support and support via direct payments (PC)

% patients and service users who feel that they were involved as much as they wanted to be in decisions about their care and support (UC, PC, Pr)

People who come into contact with health and care services also have their social needs addressed (PC, UC)

Increase digital OP activity (PC)

Maximise utilisation of community resources (PC)

Social prescribing measures (Pr, UC)

8. Tackling the wider determinants of health and wellbeing

Increased employment

Reduced in-work poverty

Reduced social isolation

Creating a safe and healthy environment for everyone to live in

Increased % people who use services+carers who reported that they had as much social contact as they would like (Pr, PC)

Reduced 16-17 year olds not in training, education or employment (C)

Increased employment rates for people with learning disabilities (PC)

Increased employment rate for people with mental health problems (PC, Pr)

% of children who became subject of a child protection plan for a second/subsequent time or for 2yrs or more (C)

Number of children living in temporary accommodation (measure to be agreed) (C)

% LD adults who live in stable and appropriate accommodation (PC)

% patients in contact with MH services who live in stable and appropriate accommodation (PC)

% Housing First pilot clients who retain their housing tenancy (PC)

Reduced number of LD patients in specialist inpatient care (PC)

Improved air quality (Pr)

Increase in rates of apprenticeships offered by public sector employers (Pr)

Reduced loneliness (Pr, UC, PC)

Reduced in work poverty; reduced people with debt problems, improved management of debt (Pr)

Improved use of green spaces (Pr)

People with multiple and complex needs (STEPS service users) experience improvements in housing situation (Pr, PC)

Priority Area	Indicator	WS	City and Hackney current performance	Data period	Data source
1	<i>Percentage of children achieving a good level of development at the Foundation Stage</i>	CYP	No data		
	<i>Increased immunisation coverage: MMR - two doses (5 years old)</i>	CYP, Pr	69.7%	2017/18	PHE
	<i>Infant mortality (rate per 1000 live births)</i>	CYP	5.0	2016	IAF
	<i>Neonatal mortality and stillbirths (rate per 1,000 live births)</i>	CYP	8.8	2015-17	PHE
2	<i>Health related quality of life for people with long term conditions (standardised score)</i>	Pr, UC, PC	0.71	2016/17	ASCOF
	<i>Number of emergency admissions with LTCs</i>	Pr, UC, PC			
	<i>Admission episodes for alcohol related conditions (Narrow, Directly age standardised rate per 100,000 population)</i>	Pr, UC	548	2017/18	PHOF
	<i>Social care related QoL (score out of 24)</i>	PC, Pr	18.6	2017/18	ASCOF
3	<i>Preventable mortality rate (per 100,000 population)</i>	Pr, UC, PC	229.8	2015-17	PHE
	<i>Long term support needs met by admission to residential and nursing care homes (per 100,000 population)</i>	UC, PC	416.8	2017/18	ASCOF
	<i>Injuries from falls in people aged 65+ (per 100,000 population)</i>	UC	426	Q3 18/19	IAF
	<i>Premature mortality from respiratory disease (Hackney only, rate per 100,000 population)</i>	Pr, UC, PC	40.4	2015-17	PHE
	<i>Premature mortality from all cardiovascular diseases (Hackney only, rate per 100,000 population)</i>	Pr, UC, PC	107.4	2015-17	PHE
4	<i>Reduced prevalence of main preventable causes of ill health</i>	Pr			
	- smoking prevalence in adults (18+) - current smokers	Pr	14.8%	2018	PHOF
	- obesity QOF prevalence (18+)	Pr	9.6%	2017/18	PHOF
	- alcohol (drinking over 14 units per week)	Pr	33.9%	2011-14	PHOF
	<i>% of maternal smoking at pregnancy</i>	CYP	3.1%	Q3 18/19	IAF
	<i>Breastfeeding rates at 6-8wks</i>	CYP	42%	Q4 18/19	PHE
	<i>Improved mental health amongst women/mothers (measure TBC)</i>	CYP			
5	<i>% of people still at home 91 days after discharge (Hackney only, over 65s)</i>	UC, PC	90.5%	2017/18	ASCOF
	<i>Emergency admissions for acute conditions that should not usually require admission (per 100,000 registered patients)</i>	Pr, UC, PC	235.6	June 18 - June 19	CCG OIS
	<i>Emergency admissions for urgent care sensitive conditions (per 100,000 registered patients)</i>	UC	549	Q2 18/19	IAF
	<i>Emergency readmissions within 30 days of discharge from hospital</i>	UC	15.1%	2017/18	PHE
	<i>Number of A&E attendances by <19s (per 1,000 population)</i>	CYP	430.2	2016/17	PHE
	<i>% of deaths with 3+ admissions in last 3m of life</i>	UC	10.3	2017	IAF
	<i>% of deaths in preferred place (of those with CMC record)</i>	UC, PC	64%	Jun-19	CMC
	<i>% of deaths in hospital</i>	UC, PC	54%	2018/19	PHMF
	<i>Number of admissions in <5s (per 1,000 population aged under 5 years)</i>	CYP	95.8	2013/14 - 15/16	PHE
6	<i>Improved CYP emotional wellbeing (measure TBC)</i>	CYP			
	<i>Increase CAMHS access rates</i>	CYP	39%	2018/19	NELIE, NHS Digital
	<i>Reduced CAMHS waiting times for assessment and treatment</i>	CYP, Pr			
	<i>Excess premature mortality rates for people with SMI</i>	Pr, PC	281.2%	2014/15	PHE
	<i>Number of A&E attendances by HIU cohort</i>	UC			
	<i>Dementia care planning and post-diagnostic support</i>	UC	83.6%	2017/18	IAF
	<i>Number of black breaches in A&E related to mental health</i>	UC			
7	<i>% of people feeling supported to manage their long term condition</i>	Pr, UC, PC	74%	Jul-19	GPSS
	<i>% of people who use services who have control over their daily life</i>	UC, PC	67.8%	2016/17	ASCOF
	<i>Women's experience of maternity services</i>	CYP	78.2%	2018	IAF
	<i>Increased proportion of people who use services and carers who find it easy to find information about services</i>	Pr, UC, PC	69%	2017/18	ASCOF
8	<i>Increased proportion of people who use services and carers who reported that they had as much social contact as they would expect</i>	Pr, PC	40.6%	2017/18	ASCOF
	<i>16-17 year olds not in education, training or employment (NEET)</i>	CYP	5.2%	2017	PHE
	<i>Employment rates for people with learning disabilities (%)</i>	PC	4.1%	2017/18	PHE
	<i>Gap in the employment rate for people with mental health problems and overall employment rate</i>	Pr, PC	68.4%	2017/18	PHE
	<i>% of children who became subject of a child protection plan for a second or subsequent time</i>	CYP	13.6%	2017/18	DoE
	<i>% of children subject to a child protection plan for two years or more</i>	CYP	4.7%	2017/18	DoE
	<i>Number of children living in temporary accommodation (measure to be agreed)</i>	CYP			

System behaviour outcomes

- Above domains cover population/individual health and care outcomes
- Need to monitor system behaviours also: *leadership, culture, relationships, workforce, use of resources, systems/processes, information*
- External evaluation consultants developing evaluation framework for programme overall – will include these system behaviour measures
 - Will use literature review on enablers to/prerequisites for successful integration
 - Examples: staff surveys, measures of trust/relationships/behaviours, system documents (meeting ToRs, finance statement of intent etc), change in contracts in place/budget performance, decision making processes, data/information use

Next steps

- Use these outcomes in discussion with STP/NHSE on oversight/performance framework for C&H system
- Develop performance framework for ICB – twice yearly
- Develop performance framework for workstreams
- External evaluators to finalise programme evaluation framework
- Develop system behaviour metrics and measurement processes

Title:	Integrated Commissioning Register of Escalated Risks
Date of meeting:	14 November 2019
Lead Officer:	Carol Beckford, Integrated Commissioning Programme Director
Author:	Alex Harris, Integrated Commissioning Governance Manager, Matt Hopkinson & Timothy Lee, Transformation Support Officers
Committee(s):	Workstream Board Meetings - various ICB Risk Management Working Group – 1 October
Public / Non-public	Public.

Executive Summary:

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

Background

The threshold for escalation of risks is for the residual risk score (after mitigating action) to be 15 or higher (and therefore RAG-rated as red). The ICB also receives the full workstream risk registers on a quarterly basis, and may request that risks which do not meet the escalation criteria outlined above still nonetheless be reported on the ICB register of escalated risks.

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.

Risks added since October

No new risks added, however see “Draft Integrated Commissioning Programme Register” below.

Changes in Risk Scores

UPC15 – GP Staff Recruitment

The 6 month report on the GP out-of-hours service at Homerton University Hospital NHS Foundation Trust showed that all shifts have been filled and at no point did the service not have full GP coverage. The Workstream will continue to monitor this and to take reasonable steps to mitigate the risk, but the Unplanned Care Board agreed that the risk should be reduced to 12.

Draft Integrated Commissioning Programme Register

The meeting of the Risk Management Working Group on 1 October resulted in a preliminary, draft form of an Integrated Commissioning Programme register. This has been shared with the City & Hackney Accountable Officers Group for information and will be discussed in greater detail at the next ICB development session, due to be held in Q1 2020. The risk register presented today represents:

- 1) The updated escalated workstream risks, with new scores, descriptions and mitigating actions.
- 2) Potential new risks for the IC Programme.

Recommendations:

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

- To **NOTE** the updated register of escalated risks and issues.
- To **NOTE** the proposed risks for the IC programme.

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

- To **NOTE** the updated register of escalated risks and issues.
- To **NOTE** the proposed risks for the IC programme.

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	<input checked="" type="checkbox"/>	The risk register supports all the programme objectives
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input checked="" type="checkbox"/>	The risk register supports all the programme objectives
Ensure we maintain financial balance as a system and achieve our financial plans	<input checked="" type="checkbox"/>	The risk register supports all the programme objectives
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	The risk register supports all the programme objectives
Empower patients and residents	<input checked="" type="checkbox"/>	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 & Proposed New Risks – November 2019

Sign-off:

Siobhan Harper – Director: Unplanned Care

Amy Wilkinson – Director: Children, Maternity, Young People and Families

Nina Griffith – Director: Planned Care

Jayne Taylor – Director: Prevention

Carol Beckford – Interim Director: Integrated Commissioning

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Integrated Commissioning Register of Escalated Risks - October 2019

Ref#	Description	Risk owner	Inherent Risk \$	Likelihood	Impact	Current Score	Residual Risk Score				Mitigating actions
							Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	
IC2	<p>System SEND Overspend</p> <p>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.</p>	Anne Canning	20	5	3	15	20	15	15	15	<p>This issue was highlighted by the CYPMF Workstream but it is a system-wide issue and the workstream recommends this should be held at the programme level. There are some mitigations taking place at workstream level: Hackney LA have convened a co-design group to look at ways of delivering more cost effective services and consideration is being given to cross-borough charges for services provided by Hackney to residents of other boroughs. No workstream level mitigations will be able to significantly impact on the current adverse financial position (£6m approx), which is a structural issue relating to insufficient provision of funding by the Department of Education in support of the expansion of eligibility criteria as part of the SEND reform of 2014.</p> <p>Given that the risk is system-wide rather than workstream level, it is also recommended that the severity level should be rated at moderate, rather than severe (based on the scoring guidelines). It has also been agreed that this will be considered an Integrated Commissioning Programme Risk as opposed to a solely CYPMF workstream risk as the issue is system-wide.</p>
IC10	<p>Enabler Group Reporting</p> <p>There is a risk that the 5 Enabler Groups' work programmes may not be in harmony with the strategic priorities set by the AOG and ICB. The consequence is that this lack of alignment will undermine delivery of the Long Term Plan, the 4 Care Workstream Programme plan and other milestones across the IC Programme.</p>	Carol Beckford	16	4	4	16	16	16	12	9	<p>An AOG member now has lead accountability for one or more Enabler Groups (agreed at October AOG).</p> <p>Enablers have been invited to present their 18-month workprogrammes and plans to AOG. Schedule is:</p> <ul style="list-style-type: none"> - Estates (October 2019) - ICT (Aug 2019 and follow-up update December 2019) - Comms & Engagement (Date TBC) - Primary Care (Sept), - Workforce (including CEPN) - January 2020 <p>Enablers will be given strategic oversight and support from Carol Beckford from October 2019 for a number of months</p>
IC22	<p>STP Long-term plan - ensuring that City & Hackney's priorities are reflected</p> <p>If the long-term plan from NE London arrives too late for high-quality engagement, then City & Hackney may not be adequately represented in the NE London LTP.</p> <p>There is a risk that the STP Long Term Plan (LTP) may not adequately reflect City & Hackney's strategic priorities (eg Rough Sleepers initiative in CoL). The consequence is that patients and the public within City & Hackney may feel that health and social care commitments have changed in favour of the wider needs of all three systems within the ELHCP. There could also be concern that some services will no longer be available or delivered conveniently.</p>	David Maher	16	4	4	12	16	16	12	9	<p>Nic Ib is coordinating all City & Hackney's comments on the current STP LTP draft in readiness for the deadline for comments on the STP LTP - 25 October 2019.</p> <p>The STP LTP will be published 15 November 2019. This version must incorporate City & Hackney's strategic priorities. The City & Hackney LTP will be an annex to the STP LTP.</p> <p>Senior staff within the CCG will undertake a further round of engagements with Committees across City & Hackney: November 2019 to January 2020.</p> <p>The City & Hackney LTP will need to be placed under Change Control from December 2020 and held by the IC programme office.</p>
IC23	<p>Workforce - Ensuring we have the right skills and competencies</p> <p>There is a risk that within City & Hackney we do not have the required skills and competencies to deliver the ambitions of the Integrated Care Programme and the LTP. The consequence is that it will take longer to implement the Neighbourhood Health and Care Programme, make the step-change in prevention, etc.</p>	Wendy Majewska	16	4	4	16	16	16	16	12	<p>AOG to fundamentally review the TOR of CEPN on 29/10.</p>
IC24	<p>Social Care Funding</p> <p>There is a lack of visibility of social care funding beyond 2019/20. This makes it difficult to plan ahead as a system, and risks possible impacts on the whole system if there is any future short-fall in social care budgets.</p>	Nina Griffith	16	4	4	16	16	16	16	16	<p>This is a system risk rather than a risk that sits within the Unplanned Care Workstream. We therefore recommend that the Unplanned Care Board should escalate the risk to the Integrated Commissioning Board. Proposal as we move towards the more pooled budgets we undertake system review to determine the system gap if we do nothing. we are also going to propose zero base budget exercise within social care</p>

Ref#	Description	Risk owner	Inherent Risk Score	Likelihood	Impact	Current Score	Residual Risk Score				Mitigating actions
							Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	
P13	Priority area: Rough Sleepers Failure to address complex commissioning landscape for health services supporting rough sleepers in the City of London means that significant health and care needs remain within this community	Jayne Taylor	20	4	5	20	20	20	16	16	A discussion paper was presented to the Prevention CLG in August and the intention is for proposals to be developed and presented to ICB later this year. Work is underway at the INEL System Transformation Board to ensure that the health needs of rough sleepers are incorporated into the STP's NHS Long Term Plan submission. Additional capacity is being secured to scope out an action plan.
PC1	Adult Learning Disability Service There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners	Siobhan Harper	20	4	5	20	20	20	20	20	A series of meetings have been held as part of financial planning and finalising the LD Section 75 arrangements. Joint funding processes have now been agreed and these have been implemented.. The direction of travel for the LD strategy has been approved in May ICB, with the final costed strategy due to be brought to ICB in Nov 2019. The new Preparation (transition) for adulthood processes and governance are in place and these are being developed further as part of establishing them.
PC2	Overperformance on elective activity There remains a risk of overperformance on elective activity with our main provider and with other acute providers which is beyond our risk tolerance	Siobhan Harper	20	4	5	20	20	20	20	15	Auditors have completed their on site audits of activity. A draft headline report has been shared and the full report should be available in November 2019. The Outpatient Transformation programme: Teledermatology training has been delayed and may not be complete until November. Practices activity has been slow but is improving. Virtual Fracture Clinics are going well and full delivery of expected activity in 2019/20 is on course. The Community Isotretinoin pathway (previously acne) has been approved and discussions to finalise the implementation and contracting plans will be complete by December. The community Gynaecology service has gone live from September on e-RS. Activity is expected to show an increase when reporting is in for October. Further identification of activity for virtual or community has progressed in Rheumatology and Diabetes. QIPPs are progressing with Teledermatology and VFC starting to deliver. Although two schemes have been temporarily shelved for 2019/20 existing schemes are over performing to
UPC9	Discharge and Hospital Flow Processes Discharge and Hospital Flow processes are not effective, resulting in increased DToCs and failure to meet Length of Stay Targets	Nina Griffith		5	3	15	12	15			Weekly teleconference continues although Delayed Transfer of Care (DToC) targets were not met for Q1. High Impact Change Model group are implementing DToC case review action plan. The group is also considering whether a Multi-Agency Discharge Event (MADE) would be of benefit. Evaluation of Discharge 2 Assess pilot has been completed. The evaluation endorsed the continuation of the service, and made a number of detailed recommendations which were discussed by the Unplanned Care Board in September. A detailed action plan to meet these
CYPMF1	Childhood Immunisations Risk that low levels of childhood immunisations in the Borough may lead to outbreaks of preventable disease that can severely impact large numbers of the population	Amy Wilkinson		2	5	10	15	10			Following a CCG-funded outbreak response across partner organisations, the Measles outbreak is now over and there were no fatalities. A 2- year action plan for ongoing action to maintain low levels is in its final draft stage. We have good relationships with stakeholders and are working closely with NHSE via the Immunisations Steering Group. Two Public Health Communicaitons campaigns have gone well and there is a long term plan to mitigate ongoing risks, with pilot activity in the north of the borough being run through the Neighbourhoods. An update report is on the ICB agenda for November.

Ref#	Description	Risk owner	Inherent Risk Score	Likelihood	Impact	Current Score	Residual Risk Score				Mitigating actions
							Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	
Possible New IC Programme Risks											
	Draft Risk Description	Development of the risk description & score assigned to	Inherent Risk Score	Likelihood	Impact	Current Score	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	
	One ICS / One CCG remoteness There is a risk that the One ICS / One CCG model will mean service decisions are made remotely from service users. The consequence of this is that services could have a "one size fits all" feel and may not be tailored to the population health profile and needs of the patients and public of City & Hackney	Randall Anderson / Carol Beckford	12	3	4	12	12	12	12		
	One ICS / One CCG Comms The CCG merger plans have not been properly communicated to the public, which risks undermining the programme.	Alice Beard	3	3	3	9					
	ICS Partnership Commitment The Integrated Commissioning arrangements currently operate largely upon the basis of goodwill and leadership buy-in. As the organisations in the partnership are self-governing, autonomous bodies, there is a risk that changes in circumstances or budgetary pressures in the sovereign organisations could lead to organisations focusing heavily or exclusively on their statutory legal responsibilities, at the expense of or detriment to the Integrated Commissioning Partnership.	Alex Harris / Matt Hopkinson		3	5						
	Public Health Grant Ring-Fence Removal In the context of wider local authority budgetary pressures, the planned removal of the ring-fenced Public Health grant (and replacement with business rate funding) could lead to reduced funding for Public Health services, as well as reduced staffing resource to lead and deliver prevention initiatives and programmes. .	Jayne Taylor									

Ref#	Description	Risk owner	Inherent Risk Score	Likelihood	Impact	Current Score	Residual Risk Score				Mitigating actions
							Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	
	<p>Prevention Strategic Objective Failure of system leaders to follow-up on commitments to achieve a real and lasting shift in focus and resources towards prevention will mean that the actions we take are tokenistic and will not result in the required changes in systems, culture and behaviours. This poses a significant risk to the achievement of our strategic ambitions in relation to prevention and would represent a lost an opportunity to achieve a step change in population health improvement.</p>	Jayne Taylor									
	<p>IT Enabler Projects There is a risk that the IT Enabler projects that will benefit the integration of the system will not be delivered in a timely way (or at all) due to lack of ownership / capacity / expertise in organisations charged with delivery.</p>	Anita Ghosh									
	<p>Co-Production Insufficient / inconsistent involvement or lack of true partnership with residents in developing services could lead to a situation in which we cannot achieve our strategic objectives or meet the health & wellbeing needs of our local population.</p>	Jamal Wallace	12	3	4						
	<p>Cerner Millennium data Due to the complexity involved in processing Cerner Millennium data there is a risk that the Discovery programme is delayed leading to delays in delivering tools such as risk stratification to support care workstreams, in particular neighbourhoods</p>	Anita Ghosh									
	<p>Estates Enabler Funding If we lose capital funding for estates infrastructure we may not be able to support delivery of the long-term plan.</p>	Amaka Nnadi		4	5	20	N/A	N/A	20		

Ref#	Description	Risk owner	Inherent Risk Score	Likelihood	Impact	Current Score	Residual Risk Score				Mitigating actions
							Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	
	<p>Enabler Group Offer</p> <p>There is a risk that Care Workstreams are uncertain regarding what the offer is from each Enabler Group, ie what services can they provide to enable each Care workstream to deliver its objectives. The consequence is that Enabler Groups build workprogrammes which are not aligned to what the Care Workstreams need to deliver</p>	Carol Beckford	16	4	4	12	12	12	12		

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			
PC1	Failure to meet performance targets for Continuing Health Care (CHC).	* Poor patient care * Additional scrutiny from NHS England * Loss of income	4	20	Development of an assurance plan to outlining actions to meet targets for location of assessment and completion of decision within 28 days of referral We have agreed a CHC CQUIN with HUH	3	15	2	10	CHC performance was under national targets during Q1 2019. Q2 data is currently being reviewed, although indicative figures show that we have improved performance. The Trust and CSU provide reasons for each breach and this continues to be monitored by the CHC Operational Improvement Group. There are two targets: 1. <15% of assessments to be completed in an acute setting. Q1 - 23% Q2 - 12% 2. >80% of assessments to be completed within 28 days. Q1 - 78% Q2 - 73%	Open	
P16	Priority area: Smoking. Reduction in referrals to Stop Smoking Service in line with national trends	Reduction in referrals impacts on total number of people supported to quit by the service (quit rates, however, remain high), impacting on local efforts to reduce the health harms and inequalities caused by smoking.	4	20	Action plan to be agreed and implemented, with the existing provider and other stakeholders	3	15	2	10	A look back workshop with providers was completed in September to review the service delivery model and consider options for improvements. An action plan is being developed. The Prevention workstream Digital and Communications Lead is working with the contract manager on an options appraisal for the implementation of the National Referral System to more effectively manage referrals. This may include an eventual bid for ICT Enabler funding.	Open	
P17	Priority area: Smoking. Implementation of NICE Guidance (PH48 and PH 26) and Smoke Free policy at Homerton Hospital not comprehensively achieved to date.	Opportunities to treat tobacco dependency within acute settings are missed and best practice is not delivered locally. Failure to meet requirements of the NHS Long Term Plan.	3	15	Smoke Free Steering group established at Homerton to oversee and support implementation in line with NICE guidance. Homerton to contribute to plans for an INEL business case to support investment in the 'Ottawa model' of tobacco dependency treatment, in line with NHS Long Term Plan.	2	10	1	5	New guidance for junior doctors and clinicians developed on Champix and NRT prescribing and implementation to be monitored Ongoing initiatives to monitor compliance with stop smoking interventions in midwifery services including CO monitoring in the 3rd trimester (joint project with CYPMF workstream) Homerton cooperating with NEL colleagues to	Open	
P18	Priority area: Sexual Health Following a failed re-procurement the Condom Distribution Service continues to under-perform.	Opportunities for prevention are missed, creating unmet need and risking unwanted pregnancies and STI transmission.	3	15	Enhanced engagement with the CYPMF workstream and VCS organisations (via HCVS as associate organisation of the Prevention workstream) alongside ongoing performance management of the existing service and development of a re-commissioning plan.	2	10	1	5	Issue has been discussed at the Prevention System Management Group and an action plan has been developed. Further progress is needed but there has been some improvement in performance. A service review is underway that will inform the re-commissioning of this service.	Open	

Title of report:	Consolidated Finance (income & expenditure) 2019/2020 - Month 6
Date of meeting:	14 November 2019
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:

At Month 6 the Integrated Commissioning Fund has an adverse year end forecast variance of £3.6m, a deterioration of £0.6m on the Month 5 position, which is being driven by the London Borough of Hackney.

City & Hackney CCG is declaring a breakeven position. The reported position has been fully risk assessed with all known acute, non-acute and primary care risks and mitigations forming part of the forecast outturn for 2019/20.

The London Borough of Hackney is reporting a year-end adverse position of £3.8m. The position is driven by cost pressures on Learning Disabilities budgets and challenges around Housing Related Support (HRS) service redesign. The deterioration of the Month 5 forecast position is being driven by growth in client numbers across care support commissioning & a reduction in funding from the Better Care fund due to the late announcement & clarification of funds available from the regional team.

The City of London is reporting a year-end favourable position of £0.3m mainly driven from older people residential care under spends.

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:

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

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 06 - 2019/20

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- 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

			YTD Performance			Forecast Outturn		
Pooled Budgets	Organisation	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
		City and Hackney CCG	25,895	12,948	12,948	-	25,895	-
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	210	105	30	75	210	-	-
Total		26,105	13,053	12,978	75	26,105	-	-
Aligned	Organisation	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
	City and Hackney CCG	405,615	193,883	193,883	(0)	405,615	(0)	-
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	7,641	3,410	3,114	296	7,384	257	314
Total		413,256	197,293	196,998	295	412,998	257	314
ICF	Organisation	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
	City and Hackney CCG	431,510	206,831	206,831	(0)	431,510	(0)	-
	London Borough of Hackney Council	103,373	51,687	62,575	(10,888)	107,184	(3,811)	(3,241)
	City of London Corporation	7,851	3,515	3,144	371	7,594	257	314
Total ICF Budgets		542,734	262,032	272,550	(10,518)	546,288	(3,554)	(2,927)
CCG Primary Care co-commissioning		48,081	21,233	21,233	-	48,081	-	-
Total		48,081	21,233	21,233	-	48,081	-	-

Summary position at Month 6

- At Month 6 the Integrated Commissioning Fund has an adverse year end forecast variance of £3.6m, a deterioration of £0.6m on the Month 5 position, which is being driven by the London Borough of Hackney.
- City & Hackney CCG is declaring a breakeven position. The reported position has been fully risk assessed with all known acute, non-acute and primary care risks and mitigations forming part of the forecast outturn for 2019/20.
- The London Borough of Hackney is reporting a year-end adverse position of £3.8m. The position is driven by cost pressures on Learning Disabilities budgets and challenges around Housing Related Support (HRS) service redesign. The deterioration of the Month 5 forecast position is being driven by growth in client numbers across care support commissioning & a reduction in funding from the Better Care fund due to the late announcement & clarification of funds available from the regional team.
- The City of London is reporting a year-end favourable position of £0.3m mainly driven from older people residential care under spends.
- Pooled budgets** reflect the pre-existing integrated services of the Better Care Fund (BCF) including the Integrated Independence Team (IIT) and Learning Disabilities.

Note

Planned Care further pooling of Continuing Healthcare (CHC) and Adult Social Care budgets are being explored this financial year.

Notes:

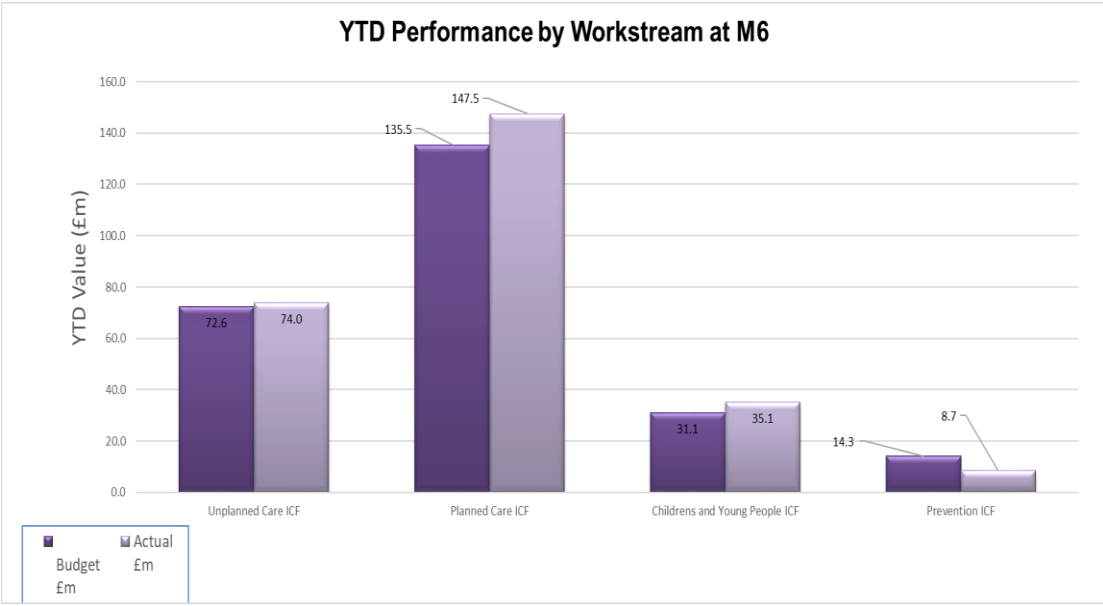
- Unfavourable variances are shown as negative. They are denoted in brackets & red font
- ICF = Integrated Commissioning Fund – comprises of Pooled and Aligned budgets
- *Pooled and aligned funds are not split as for the most part pooled funds do not meet the cost of whole discrete services and therefore the split would not be representing the true position.**

Integrated Commissioning Budgets – Performance by workstream

WORKSTREAM	Annual Budget £m	YTD Performance			Forecast Outturn	
		Budget £m	Actual £m	Variance £m	Forecast Outturn £m	Forecast Variance £m
Unplanned Care ICF	145.1	72.6	74.0	(1.5)	146.2	(1.1)
Planned Care ICF	275.9	135.5	147.5	(12.0)	280.7	(4.8)
Childrens and Young People ICF	63.0	31.1	35.1	(4.0)	63.0	0.0
Prevention ICF	28.9	14.3	8.7	5.6	28.9	0.0
All workstreams	512.9	253.4	265.3	(11.9)	518.8	(5.9)
Corporate services	28.5	7.9	6.8	1.1	26.1	2.3
Local Authorities (DFG Capital and CoL income)	1.3	0.7	0.5	0.2	1.3	0.0
Not attributed to Workstreams	29.8	8.6	7.2	1.4	27.5	2.3
Grand Total	542.7	262.0	272.6	(10.5)	546.3	(3.6)

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 £4.8m adverse position in planned care is driving the consolidated forecast position. This is due to a number of pressures in the London Borough of Hackney;
 - Learning Disabilities Commissioned care packages, although much reduced from the 2018/19 position due to the application of both budget growth and one-off funds, is reporting £1.1m adverse against year end budget.
 - Physical & Sensory Support is forecasting an overspend of £0.6m.
 - Memory/Cognition & Mental Health ASC (OP) is forecasting an overspend of £0.7m.
 - The Mental Health service provided in partnership with the East London Foundation Trust (ELFT) within this work stream is forecast to overspend by £0.5m.
 - Ongoing challenges around Housing Related Support (HRS) service redesign is resulting in a £0.8m overspend.
 - In addition, the Barts acute contract within the CCG is forecast to over spend by £0.9m.
- Unplanned Care:** At month 6 the workstream is forecasting an adverse variance of £1.1m. This is being driven by the CCG where the £0.9m adverse position driven by Bart's £0.8m & Moorfields £0.3m. The position is being partially off set by LBH where interim care is under spending by £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 6, 2019/20

Pooled Budgets	ORG	WORKSTREAM	Annual Budget £000's	YTD Performance			Forecast		
				Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
Commissioned		Unplanned Care	18,784	9,392	9,392	0	18,784	0	0
		Planned Care	7,060	3,530	3,530	0	7,060	0	0
		Prevention	51	25	25	0	51	0	0
		Childrens and Young People	0	0	0	0	0	0	0
		Pooled Budgets Grand total	25,895	12,948	12,948	0	25,895	0	0

Aligned	ORG	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
	Planned Care	200,241	97,627	98,077	(450)	201,185	(944)	(1,058)	
	Prevention	3,826	1,913	1,913	0	3,826	0	0	
	Childrens and Young People	52,465	26,132	26,117	15	52,441	23	8	
	Corporate and Reserves	28,463	7,901	6,760	1,141	26,124	2,339	1,879	
	Aligned Budgets Grand total	405,615	193,883	193,883	(0)	405,615	(0)	0	
Subtotal of Pooled and Aligned			431,510	206,831	206,831	(0)	431,510	(0)	0

In Collab	Primary Care Co-commissioning	48,081	21,233	21,233	0	48,081	0	0
Grand Total		479,591	228,064	228,064	(0)	479,591	(0)	0
CCG Total Resource Limit		510,009						
SURPLUS		30,418						

Primary Care Co-Commissioning (outside of the ICF): At month 6, the Primary Medical Service is reporting a breakeven position to budget and plan, with a full year spent of £48.1m, this includes growth of £1.8m (+3.9%) from 2018/19.

Learning Disabilities: Following the 2018/19 Learning Disabilities joint funding pilot and subsequent negotiations, the 2019/20 programme will include an in-year review process that will determine the health contributions to LBH and will form the basis of ongoing work in this area. The cost associated with this has now been included in the financial plans for the year.

- At month 6 City & Hackney CCG declared a breakeven position against plan to deliver its £30.4m surplus. The reported position has been fully risk assessed with all known acute, non-acute and primary care risks and mitigations forming part of the forecast outturn for 2019/20.
- The recurrent QIPP target of £5m is fully identified and expected to deliver on plan. Any slippage will be mitigated through new savings and/or over achievement from existing schemes. Work is underway to identify and develop new savings schemes for the coming year 2020/21.
- The acute portfolio was reviewed using Month data to arrive at a break even position. While significant providers such as Homerton, Barts, Moorfields and ULCH held their Month 5 position, the London Ambulance Service position deteriorated by £0.5m on Month 5. The overall acute position has been mitigated through acute reserves in addition to favourable variances at Chelsea and Westminster Hospital, Guys and Whittington. The independent Joint Audits at the Homerton Trust reviewing counting and coding and charging of Elective, Outpatient and Day Case activity over the last 12 months has been completed with the final outcome report to be shared by the end of October.
- Non-Acute expenditure which includes Learning Disabilities, Continuing Health Care, Integrated Care, End of Life and Programme Projects were reported on plan. Whilst the block arrangement with the main mental health provider ELFT is on plan, the Community Health Services (CHS) block is being rebased to ensure finance and activity data are in line with the contract. The outcome of the rebasing exercise has been agreed with the Homerton with an increase to the final contract value of £0.8m to be made.
- Pooled budgets:** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF), Integrated Independence Team (IIT) and Learning Disabilities. At Month 6 these are expected to break even.
- Unplanned Care:** At Month 6 the £1.4m adverse forecast was being driven by over performance on the Bart's contract £0.7m - areas of over performance in the main were Non-elective, mostly in respect of A&E clinic, palliative medicine, general medicine, clinical haematology, respiratory medicine and vascular surgery. In addition to this LAS is forecast to overspend by £0.7m. The CCG's budget has been set in line with an interim value agreed with the provider while negotiation is taking place with all London CCGs to agree 19/20 contract value
- Planned Care:** The £0.9m adverse position was driven by Bart's £0.8m & Moorfields £0.3m, with mitigating under spends across a number of other smaller acute contracts.
- Corporate & Reserves:** Reporting a £2.3m favourable position which includes the Acute general reserves of £2.1m that are being used to mitigate the CCG's position.

City and Hackney CCG - Risks and Mitigations Month 6, 2019/20

Summary and Progress Report on Financial Risks and Opportunities to Month 6 - 30 September

Ref:	Description	Risks/ (Opps) £'000	Prob. %	Recurrent £'000	Non Recurrent £'000	Narrative
1	Homerton Acute performance	1,750	31%	500	51	Risk of over-performance, PTL and external audit impact.
2	Homerton Overseas Visitors	750	67%	500	0	Underwriting the risk attached to chargeable overseas patients.
3	System Resilience	678	100%	0	678	Subject to future FPC review.
4	Bart's Acute Performance	2,100	90%	1,898	0	Risk based on current over-performance and assessment.
5	Outer Sector - Acute Performance	900	63%	443	126	Over-performance across out of area portfolio.
6	Non Contract Activity	400	0%	0	0	Risk of cost pressure emerging during the year.
7	Continuing Healthcare, LD & EOL	400	0%	0	0	Risk attributable to high cost packages.
8	Joint LD programme	800	100%	800	0	Risk above the estimated £1.9m budget contribution.
9	Integrated Learning Disability Service	450	44%	200	0	Risk of cost pressure emerging following the transfer of service from the Homerton to ELFT.
10	Better Care Fund	100	100%	100	0	Increased contribution approved.
11	Non Acute	1,345	100%	1,320	25	Contract rebasing and renegotiation.
12	Programme Costs	300	0%	0	0	Integrated commissioning programme development.
13	Estates	500	60%	0	300	Primary Care estates infrastructure.
14	Ringfenced Budgets	1,441	0%	0	0	Assigned to commitments.
15	Prevention Standard	2,000	100%	0	2,000	Establishing a baseline for system prevention & innovation.
16	Neighbourhood Health & Care Services	2,500	100%	0	2,500	Investment programme.
17	NELCSU to NELCA POD Transfer	300	100%	0	300	Cost pressure associated with transfer.
18	QIPP Under Delivery	677	0%	0	0	Under delivery of agreed schemes.
19	Primary Care - Rent Revaluation	500	0%	0	0	Retrospective rent increases.
20	Primary Care - Rates	300	0%	0	0	Increased rateable value on estate.
21	Primary Care - Digital First	1,034	82%	0	851	Contribution to Hammersmith & Fulham CCG.
Total Risks		19,225	65%	5,761	6,831	
1	Acute Claims and Challenges	(1,400)	50%	(700)	0	Based on historic trend.
2	Acute Reserves	(2,731)	97%	(2,641)	0	To contain acute cost pressures.
3	Strategic Reserve	(206)	0%	0	0	Reserve utilised for LD commitment.
4	Contingency	(2,377)	0%	0	0	Contingency.
5	Assigned Budgets	(2,763)	69%	(1,910)	0	Commissioning arrangements to be formalised.
6	Ringfenced Allocations	(1,441)	22%	(310)	0	Assigned to commitments.
7	Running Costs	(1,177)	17%	(200)	0	Running cost underspend.
8	Prior Year and Dispute Resolution	(9,463)	72%	0	(6,831)	Opportunities arising from settlement of disputed items and accruals.
Total Opportunities		(21,558)	58%	(5,761)	(6,831)	
				0	0	
In-Year Surplus						0
Brought Forward Underspend						(30,418)
Carried Forward Underspend						(30,418)

London Borough of Hackney – Position Summary at Month 6, 2019

ORG Split	WORKSTREAM	Total Annual Budget £000's	Pooled Annual Budget £000's	Aligned Annual Budget £000's	YTD Performance			Forecast		
					Budget £000's	Spend £000's	Variance £000's	Fcast Spend £000's	Variance £000's	Prior Mth Variance £000's
Pooled and Aligned Budgets Commissioned & Directly Delivered	LBH Capital BCF (Disabled Facilities Grant)	1,525	1,525	-	763	551	211	1,525	-	-
	LBH Capital subtotal	1,525	1,525	-	763	551	211	1,525	-	-
	Unplanned Care (including income)	5,299	1,029	4,270	2,650	3,560	(910)	5,003	296	493
	Planned Care (including income)	63,946	29,665	34,281	31,973	43,816	(11,843)	68,062	(4,117)	(3,747)
	CYPM	9,049	-	9,049	4,525	8,381	(3,857)	9,049	-	-
	Prevention	23,554	-	23,554	11,777	6,266	5,511	23,545	9	10
	LBH Revenue subtotal	101,848	30,694	71,154	50,924	62,024	(11,100)	105,659	(3,811)	(3,244)
Grand total	103,373	32,219	71,154	51,687	62,575	(10,888)	107,184	(3,811)	(3,244)	

103,373

- The Mental Health service provided in partnership with the East London Foundation Trust (ELFT) within this work stream is forecast to overspend by £0.5m. The overall position is made up of two main elements - a £0.6m overspend on externally commissioned care services and (£0.1m) underspend across staffing-related expenditure.
- Ongoing challenges around the Housing Related Support (HRS) savings programme target of £4.5m is resulting in a £0.8m overspend.

- **Unplanned Care:** The majority of the Unplanned care forecast underspend of £0.3m relates to Interim Care and is offset by overspends on care packages expenditure which sits in the Planned Care work stream. The unplanned care position has moved adversely by £0.2m this month, primarily due to increased costs in relation to the revised block contract arrangement for interim bed based care provision.
- **In summary,** the Planned Care overspend is partially offset by forecast underspends in Unplanned Care reducing the overall revenue overspend to £3.8m.
- **CYPM & Prevention Budgets:** Public Health constitutes vast majority of LBH CYPM & Prevention budgets which is forecasting a very small overspend.

- At Month 6 LBH reports a forecast overspend of £3.8m
- **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 Planned Care workstream is driving the LBH over spend. The position deteriorated by £0.4m this month primarily due to growth in client numbers across care support commissioning & a reduction in funding from the Better Care fund due to the late announcement & clarification of funds available from the regional team.

- Learning Disabilities Commissioned care packages within this work stream is the most significant area of pressure with a £1.1m overspend. This is significantly less than last year due to the application of both budget growth and one-off funds in this area.
- Work is ongoing with CCG colleagues to embed the joint funding model for high cost Learning Disability packages as business as usual. The CCG have committed to ringfence £1.9-£2.7m within their financial planning for 2019/20 and a contribution of £1.9m has been factored into the forecast. Progress has been slow in embedding the joint funding model which has resulted in fewer than expected cases going through the panel process to date. This is being closely monitored by all partners and measures have been taken to ensure completion of all joint funding assessments by the end of the year, which includes having dedicated project support from the PMO in adult services to ensure the smooth day to day operation of the process, given its high priority and funding risk.
- Physical & Sensory Support is forecasting an overspend of £0.6m, whilst Memory/Cognition & Mental Health ASC (OP) is forecasting an overspend of £0.7m. The cost pressures being faced in both service areas has been driven by the significant growth in client numbers as a result of hospital discharges. A set of management actions have been agreed to mitigate the ongoing cost pressures within the service as follows:

- Multidisciplinary Team Review (MDT) of Care Packages which has already delivered savings of £667k to date.
- Promoting Personalisation and increasing uptake of direct payments.
- Three conversations

To note the potential impact of the above management actions on the overall finance position would be offset by any additional demand coming through the service.

London Borough of Hackney - Risks and Mitigations Month 6, 2019

London Borough of Hackney	Risks	Full Risk Value £'000	Probability of risk being realised %	Potential Risk Value £'000	Proportion of Total %
	Pressures remains within Planned Care	3,811	100%	3,811	100%
	Learning Disability Joint Funding	1,900		1,900	
	TOTAL RISKS	5,711	100%	5,711	100%
	Mitigations	Full Mitigation Value £'000	Probability of success of mitigating action %	Expected Mitigation Value £'000	Proportion of Total %
	Work is ongoing with CCG colleagues to embed the joint funding model for high cost Learning Disability packages as business as usual. There is an agreement between both parties for all packages to be reviewed for joint funding.	TBC	TBC	TBC	TBC
	Multidisciplinary Team Review of Care Packages (£667k savings achieved to date)	TBC	TBC	TBC	TBC
Personalisation and DPs - Increasing Uptake	TBC	TBC	TBC	TBC	
Three Conversations	TBC	TBC	TBC	TBC	
Review one off funding	3,811	100%	3,811	100%	
Uncommitted Funds Sub-Total	3,811	100%	3,811	100%	
Actions to Implement					
Actions to Implement Sub-Total	0	0	0	0	0
TOTAL MITIGATION	0	0	0	0	0

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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.
- 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

City of London Corporation – Position Summary at Month 6, 2019/20

Pooled Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	YTD Performance			Forecast Outturn		
				Budget £000's	Spend £000's	Variance £000's	Outturn £000's	Variance £000's	Prior Mth Variance £000's
Pooled Budgets	Comm'n'd & *DD	Unplanned Care	65	15	-	15	65	-	-
		Planned Care	85	60	-	60	85	-	-
		Prevention	60	30	30	-	60	-	-
Pooled Budgets Grand total			210	105	30	75	210	-	-

Aligned Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Outturn £000's	Variance £000's	Prior Mth Variance £000's
Planned Care	4,548	2,272	2,079	193	4,293	255	319		
Prevention	1,447	527	447	80	1,448	(1)	-		
Childrens and Young People	1,532	493	617	(124)	1,532	-	-		
Non - exercisable social care services (income)	(180)	(75)	(90)	15	(183)	3	(5)		
Aligned Budgets Grand total			7,641	3,410	3,114	296	7,384	257	314
Grand total			7,851	3,515	3,144	371	7,594	257	314

* DD denotes services which are Directly delivered .

* Aligned Unplanned Care budgets include iBCF funding - £265k

* Comm'n'd = Commissioned

- At Month 6, the City of London Corporation is forecasting a year end favourable position of £0.3m, a slight deterioration on the Month 5 position
- Pooled budgets** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF), Integrated Independence Team (IIT) and Learning Disabilities. These budgets are forecast to break even at year end.
- Aligned budgets** are forecast to under spend at year end. This is being driven by a number of underspends including; Social Work activities, Residential care (Older People 65+), Home Help and Supported Living(18-64).
- No additional savings targets were set against City budgets for 2019/20

Integrated Commissioning Fund – Savings Performance Month 6, 2019/20

City and Hackney CCG

- At the end of month 6 the CCG is reporting £2.29m savings delivered against a year-to-date (YTD) plan of £2.44m. The overall forecast outturn is on target to deliver the full £5m.
- QIPP schemes have been reviewed and risked assessed for financial delivery based on YTD actual delivery position and/or implementation status with yearend forecast adjusted accordingly.
- Included in the £5m FOT are high risk schemes totalling £301k. Remedial actions are being implemented to reduce risk of non-delivery of 2019/20 QIPP savings target.
- It is also important to note that schemes totalling £459k have been closed, savings are not expected for these schemes in 2019/20 thus not included in the £5m FOT.
- Mitigations applied to the FOT position this month include the following;
 - Further £300k to be delivered on Homerton Biosimilar scheme leading to an increased yearend forecast from £420k to £719k
 - £51k part year effect of Evidence Based Intervention scheme.
 - £30k part year effect of Outpatient Transformation – community gynaecology expansion scheme.
 - Further £65k non recurrent savings released from Estates dispute resolutions leading to an increased yearend forecast from £172k to £237k

Under-delivery and Mitigations:

- Included in the £5m FOT are high risk schemes totalling £642k however there are some mitigations being reported in the current position:
 - Outpatient Transformation Programme - Virtual Fracture Clinic delivering savings from quarter 2.
 - Higher than planned savings being delivered by the Termination of Pregnancy scheme.
 - Higher than planned savings targets deducted from the Barts and UCLH contracts relating to prescribing QIPP – Biosimilars.
 - UCLH patient transport scheme agreed in the block contract mitigating the UCLH reducing FA's and FUP's which was not agreed into the block contract.
 - Non recurrent savings released from Estates dispute resolutions.

London Borough of Hackney

- LBH has agreed savings of £0.9m for 2019/20 of this we have delivered £0.1m in 2019/20. The shortfall in savings relates to delays in achieving the overall Housing Related Support (HRS) savings programme target of £4.5m, resulting in a £0.8m pressure. The service continues working in collaboration with existing providers to develop a sustainable service model, and are confident these savings will be delivered next year as part of the ongoing redesign of HRS.

City of London Corporation

- The CoLC did not identify a saving target to date for the 2019/20 financial year.

Title:	Integrated Commissioning Programme Progress Report
Date:	14 November 2019
Lead Officer/s:	Carolyn Kus, Director of Programme Delivery
Author:	Stella Okonkwo, Programme Manager – Integrated Commissioning
Committee(s):	None.
Public / Non-public	Public

Executive Summary:

We have produced a progress report for the Integrated Commissioning (IC) Programme which covers the following areas:

- IC Programme/PMO
- Workstreams
- Enabler Groups
- System finance.

Progress on IC programmes is reported monthly to the Accountable Officers Group (AOG) and then on to the Integrated Commissioning Board (ICB). The Progress report content also forms the basis of our monthly updates to the East London Health & Care Partnership, the CCG Governing Body, and other ad hoc reports as required. Programme updates are provided by Care workstream and Enabler Group leads at the end of each month.

The information provided this month is, as at the 30th of October 2019.

For October, the IC Programme PMO and the Care workstreams all reported a RAG status of Green while the Communications & Engagement Enabler, IT Enabler, and Primary Care Enabler all reported a RAG status on their activities of partial Amber. The Red RAG status reported by the Estates Enabler in October has now moved to an Amber status, as there is now good progress on the provision of operational data by Providers to Attain.

Furthermore, work is continuing with our Care workstreams and Enabler Groups to change the reporting approach/template before the end of Q3 2019/20. The new format will pull together the strategy and direct the focus on what the Workstream Directors and Enabler Group Leads need to discuss with the AOG and ICB. The report will be more orientated to focus on the major transformation programmes that underpin the Long Term Plan, with a focus on, Neighbourhoods, Primary Care Networks and Community Services Development and the other major programmes, which comprise of the Integrated Health and Social Care agenda.

The current template covers:

- Progress on key activities in the previous month
- Planned activities for the coming month
- Progress against strategic milestones [as set by the ICB];

- Key risks and issues [these include all risks with a scope of 15+ from the ICB Risk Register and new risks provided by system leads as part of their monthly update];
- Any item which require a decision by the AOG or the ICB.

Risk

We have included a summary of IC Risks and Issues in the Progress report – these will be pulled directly across from the IC Risk and Issues Register; this part of the document will be populated monthly by the IC Governance Manager. Enabler Groups are also required to send over risks relating to their portfolio areas monthly as part of their Progress report updates.

Milestones

We are reporting IC milestones forecasted for delivery from Q2 2019/20 to Q4 2019/20 from the IC 19/20 & 20/21 Roadmap.

Decisions for AOG and ICB

This section shows any portfolio areas, which require a decision from the AOG or the ICB.

Finance

A finance update is provided by the IC Finance Team

Recommendations:

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

- To **NOTE** the October 2019 Integrated Commissioning Progress Report.

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

- To **NOTE** the October 2019 Integrated Commissioning Progress Report.

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	<input checked="" type="checkbox"/>	Each of the milestones included in the Roadmap relate to IC Programme Strategic Objectives
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input checked="" type="checkbox"/>	
Ensure we maintain financial balance as a system and achieve our financial plans	<input checked="" type="checkbox"/>	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	
Empower patients and residents	<input checked="" type="checkbox"/>	

Specific implications for City

The progress report summarises programmes of work which will impact City residents.

Specific implications for Hackney

The progress report summarises programmes of work which will impact Hackney residents.

Patient and Public Involvement and Impact:

All programmes of work referenced in the Progress report will impact patients and members of the public in the future, many of these programmes of work will have:

- their own programmes of resident consultation planned, and
- will feed into governance arrangements which will involve patient and public representatives

Clinical/practitioner input and engagement:

All programmes of work referenced in the Progress report relate to programmes of work which will feed into parts of the IC governance system which involve clinicians

Equalities implications and impact on priority groups:

Some of the Programmes of work referenced in the Progress report will impact specific priority groups, for example: young parents, young people and mental health

Safeguarding implications:

All Programmes of work referenced in the Progress report will interface appropriately with safeguarding governance and assurance across the City and Hackney system

Impact on / Overlap with Existing Services:

N/A

Supporting Papers and Evidence:

October 2019 Integrated Commissioning Progress Report

Sign-off:

London Borough of Hackney: Anne Canning

City of London Corporation: Andrew Carter

City & Hackney CCG: David Maher

C&H Integrated Commissioning and Care Programme – Monthly IC progress report

For the Integrated Commissioning Board & Accountable Officers Group

Overall progress

- City and Hackney have contributed to the NEL STP response to the Long term plan. There will be a series of engagement activities to be undertaken with various committees during November, wider public engagement will be determined with NHS England
- The Provider Alliance Application Process has now commenced with a series of meetings being held with key workstream directors, and senior leaders across City & Hackney.
- Risk register work for the IC Programme has been refreshed and the intention is to have a risk register ICB development session in quarter 1 2020
- The First Draft Target Operating Model (TOM) has been completed for neighbourhoods; to be taken to AOG for discussion.
- The Prevention investment strategy has now been agreed. This will be rolled out across City & Hackney to drive forward the ambition to have prevention fully embedded across the integrated care system
- The Mental Health Strategy has been agreed at the ICB, the strategy is now to be rolled out and shared across the integrated care systems including agreed action plans

1. Key activities in October 2019

Workstream	Activity	Status
IC Programme PMO	<ul style="list-style-type: none"> • ICB Development Session on the governance arrangements in place for an Integrated Care Board within City & Hackney as we move towards a One ICS and One CCG within NEL • Sign-off of the draft 2020/21 System Intentions by the ICB and document shared widely across organisations and partners, the ODG and Clinical Commissioning Forum (CCF) • Commencement of the work required to establish an IC Workforce Enabler which encompasses CEPN • Ongoing development of the IC programme plan with a focus on Planned Care Handover to New Programme Director 	Green
Prevention CW	<ul style="list-style-type: none"> • MECC: Development of an action plan to implement recommendations from scoping phase; training contract mobilisation; update to October Prevention Core Leadership Group. • City and Hackney Substance Misuse Service: ITT published. • Supported Employment Network: network meeting to take forward programme plans. • Social Prescribing: Commencement of stakeholder engagement to inform design of new commissioned service. • Directory of Services: Business case for next stage development. • Prevention Investment Standard: Discussion paper taken to ICB; development of mobilisation plan. 	Green
Planned Care CW	<ul style="list-style-type: none"> • Commencement of the Plan for Gastroenterology, ENT and Rheumatology as part of Wave 3 of the Outpatient Transformation programme. Hypertension will complete with the agreement of updated pathways and operating processes. • Ongoing recruitment of Outpatients Transformation Manager and IT Project Manager • Submission of the Housing First Contract Award Report (rescheduled from September) • Updated Learning Disability Strategy and funding plan -workshop arranged to resolve any issues • Continuing Healthcare External Review Report available • Audit to confirm figures for number of Personal Health Budgets completed 	Green
Unplanned Care CW	<ul style="list-style-type: none"> • Roll-out of End of Life Rapid Response overnight service pilot as a shared service with Newham CCG, provided by Marie Curie. • Implementation of recommendations from Discharge to Assess Pilot • Support to PCN Clinical Directors to meet system leaders and establish their place in the system. 	Green
CYPMF CW	<ul style="list-style-type: none"> • Continued implementation of new mental health support teams in schools, CAMHS transformation refresh, and new emotional wellbeing offer for Black African & Caribbean Heritage YP (Partnership with VCS, successful national funding bid) • First London-wide Clinical Governance and Leadership Board to implement CYP national transformation (LTP) took place 15th October. C&H secured place on Board. • Logic model for C&H ACEs approach in place. Drafting of strategy commenced. • 100% of maternity bookings now on Personalised Care Plans (PCP). New digital lead in place for WS from Nov, to implement new digital platform to improve women's experience. Design started. • Build recs from Sept workshop into design of integrated CYP SLT service (live 2020) • Local and WEL Safeguarding arrangements operational from 29 September. CDOP arrangements agreed. • Continued early work on families work in line with PCNs. Paediatric Psychiatric liaison pilot agreed for Woodberry Wetlands 	Green

2. Key activities planned for November 2019

Workstream	Activity	Status
IC Programme PMO	<ul style="list-style-type: none"> • Scoping of workforce workshop to take place in December. • Fully complete draft TOM for programme and set up workshop session with key leaders to undertake first full walk through. • Meeting with workstream directors to begin to discuss the workstream architecture • Ongoing development of the IC programme plan including the development of business principles for the PMO • Ongoing work with neighbourhood TOM • Ongoing support with Adult Service colleagues in preparation for integration 	Green
Prevention CW	<ul style="list-style-type: none"> • MECC: Training co-design with innovation sites; action planning meetings with strategic partners; evaluation baselining commences • Social Prescribing/community navigation: ongoing stakeholder engagement to inform service redesign; pooling business case being presented to ICB • Directory of Services business case for next stage development to be presented to IT Enabler Board • Prevention Investment Standard: mobilisation plan finalised; ongoing discussions with HCVS and Neighbourhoods programme team to inform design of community element. 	Green
Planned Care CW	<ul style="list-style-type: none"> • Contract awarded to the preferred supplier for Housing First, mobilisation to begin. • Report outcome of Audit of outpatient activity and findings considered by Planned Care CLG • Next steps to be agreed following presentation of INEL Continuing Healthcare review recommendations • GP training session to be delivered on working with people with a learning disability • Business case for community heart failure project in diuretics service to be presented to CCG Finance and Performance Committee • Implementation of Mosaic IT monitoring system for joint funded Personal Health Budgets • Outpatient Transformation IT Project Manager to start in post. 	Green
Unplanned Care CW	<ul style="list-style-type: none"> • Development of the neighbourhoods operating model • Neighbourhood workshops to further develop anticipatory care • Roll-out of End of Life Rapid Response overnight service pilot as a shared service with Newham CCG, provided by Marie Curie. • Continue to implement recommendations of the Discharge to Assess review. • Establish a project group with commissioners, providers and service users to co-produce an integrated discharge model and the future recommissioning of the Integrated Independence Team. • Work with NEL partners and LAS to take forward learning from the Perfect Day – this is a great opportunity to get all system partners working together to reduce ambulance conveyances to ED where appropriate 	Green
CYPMF CW	<ul style="list-style-type: none"> • Annual Safeguarding Report to go to the ICB. New arrangements being implemented. • Continued embedding of Mental Health support teams in schools, and 'Growing Minds' VCSE mental health support for Black African & Caribbean Heritage YP up to 25 years. • Draft of Integrated Emotional health and wellbeing strategy due December • Draft of City and Hackney approach to Adverse Childhood experiences : Needs analysis, strategy and Action Plan on track for January 2020. • Design developing for new maternity digital platform, ACES resource portal and CAMHS digital front door underway. • Development of Integrated Speech and Language Therapy services continues • Immunisations two year action plan to go to the November ICB 	Green

C&H Integrated Commissioning and Care Programme – Monthly IC progress report

For the Integrated Commissioning Board & Accountable Officers Group

2. Key activities in October 2019 (cont.)

Enabler Group	Activity	Status
Communications & Engagement Enabler	<ul style="list-style-type: none"> ICCEEG Meeting held on Weds 2nd October 2019 ICCEEG to implement Co-Production Self-Assessment tool with workstream and service user input. This is on - going Ongoing review of Co-production Charter. 	Green
	<ul style="list-style-type: none"> Whilst the ICB signed off the IC Brand strapline, the logo was not signed off - Follow-up actions to take place in order to establish new brand / logo. 	Amber
Primary Care Enabler	<ul style="list-style-type: none"> Monitor PCN seasonal flu improvement plan Continue dispersal of Abney practice Further primary care strategy coproduction work – first draft 10/10/19 Next meeting of Primary Care Enabler Board 10/10/19 – expecting proposals on setting up a volunteers in primary care pilot (in line with LTP commitment) Local Primary Care Commissioning committee 25/10/19 	Green
	<ul style="list-style-type: none"> Continue migration from existing N3 connections to new secure Health and Social Care Network compliant connections for all GP practices 	Amber
Estates Enabler	<ul style="list-style-type: none"> Presentation to City & Hackney Accountable Officer Group (AOG) in October of the Project Plan for 2020 and 2021 is shown along-side timeline and expected outcomes. Further work to be done to provide estates plans for 2020 & 2021. The STP in the process of updating their Estates Strategy. The First LBH Capital Projects board took place on 16th September. LBH are proposing to send out the tender documentation for the Project Manager for the Capital Projects (Clapton Portico and Belfast Road developments for primary care practice occupation) in first week of November. A draft Communications & Engagement Strategy for Estates Plan was presented to the group meeting. 	Green
	<ul style="list-style-type: none"> All Estates Enabler members still to provide details of both availability of space and requirements to LBH who will maintain the data and make it available to all members. 	Amber
	<ul style="list-style-type: none"> St Leonards - Attain made good initial progress on clinical needs analyses but have moved into a red RAG position due to failure to receive some operational data. 	Red
IT Enabler	<ul style="list-style-type: none"> T-Quest for orders & results – Clarify EMIS quotation, Schedule work TCAMS (Discharge to Pharm)- Integration engine upgrade, design patient workflow Skype for Diabetes options appraisal - Seek to close; Convert to Attend Anywhere pilot 	Amber
	<ul style="list-style-type: none"> East London Patient Record (HIE) – social care data sharing (LBH): Continue further tests to ensure readiness for go-live. Directory of Services development – Developing proof of concept that the data flows required to keep it up to date are possible. Digital Social Prescribing – procure system; agree scope for stage 1 Review and re-prioritise projects to support LTP/care work stream aims 	Green
CEPN Enabler	<ul style="list-style-type: none"> Re-advertisement for HEE Fellows/SPIN programme Secure date/planning for MH Clinical Practitioner Forum Progress engagement and planning for Health and Social Care Careers Fair in November 19 and supporting wider recruitment across the system Planning of Out of Hospital Nursing Conference - Date of Out of Hospital Nursing Conference moved to 5th December, Compile handover and legacy report as Interim Lead leaving post 12th November 	Green

1. Key activities planned for November 2019 (cont.)

Enabler Group	Activity	Status
Communications & Engagement Enabler	<ul style="list-style-type: none"> ICCEEG Meeting to hold on 13th November 2019 Ongoing review of the Co-production Charter - Due December 2019 Ongoing work on the compilation of risk register for enabler groups - Due December 2019 	Green
	<ul style="list-style-type: none"> ICCEEG to implement Co-Production Self-Assessment tool with workstream and service user input. Information presented will be used to inform a Co-production work plan for the system. This activity is currently delayed due to capacity Whilst the ICB signed off the IC Brand strapline, the logo was not signed off; Two logo options are to go out for public engagement through-out November 	Amber
Primary Care Enabler	<ul style="list-style-type: none"> Mobilise new volunteers in primary care contract with Volunteers Centre Hackney Agree with PCNs their plans to invest national PCN development monies (with consideration to their existing development needs/position on PCN maturity matrix) Further primary care strategy coproduction work – engaging with groups with protected characteristics. Questions being addressed include - what is good about your current GPO service; what could be improved; what would excellent look like? internal audit delegated primary care commissioning to be carried out Local Primary Care Commissioning Committee to hold on 29/11/19 	Green
	<ul style="list-style-type: none"> Continue migration from existing N3 connections to new secure Health and Social Care Network compliant connections for all GP practices 	Amber
Estates Enabler	<ul style="list-style-type: none"> Tender documentation to go out for Project manager for Capital Projects covering Springhill and Lower Clapton surgeries. LBH to try and have members provide details of their property availability and requirements for the production of a register. Communications & Engagement - Next steps - to put a timeline together for Homerton and St Leonards in order for people to get a clearer idea on what the estate plan is all about. 	Green
	<ul style="list-style-type: none"> St Leonards – Attain to make further progress with analysis of data 	Amber
IT Enabler	<ul style="list-style-type: none"> East London Patient Record (eLPR, previously known as HIE) – upgrade and technical connectivity with the One London hub; on-going testing to extend data sharing to include social care data Initial review of IT Enabler programme plan to support LTP/care work stream aims Detailed scoping of CYPMF projects - maternity and ACEs portals Directory of Services development – outline costs presented to IT Enabler Board Digital Social Prescribing – early stage interface testing Virtual consultations - Early testing for "Attend Anywhere", NHSE funded pilot 	Green
	<ul style="list-style-type: none"> Orders & results (tQuest) – Finalise and progress schedule of work with system supplier (EMIS) TCAMS (Discharge to Pharm)- Integration engine system upgrade (prerequisite), design patient workflow 	Amber
CEPN Enabler	<ul style="list-style-type: none"> Recruit to CEPN/Training Hub Lead Post Deliver Health and Social Care Careers Fair Evaluation Report of Health and Social Care Careers Fair Appoint HEE Fellow/SPIN position Production of the Handover and Legacy Report 	Green

C&H Integrated Commissioning and Care Programme – Monthly IC progress report

For the Integrated Commissioning Board & Accountable Officers Group (Page subject to review along with programme plan)

3. Delivery of and change to any key ICB Milestones Q1-4 2019/20

Milestone	Target	Forecast	Status
IC Programme: New governance for aligned Neighbourhood Programme and Neighbourhoods Health and Care in place, Long Term Plan (LTP) engagement plan agreed – moved from Q1 to Q2 as guidance has been released.	Q1 2019/20	Q2 2019/20	Completed
IC Programme: Agree the following: local submission for LTP, Comms and Engagement Strategy & IC Strapline signed by the ICB, produce summary of feedback of engagement on LTP & agreed actions	Q2 2019/20	Q2 2019/20	Completed
Unplanned Care: Evaluation of discharge to assess pilot	Q2 2019/20	Q2 2019/20	Completed
CYPMF: the following to go live: New Community Nursing Model goes live, Looked After Children (LAC) service, CAMHS mental health and wellbeing program wider roll-out to schools	Q2 2019/20	Q2 2019/20	Completed
Planned Care: Development of a proposed Alliance model for the neighbourhood programme.	Q2 2019/20	Q2 2019/20	On Track
IC Programme: ICB meets in partnership with providers, system medium term Financial Plan developed, agree new financial risk sharing arrangements, agree model for population risk stratification, map primary care workforce profile, deliver City & Hackney linked data sets	Q3 2019/20	Q3 2019/20	On Track
Planned Care: amend/update POLCE policy as per engagement outcomes & formally agree policy, evaluate the housing tender for the jointly commissioned Housing First Service, Complete Evidence Based Interventions Policy (PoLCE) engagement & agree monitoring arrangements with Providers /CSU	Q3 2019/20	Q3 2019/20	On Track
Unplanned Care: the following to go live: New Discharge Model, new Urgent End of Life Care Model, evaluate the housing tender for the jointly commissioned Housing First Service; Conclusion of duty doctor service review,	Q3 2019/20	Q3 2019/20	On Track
CYPMF: Implementation of City & Hackney approach to Adverse Childhood Events, costed Learning Disability Strategy approved & implementation to begin, Children & families Neighbourhood partnership project work to begin	Q3 2019/20	Q3 2019/20	On Track
Prevention: City Alcohol Strategy to be published, Hackney Carers Service live	Q3 2019/20	Q3 2019/20	On Track
CEPN: Work with NEL to: develop Workforce Development Tools, C&H to host NEL-wide funding for recruitment and training of TNA Educator posts, work with NEL to secure funding to develop and deliver Leadership Programme across PCN Directors	Q3 2019/20	Q3 2019/20	On Track
CEPN: Begin work to map Primary Care Workforce Profile & begin to establish a database of vacancies. Creation of and recruitment to HEE Fellows across Primary and Specialist Care	Q3 2019/20	Q3 2019/20	On Track
CEPN: Lead and Project manage deliver of Health and Social care careers fair.	Q3 2019/20	Q3 2019/20	On Track
IC Programme: Governance agreed for C&H Commissioner and Provider Board, review strategic IC Safeguarding Approach, New Neighbourhoods H&SC contracting arrangements in place, develop a financial model for Community Services to support identification of system efficiencies, IC logo signed by ICB and subsequent public engagement	Q4 2019/20	Q4 2019/20	On Track
Planned Care: Implement POLCE Policy, sign off new Housing First Service at ICB, the following to go live: Mental Health Accommodation High Needs Pathway, CHC service	Q4 2019/20	Q4 2019/20	On Track
Unplanned Care: Delivery of IC Winter Plan	Q4 2019/20	Q4 2019/20	On Track
Neighbourhoods: Neighbourhood Programme to go live, Neighbourhood pilots for adult community nursing, mental health and adult social care to be evaluated and agreed roll out plan	Q4 2019/20	Q4 2019/20	On Track
CEPN: Carry out a needs analysis for workforce enablement across the system; Host Mental Health Clinical Practitioner Forum; Board recognition and agreement of National and local CEPN Priorities	Q4 2019/20	Q4 2019/20	On Track
CEPN: Primary Care placement database to go live; Secure funding to ensure Sustainability of C&H Training Hub for workforce development	Q4 2019/20	Q4 2019/20	On Track

C&H Integrated Commissioning and Care Programme – Monthly IC progress report

For the Integrated Commissioning Board & Accountable Officers Group

4. Key issues and risks			
Workstream / Enabler Group	Description	New or existing	Rating
IC Programme PMO	<ul style="list-style-type: none"> Insufficiently robust framework of risk management provided by ICB to statutory bodies. System SEND overspend. Enabler group strategic agendas not clear to ICB or AOG. NEL Long-Term Plan may arrive too late for adequate engagement. Workforce – Ensuring we have the right skills and competencies 		<ul style="list-style-type: none"> 16 20 16 16 16
Prevention CW	<ul style="list-style-type: none"> Failure to address complex commissioning landscape for health services supporting rough sleepers in the City of London. 		20
Planned Care CW	<ul style="list-style-type: none"> Financial pressures in the Adult Learning Disability Service. Risk of over-performance on elective activity. 		<ul style="list-style-type: none"> 20 20
Unplanned Care CW	<ul style="list-style-type: none"> Discharge and Hospital Flow processes are not effective, resulting in increased DTocS and failure to meet Length of Stay Targets. Lack of visibility of social care funding beyond 2019/20. New ways of working in Neighbourhoods may require information to be shared across providers in ways not covered by existing information and sharing protocols. 	<ul style="list-style-type: none"> Existing New 	<ul style="list-style-type: none"> 20 16 16
CYPMF CW	<ul style="list-style-type: none"> Continuing to monitor risk around low uptake of immunisations in some areas of Hackney. 	Existing	10
Engagement and Comms Enb	<ul style="list-style-type: none"> No risks to escalate. 		
Primary Care Enb	<ul style="list-style-type: none"> No risks to escalate. 		
Estates Enb	<ul style="list-style-type: none"> New Dept of Health policy on 'Transfer of NHS PS and CHP assets to NHS and Foundation Trusts' Ongoing invoice disputes yet to be resolved by NHS PS and CHP (these are also being addressed at an STP level) 		
IT Enb	<ul style="list-style-type: none"> T-Quest/ EMIS Proxy Server Migration Discharge to Pharmacy project review Skype for Diabetes options appraisal 		
CEPN	<ul style="list-style-type: none"> Lack of capacity is high risk due to staffing levels. 		

5. Finance Update (£'000)								
	Organisation	Annual Budget	Forecast Outturn	Forecast Variance	YTD Budget	YTD Spend	YTD Variance	RAG
Pooled Budgets	City and Hackney CCG	£25,884	£25,884	-	£12,922	£12,922	-	
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	£210	£30	180	£105	£30	75	
	Total	£26,094	£25,914	£180	£13,027	£12,952	£75	
Aligned Budgets	City and Hackney CCG	£405,615	£405,615	-	£193,883	£193,883	-	
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	£7,641	£7,384	257	£3,401	£3,114	287	
	Total	£413,256	£412,999	£257	£197,284	£196,997	£287	
ICF	City and Hackney CCG	£431,499	£431,499	-	£206,805	£206,805	-	
	London Borough of Hackney Council	£103,373	£107,184	(3,811)	£51,687	£62,575	(10,888)	
	City of London Corporation	£7,851	£7,414	437	£3,506	£3,144	362	
	Total ICF Budgets	£542,723	£546,097	-£3,374	£261,998	£272,524	-£10,526	
CCG Primary Care co-commissioning		£48,081	£48,081	-	£21,233	£21,233	-	
Total		£48,081	£48,081	£0	£21,233	£21,233	£0	

6. Decisions required by the ICB / For attention of the AOG	
Programme Area	Decision required
Performance	<ul style="list-style-type: none"> Outcomes Framework

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	
PHE	Public Health England	