

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 16 January 2020, 09.30 – 11.30
Committee Room 1, Guildhall, City of London, EC2V 7HH**

Item no.	Item	Lead and purpose	Documentation type	Page No.	Time
1.	Welcome, introductions and apologies	Chair	Verbal	-	09.30
2.	Declarations of Interests	Chair <i>For noting</i>	Paper	3-8	
3.	Questions from the Public	Chair	Verbal	-	
4.	Minutes of the Previous Meeting and Action Log	Chair <i>For approval</i>	Paper	9-18	
Strategies & Transformation					
5.	Prevention Investment Standard Mobilisation Plan	Anna Garner <i>For decision</i>	Paper	19-30	09.35
6.	Workforce Enabler Workshop Update	Carolyn Kus <i>For noting</i>	Verbal	-	10.00
7.	CYPMF Detailed Review	Amy Wilkinson <i>For noting</i>	Paper	31-70	10.05
8.	One CCG & ICB Development	Carol Beckford <i>For discussion</i>	Paper	71-76	10.25
Governance					
9.	Integrated Commissioning Finance Report	Sunil Thakker / Ian Williams / Mark Jarvis <i>For noting</i>	Paper	77-90	10.55

10.	Integrated Commissioning Risk & Issue Registers	Carolyn Kus <i>For noting</i>	Paper	91-115	11.00
11.	Integrated Commissioning Progress Report	Carolyn Kus <i>For noting</i>	Paper	116-120	11.15
12.	AOB & Reflections	Chair <i>For discussion</i>	Verbal	-	11.25
For information items					
-	Adult Safeguarding Annual Report 2018-19	<i>For information</i>	Paper	123-147	-
-	Integrated Commissioning Glossary	<i>For information</i>	IC Glossary	150-154	-

Date of next meeting:

13 February 2019, Room 102 & 103, Hackney Town Hall

**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	<p>Director</p> <p>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</p> <p>Based in St Leonard's Hospital</p>	Pecuniary Interest

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

and

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

**Minutes of meeting held in public on 14 November 2019,
In Committee Room 3, Guildhall**

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

Cllr Christopher Kennedy	Cabinet Member for Family, Early Years and Play	London Borough of Hackney
Cllr Caroline Selman	Cabinet Member for Community Safety, Policy and the Voluntary Sector	London Borough of Hackney

City & Hackney CCG Integrated Commissioning Committee

Dr. Mark Ricketts	CCG Chair (ICB Chair)	City & Hackney CCG
Honor Rhodes	Governing Body Lay member	City & Hackney CCG
Jane Milligan	Accountable Officer	City & Hackney CCG

City Integrated Commissioning Board

City Integrated Commissioning Committee

Randall Anderson QC	Chairman, Community and Children's Services Committee	City of London Corporation
Ruby Sayed	Deputy Chair, Community & Children's Services Committee	City of London Corporation
Marianne Fredericks	Member, Community and Children's Services Committee	City of London Corporation

In attendance

Anna Garner	Head of Performance	City & Hackney CCG
Amy Wilkinson	Workstream Director: CYPMF	London Borough of Hackney
Carol Beckford	Transition Director	City & Hackney CCG
Henry Black	Chief Finance Officer	East London Health and Care Partnership
Gary Marlowe	Governing Body GP member	City & Hackney CCG

Jake Ferguson	Chief Executive Officer	Hackney Council for Voluntary Services
Jonathan McShane	Integrated Commissioning Programme Convenor	City & Hackney CCG
David Maher	Managing Director	City & Hackney CCG
Dr. Peter Kane	Chamberlain	City of London Corporation
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Mark Jarvis	Head of Finance	City of London Corporation
Dr. Sandra Husbands	Director of Public Health	London Borough of Hackney
Sunil Thakker	Director of Finance	City & Hackney CCG
Stella Okonkwo	Programme Manager: Integrated Commissioning	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
Tim Shields	Chief Executive	Hackney Council
Apologies – ICB members		
Councillor Feryal Clark	Deputy Mayor & Cabinet Member for Health, Social Care, Leisure and Parks	London Borough of Hackney
Councillor Rebecca Rennison	Cabinet Member for Finance and Housing Needs	London Borough of Hackney
Other Apologies		
Anne Canning	Group Director, Children, Adults and Community Health	London Borough of Hackney
Ann Sanders	Lay member	City & Hackney CCG
Andrew Carter	Director, Community & Children's Services	City of London Corporation
Dr. Carolyn Kus	Director of Programme Delivery	London Borough of Hackney, City of London Corporation, and City & Hackney CCG

1. WELCOME, INTRODUCTIONS AND APOLOGIES

1.1. The Chair, Mark Ricketts, opened the meeting.

- 1.2. Apologies were noted as listed above.
- 1.3. Attendees were advised that the meeting was being held during the pre-election period, and therefore the associated rules and guidelines on publicity and announcements applied. Members and attendees were therefore requested to not discuss any matters would were partisan or otherwise politically controversial.
- 1.4. It was agreed that the 12 December ICB be **CANCELLED** due to the date coinciding with the General Election. The next meeting will be on 16 January and will be from 9.30am – 12.30pm.

2. DECLARATIONS OF INTERESTS

- 2.1. Councillor Selman noted that as a substitute member, her interests were not captured on the register of interests. Her declared interests were as follows:
 - Manor House Development Trust – Council nominated trustee
 - Co-opted Governor – Little Ilford School, Newham
 - Member – Labour Party
 - Member – Unite the Union
 - Member – PCS Union
 - Member – SERA (Labour Environment Campaign)
 - Volunteer – Hackney Winter Night Shelter
 - Volunteer – Free Representation Unit
 - Partner is a Manager at Baringa Partners LLP
- 2.2. Mark Ricketts noted that his register was out-of-date, however there was no change to his declarations of interests.
- 2.3. Randall Anderson declared that he was on the Council of Governors for Homerton Hospital.
- 2.4. The **City Integrated Commissioning Board**
 - **NOTED** the Register of Interests.
- 2.5. 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.
- **RATIFIED** the items for which the committee was inquorate at the last meeting.
- **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.

4.3 Jake Ferguson stated that in addition to the paper on violence reduction, there was a paper from Martin Griffiths which should be brought back to the ICB.

- **Jake Ferguson to discuss scheduling the paper from Martin Griffiths for a future ICB with David Maher and Councillor Selman.**

5. Childhood Immunisations Update

5.1 The report was introduced by Amy Wilkinson. Following the previous measles outbreak last year, a workshop was held with the aim of having an action plan formulated for responding to the outbreak.

5.2 Randall Anderson noted the difficulty in getting accurate immunization data. He asked if we have any notion of how close we are to achieving a 95% immunization rate. Amy Wilkinson responded that the data was difficult to interpret and had been made more complex by moving to a sub-regional arrangement for child health information systems. This was an ongoing piece of work.

5.3 Honor Rhodes commended the response of the GP Confederation to this outbreak. She also highlighted that a lot of parents were defensive against vaccinating their children due to the physical pain it can cause them. Ruby Sayed added that even though complications from childhood vaccinations were extremely rare, they nonetheless reverberated throughout the community and could cause vaccine hesitancy.

5.4 Mark Ricketts highlighted that many diseases which had previously been considered injurious and life-threatening had now been largely controlled and eliminated, and it was vital to communicate that message effectively.

- **It was agreed that future versions of the report would contain a column that would measure progress against the immunization action plan. Action for Amy Wilkinson.**

5.5 The City Integrated Commissioning Board

- **NOTED** the report.

5.6 The Hackney Integrated Commissioning Board

- **NOTED** the report.

6. Outcomes Framework

6.1 The item was introduced by Anna Garner. The greyed-out items within the report signified items for which we hadn't quite worked out how to measure them at the moment.

- **The ICB agreed that the Outcomes Framework would be brought back to the Board twice yearly.**

6.2 Councillor Selman asked how these measures were arrived at, and whether they interacted with other things being looked at by partners in our neighbouring boroughs. Anna Garner stated that workstreams identified the areas most important to them within their remit of responsibility.

- **Anna Garner and Councillor Selman both stated they would discuss any other areas of potential impact outside of the meeting.**

6.3 Randall Anderson stated that the ambition around supporting people with multiple and complex needs in their physical health was vitally important from a City of London perspective, and hoped to see this move away from being greyed-out in future.

6.4 Jake Ferguson stated that the Hackney Council for Voluntary Services would value a session with Anna Garner on this, as there would be information that the voluntary sector would have access to which would not necessarily be fed into statutory sector data sets. Anna Garner stated that a meeting would be helpful as there would be a significant amount of engagement on this.

- **Jake Ferguson and Anna Garner to meet to discuss the development of the Outcomes Framework.**

6.5 Jake Ferguson asked if salient points around equality would be presented back to the ICB when this is reported in the future. Anna Garner responded that they would be.

6.6 Jake Ferguson added that we need a greater understanding of worker perceptions of how staff on the ground feel that the strategy is helping them. Anna Garner responded that some of the evaluation on the programme would capture this.

- **It was agreed that feedback from staff on the implementation of the outcomes framework would feature in future reports on the outcomes framework.**

6.7 Jane Milligan stated that this was a very good piece of work. It was now within our gift to identify the things in City & Hackney that were important to us and to know how well we were doing. A number of performance challenges would relate to staffing, and whether we have enough people doing the jobs required.

6.8 Honor Rhodes stated that in each of these areas, improving our intimate relationships was a key determinant which we say we will measure. We need to understand what we are going to do in order to help parents raise children happy and healthy. Mark Rickets added that it would be useful to have some of this narrative captured even if it was greyed-out.

6.9 Mark Ricketts stated that in addition to the transformative work we also need to attend to the business as usual work.

6.10 Marianne Fredericks asked why “treatable conditions identified at an earlier stage” was a difficult metric to track. Anna Garner stated that some of this was reflected elsewhere – early diagnosis of cancer, for example, had its own measure.

6.11 The City Integrated Commissioning Board

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

6.12 The Hackney Integrated Commissioning Board

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

7. Integrated Commissioning Register of Escalated Risks and Risk Management Working Group Outcomes

7.1 Carol Beckford introduced the report. She noted that workstream directors had found it challenging to mitigate risks because they needed to be approved by boards, SROs, etc. Whilst the articulation of risks was getting better we needed to get better at saying who was doing what and by when. The Audit Committee would be looking at this in January.

- **It was agreed that each risk would have an ICB owner in order to have board accountability for the risk register.**
- **Caroline Selman stated that the risk on co-production should also reference the voluntary and community sector. Action for Alex Harris.**

7.2 Mark Ricketts noted that we were due to hold a facilitated workshop session at the beginning of 2020 on risk, with RSM expected to convene.

7.3 The City Integrated Commissioning Board

- **NOTED** the report.

7.4 The Hackney Integrated Commissioning Board

- **NOTED** the report.

8. Integrated Commissioning Finance Report

8.1 The item was introduced by Ian Williams. It was noted that there could be increased pressures in terms of local authority funding in the future.

8.2 Mark Ricketts noted that there would be a substantive report on the integrated learning disability service in the new year.

8.7 The City Integrated Commissioning Board

- **NOTED** the report.

8.8 The Hackney Integrated Commissioning Board

- **NOTED** the report.

9. Unplanned Care Detailed Review

9.1 Nina Griffith introduced the item. She stated that on homelessness, there was an evidence-based framework called the Pathways Approach, which is what we used. This had an integrated team which manages and supports homeless people that have come into contact with hospital services. This was not currently in place at Homerton.

9.2 Simon Cribbens stated that the Homerton issue was a gap in the wider system. Jane Milligan's team had been supportive and receptive to our feedback. He also stressed the importance of all settings having appropriate discharge arrangements. Nina Griffith responded that we were also actively looking at what availability we have for the winter in terms of hospital beds. In terms of broader nursing home commissioning, colleagues from around our geographic area were actively looking at other options.

9.3 Randall Anderson expressed concern that if we tied strategies to the timescales suggested by the estates strategy, that could lead to them being stretched out for too long. Nina Griffith stated that we were not tying things to the estates strategy, but rather looking at what options could provide capacity in a shorter timescale.

9.4 Nina Griffith added that a lot of work had been done with Adult Social Care on the medical pieces in the model. There was a strong case for change.

9.5 There had been a lot of work with hoarders, who on average engaged with between 9-29 agencies over the past 12 months. We had developed a model of case conferences that brought a lot of people together.

9.6 Honor Rhodes stated that this work needed to be better understood in terms of intervention and prevention. We should move away from describing people as "patients" and describe them as "people" instead. We also need to see co-production described in a more ambitious way. Nina Griffith stated that engagement was key if we were to lose some of the more depersonalized, professional-sounding language.

9.7 Councillor Kennedy stated that with regard to the voluntary sector providers in the Well Street Common area, he was not able to give them a clear answer on whether resources would follow their referrals. He added that end of life care was a very good example of what integrated commissioning was. Nina Griffith responded that the voluntary sector needed to be considered strategically but also in terms of a more granular form of decision-making.

Some of the things we would put into contracts, traditionally, would not work for the voluntary sector.

9.8 Jake Ferguson highlighted the need to communicate these successes to people in local areas. There had been a serious commitment towards this work from the health and care alliance. Previously there had been issues relating to voluntary and community sector involvement, but this had shifted. Nina Griffith also added that there would be a comms and engagement workshop next week where we would look at our neighbourhood comms plan.

9.9 The **City Integrated Commissioning Board**

- **NOTED** the report.

9.10 The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

10. Integrated Commissioning Progress Report

10.1 Carol Beckford introduced the item. The next time the ICB would meet in January, we would have a different type of reporting.

10.2 The **City Integrated Commissioning Board**

- **NOTED** the report.

10.3 The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

11. AOB & Reflections

11.1 Mark Ricketts noted that the Mental Health Strategy had been nominated for three categories and won one in the Health Service Journal Awards.

11.2 Mark Ricketts also thanked Carol Beckford for her work on the integrated care programme.

11.3 Randall Anderson highlighted an issue at the Neaman Practice with securing appointments on the day. Mark Ricketts stated that whilst this was a specific case, there were general issues with there being insufficient access to meet the demand of the service across.

11.4 Honor Rhodes stated that our paper authors had presented some interesting discussions, and we had talked more about love and pain. This was vital as they were crucial areas to talk about.

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 16 January, 10:00-12:00, Committee Room 1, Guildhall, London EC1V 2HH



City and Hackney Integrated Commissioning Programme Action Tracker

Ref No	Action	Assigned to	Assigned from	Assigned date	Due date	Status	Update
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 as this was affected by the General Election and associated rules on publicity and publication. The document is currently online and engagement is ongoing.
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 TBC.
ICBNov-1	Jake Ferguson to discuss scheduling the violence reduction paper from Martin Griffiths for a future ICB with David Maher and Caroline Selman.	Jake Ferguson	City & Hackney Integrated Commissioning Board	14/11/2019	Jan-20	Open	Preliminary discussions have been held however a date is yet to be confirmed. Date to be brought to the February ICB.
ICBNov-2	Future versions of the Immunisations report to contain a column that would measure progress against the immunisation action plan .	Amy Wilkinson	City & Hackney Integrated Commissioning Board	14/11/2019	Jan-20	Closed	An update on Childhood Immunisations is scheduled on the ICB Forward Planner for June 2020. Progress against the immunisation action plan will be fed into this update.
ICBNov-3	Anna Garner and Caroline Selman to meet to discuss areas of potential impact for the Outcomes Framework .	Anna Garner	City & Hackney Integrated Commissioning Board	14/11/2019	Jan-20	Open	
ICBNov-4	Outcomes Framework to be brought back to ICB twice yearly.	Alex Harris	City & Hackney Integrated Commissioning Board	14/11/2019	Jan-20	Closed	Placed onto forward planner.
ICBNov-5	Jake Ferguson and Anna Garner to meet to discuss the development of the Outcomes Framework .	Jake Ferguson / Anna Garner	City & Hackney Integrated Commissioning Board	14/11/2019	Jan-20	Open	Jake Ferguson has put Anna Garner in touch with the Connect Hackney team who work on loneliness measures.
ICBNov-6	Feedback from staff on the implementation of the outcomes framework to feature in future reports on the framework.	Anna Garner	City & Hackney Integrated Commissioning Board	14/11/2019	Jan-20	Closed	Outcomes framework is scheduled on ICB Forward Planner.
ICBNov-7	Each risk on the risk register should have an accountable ICB member owner in order to have board accountability for the risk register.	Alex Harris	City & Hackney Integrated Commissioning Board	14/11/2019	Jan-20	Open	For discussion at the ICB Development session on risk.
ICBNov-8	Caroline Selman stated that the risk on co-production should also reference the voluntary and community sector .	Alex Harris	City & Hackney Integrated Commissioning Board	14/11/2019	Jan-20	Closed	Risk register updated to reflect Cllr Selman's comments.

Title of report:	<i>City and Hackney Prevention Investment Standard: mobilisation plan</i>
Date of meeting:	16 January 2020
Lead Officer:	Anna Garner
Author:	Anna Garner, Jayne Taylor
Committee(s):	<i>Accountable Officers Group – October 2019</i>
Public / Non-public	Public

Executive Summary:

<ul style="list-style-type: none"> - Aims, objectives and principles of the PINS - Logic model – how to PINS is estimated to achieve its intended outcomes - Proposed system-wide provider element – purpose, funding, what activities included, contracting - Proposed community/Neighbourhood element – purpose, funding, delivery - Timeline - Next steps
--

Recommendations:

<p>The City and Hackney Integrated Commissioning Boards are asked:</p> <ul style="list-style-type: none"> • To NOTE the report and provide feedback • To APPROVE the principles of the PINS • To APPROVE the content of the provider element of the PINS • To APPROVE the next steps for each of the elements of the PINS
--

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"/>	Main objective of the investment standard is to help to achieve this
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"/>	Increasing focus on prevention will contribute to long term financial sustainability
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

Prevention Investment Standard would be across whole City and Hackney system
--

Specific implications for Hackney

Prevention Investment Standard would be across whole City and Hackney system
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Patient and Public Involvement and Impact:

Transformation Board - 23 rd October

Prevention workstream CLG – 10th December (although unfortunately patient rep unable to attend)
Impact on perceptions of service providers should be positive (allow for more patient-centred care and preventing ill health and associated challenges in the population) but more consideration can be given when proposal has more detail developed

Clinical/practitioner input and engagement:

Transformation Board - 23rd October
Prevention workstream CLG – 10th December
VCS Strategy Group – 12th December

Equalities implications and impact on priority groups:

TBC when more detail on priorities for service providers and criteria for community fund decided

Safeguarding implications:

None

Impact on / Overlap with Existing Services:

Proposals about additional services and ways of working. More consideration can be given when proposal has more detail developed.

City and Hackney Prevention Investment Standard

Aims and Objectives

Investing in prevention is a system priority for City and Hackney (as exemplified by the Integrated Commissioning Board strategic objectives and supported by the NHS Long Term Plan), with two aims:

- improve the long term health and wellbeing of local people and address health inequalities; and
- achieve financial sustainability for the City and Hackney system.

The purpose of the Prevention Investment Standard (PINS) is to support these aims by creating a mechanism for how the City and Hackney system can understand its level of investment in prevention activities and ensure the level of investment in prevention activities is increased over time to shift the balance between spend on prevention activities and spend on reactive activities. This increase in investment linked to the PINS is intended to influence system behaviours and support a culture shift (alongside wider prevention strategies), by impacting on:

- understanding of the role all local partners play currently and could play in delivering prevention initiatives
- understanding of the role of the wider determinants of health on individual health outcomes
- perceived responsibility of partners for the health of the whole of the City and Hackney population
- knowledge, attitudes and skills of staff across system partners to consider/include prevention as part of a wider range of interactions with patients
- integration of prevention activities within treatment pathways
- capacity and capability of system partners to deliver prevention activities

Financial modelling

The PINS ambition would be to agree a set proportion of all (NHS) budgets (e.g. 0.5%) which would be allocated to (additional) prevention activities and increase this proportion over time. The level of this prevention investment will be defined by financial modelling, to be carried out by the Integrated Commissioning Finance team and be consulted on in 2020/21. The ambition would be to implement this from 2021/22.

How we ensure that prevention spend is maintained or increased over time might look different for different partners. In the context of local authority budgets, this may be a requirement to maintain current spend on prevention rather than increasing absolute spend.

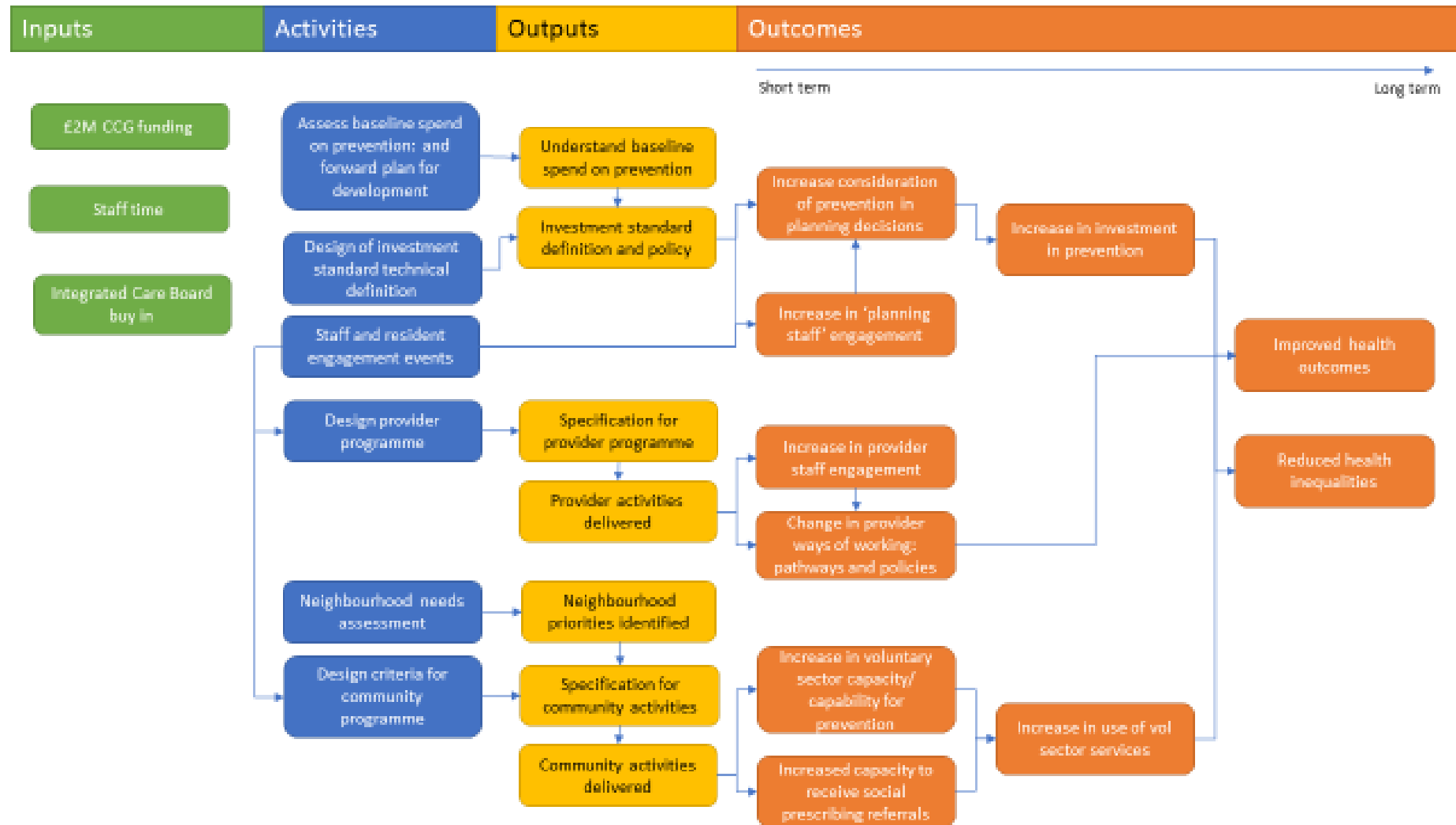
We are going to carry out an exercise to 'baseline' what we spend on prevention across system partners currently. The results of which will inform how the PINS is applied to all partner budgets from 2021/22.

Prevention principles underpinning the PINS

- Improving the health of the whole City and Hackney population is the responsibility of all partners: prevention, health improvement and reducing health inequalities should be the 'core business' of all organisations
- It is the responsibility of all partners to ensure a holistic approach is taken to understanding and addressing the wider needs of residents and patients by:

- Empowering them to manage their own health and retain their independence
 - Supporting them to access all services and networks relevant to improving their health and wellbeing
- Every opportunity is taken by frontline health and care staff to provide brief advice and support people to access non-clinical services to improve their health and wellbeing (= 'Making Every Contact Count')
- Prevention and health improvement should be routinely considered as core elements of all relevant clinical pathways
- All organisations of prevention services must ensure that these services are accessible to all and, where there is evidence that this is not the case, take remedial action to reduce inequity in access
- When planning health and care services, City and Hackney partners consider the discrete opportunities for particular organisations/services in accessing particular population groups and maximising that opportunity for improving outcomes for those groups (e.g. rough sleepers may only access care in a crisis from A&E, some patients may only access pharmacies rather than other primary care, socially isolated patients may only be visited by their care worker)
- Prevention and health improvement play a key role in staff health and wellbeing programmes

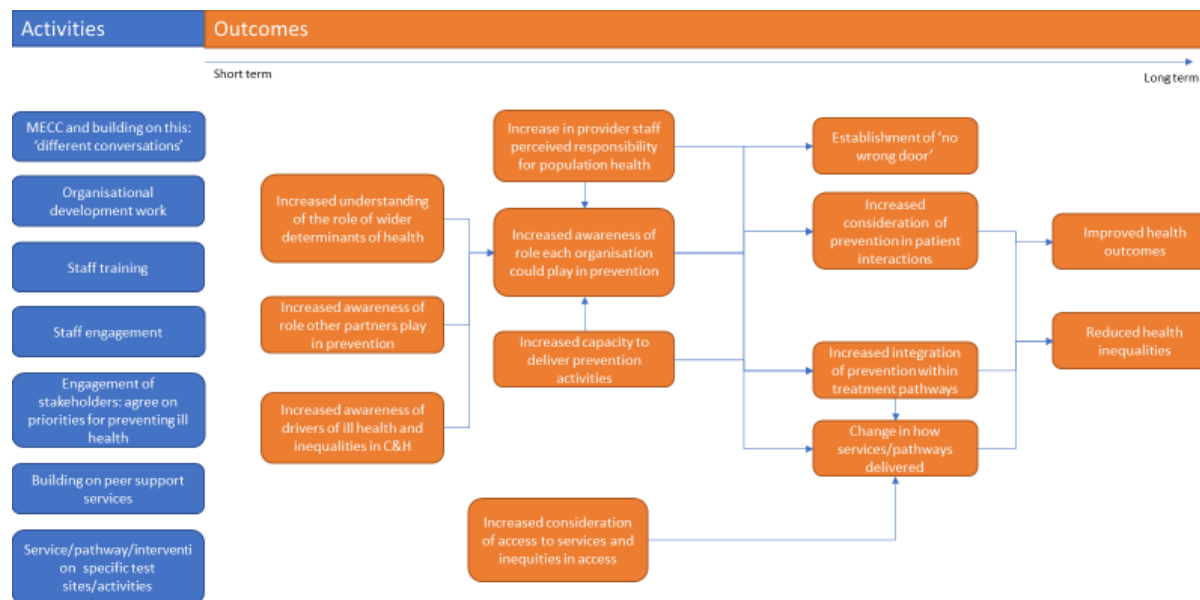
Draft logic model for PINS (theory of change)



PINS system-wide element

Purpose

The primary purpose of the PINS system-wide provider element is to change attitudes and behaviours of frontline staff to be more prevention-focused, and to change perceptions of responsibility for population health (by working outside of/across organisational boundaries), and ensure that all staff fully employ their role in improving population health. To support this, the focus will be on building skills, increasing capacity and implementing and embedding specific evidence-based preventative interventions as part of clinical pathways.



The proposed content of the system-wide provider element was co-produced by City and Hackney Transformation Board members (session in October 2019). The ideas discussed there will be used either as system-wide plans or for themes for service specific plans (see below).

Funding

Applicable for system-wide NHS providers: Homerton Hospital, East London Foundation Trust and GP Confederation (rationale: providers with large, established recurrent budgets).

From 2021/22: a proportion of the CCG budget for each provider to be spent on prevention activities.

Some non-recurrent additional funding available for 2020/21.

Delivery

Of the additional funding next year, some to be spent on overarching work (across organisations and services, although potentially trialled in particular services/teams) and some spent on specific initiatives (these can be single providers or partnerships of providers – including partnerships with e.g. community pharmacy or voluntary sector organisations).

Both elements were constructed using the evidence base, C&H outcomes framework priority areas and themes identified from TB session [staff health and wellbeing, patient engagement/education in the community, embedding prevention in clinical pathways, wider determinants of health, increasing access/reducing inequities in access, reducing social isolation]:

1. Overarching elements (delivered during 2020/21)
 - a. Staff development
 - i. Building on existing MECC programme: 'Different conversations'
 - ii. Navigation 'no wrong door' (building on existing work of community navigation project manager)
 - b. Peer support services – build into relevant existing pathways to complement current services, respond to identified Neighbourhood need
 - c. Infrastructure e.g. directory of services
2. Service/pathway/intervention specific element. Prevention Workstream drafted menu of opportunities for providers to select activities.

PINS community/Neighbourhood element

Purpose

The primary purpose of the community element would be to ensure that community capacity to deliver prevention activities/services/interventions is increased, via:

- funding community and voluntary sector organisations at a Neighbourhood level
- ensuring sufficient capacity for VCS organisations to receive referrals from increased community navigation capacity (including social prescribing)
- primary care – individual or networks of practices (GP Confederation considered above)
- community pharmacy

Delivery

We would want this to be delivered at a Neighbourhood level to utilise hyper-local assets and community networks to meet Neighbourhood specific needs and priorities.

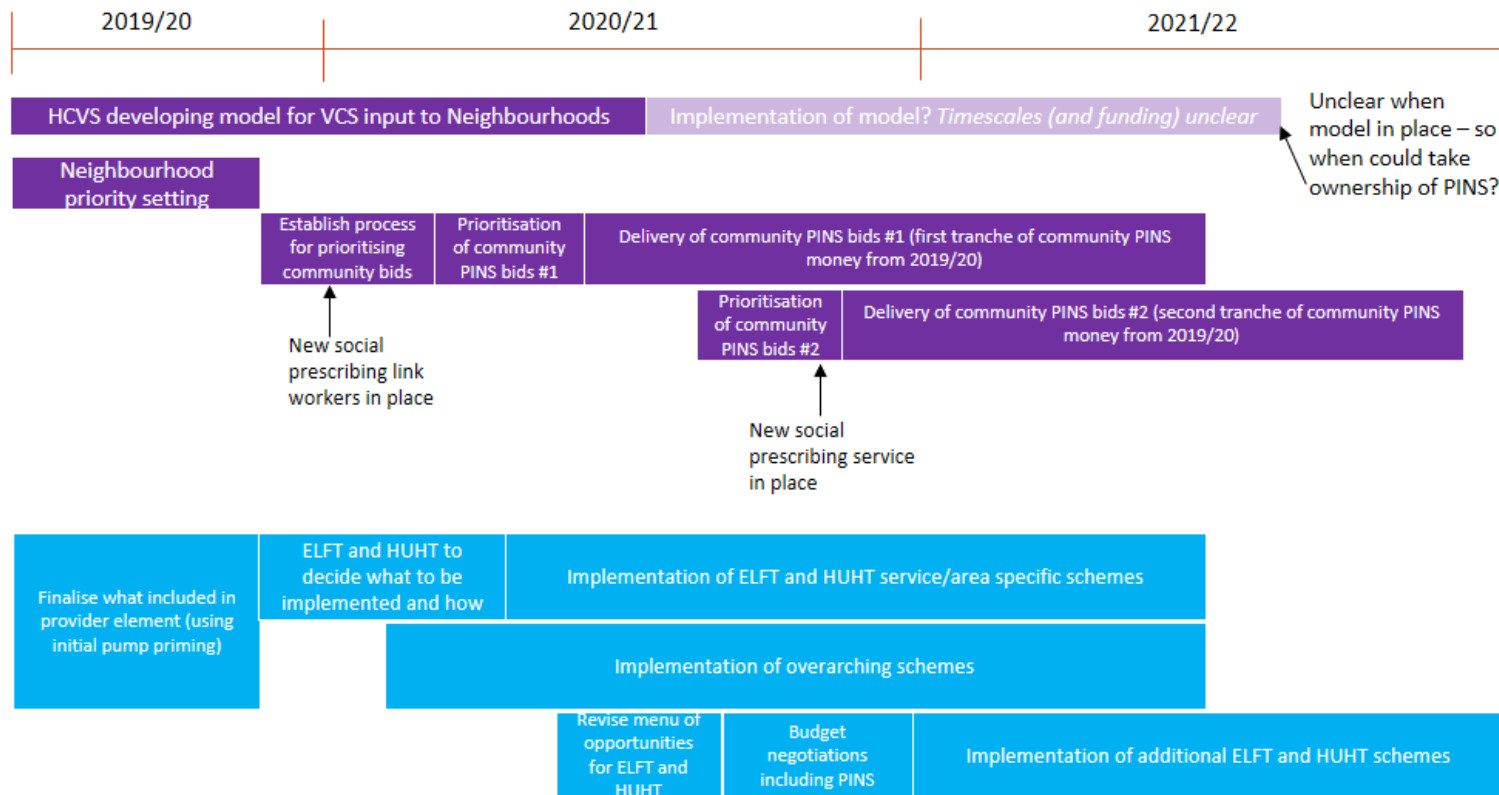
Ambition: when Neighbourhood Operating Model has been implemented, one lead ‘fund holder’ could receive all funds for PINS community element and allocate to the appropriate organisations, to administer PINS community funds for each Neighbourhood:

- Receive money
- Decide on priorities
- Decide on how best to meet needs within these priorities
- Contract to deliver services (primary care, VCS, other organisations or partnerships)
- Monitor delivery
- Evaluate impact

Funding

Some non-recurrent CCG funding available for 2020/21. A set amount would be available per Neighbourhood (for one or multiple projects) – potentially over 2 years. Money from the CCG Clinical Commissioning and Engagement contract and primary care headroom will be used to fund the primary care element of this. Currently no guarantee of future funding (past 2020/21). Need to consider how this element of the PINS will be made sustainable (knowing that the impact of these schemes is often long term and will be unlikely to release short-term financial savings).

PINS timeline – community and provider elements



Next steps

Short term (2-3 months)

1. Establish best way to apply PINS to primary care
2. Establish system PINS finance task and finish group – CCG, CoL and LBH
3. Provider element
 - a. Get approval from Prevention workstream for what included in Provider elements
 - b. Work with ELFT and HUHT to decide on which to be implemented in 2020/21, including agreeing costings
 - c. Contract variations for ELFT and HUHT interventions
 - d. Let contracts for overarching projects
 - e. Develop monitoring framework for all
4. Community element
 - a. Consider how community element could be made sustainable
 - b. Agree with LBH and CoL how health projects (including but not limited to PINS) feed into their governance/work with the VCS and their VCS strategy
 - c. Consider how current Renaisi work on community anchor institutions intersects with community element of PINS
 - d. Confirm process for Neighbourhood priority setting (Neighbourhood quarterly meetings – Feb 2020)
 - e. Draft process for bids and prioritisation for community element (City and Hackney wide vs Neighbourhood, criteria for bids, prioritisation process, who involved in decisions)
 - f. Call for bids and prioritisation
 - g. Contract for interventions and monitoring framework in place

Longer term (4-12months)

5. Financial modelling
 - Set level of PINS e.g. % of total CCG allocation/provider budgets
 - Plan for how to set baseline of our current spend on Prevention (across CCG, CoL and LBH)
 - Use results of baselining project of how to determine how the PINS would apply to LBH and CoL budgets
6. Engagement of stakeholders: get consensus on priorities and agree messages on what best to improve patient health considering above information.
7. Monitoring of community and provider activities
8. Planning for next round of community PINS bids

9. If relevant, revision of menu of opportunities for provider element
10. Engagement with providers on inclusion of PINS into budgets for 2021/22

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Title of report:	Children, Young People, Maternity and Families Detailed Review
Date of meeting:	16 th January 2019
Lead Officer:	Anne Canning (WS Senior Responsible Officer) Amy Wilkinson (WS Director)
Author:	Amy Wilkinson and CYPMF teams, with clinical input from Rhiannon England, Balvinder Duggal, and Laura Smith.
Committee(s):	CCG Clinical Effectiveness Committee: 11 th Dec 2019 CCG Public Patient Involvement Committee: 12 th Dec 2019 CCG Finance and Performance Committee: 22 nd Jan 2020 <i>All for information / Endorsement</i>
Public / Non-public	Public

Executive Summary:

This paper is the detailed workstream review outlining progress to date, and direction of travel for the Children, Young People, Maternity and Families workstream.

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

- Delivery of the workstream 'asks'
- Performance against national Constitution standards, Integrated Assessment Framework standards, CQUIN and Quality Premium measures
- Finance and QIPP delivery
- Plans and opportunities for the workstream going forward

Integrated Commissioning Board is asked to note in particular the following concerns and issues:

Performance

- University Foundation Trust (HUFT) have **sustained quality improvements** in performance of midwifery service, including continuing to perform well on delivering the **Continuity of Carer (CoC)** pathway. In March 2019 exceeding the national ambition of 20% and on track for the national aim of 35% by March 2020. HUFT are supporting other trusts with models. At the end of Q2-2019, 69% of vulnerable women were booked into the CoC pathway.
- Good performance shown on maternity dashboard in areas such as **early booking and maternal and neonatal observations** using Maternity Early Obstetric Warning System (MEOWS) and Newborn Early Warning Trigger & Track (NEWTT).
- **Solid Improvements in newborn blood spot screening** being carried out by midwives on the 5th day of life for the early detection of serious health conditions have been made by HUHT, rising from 54.6% to 79.6%.
- The rate of **CO2 screening** at first booking has been increasing steadily and is now at 96%.

- **CAMHS Transformation Phase 3** continues. Key developments include the **16-25 transitions service, Reach and Resilience project expansion** with the launch of a 'Cool down cafe' on the Pembury Estate and online counselling offer as well as the establishment of a line and **crisis pathway** for Children & Young People.
- The **Well-Being and Mental Health in Schools (WAMHS)** project launched Phase 2 in June 2019 with phase one having been rolled out in half of the state maintained schools in Hackney. Rollout to the remaining schools is on track for 20/21. Having secured national trailblazer funding of £1.8million over 2 years, we are now implementing **Mental Health Support Teams** to provide direct clinical interventions in schools We have also been successful in securing external funding for VCSE "**Mind the Gap**" with NHSE, PHE, HCVS, Family Action and Off-centre: supporting Black African and Caribbean young people at key transition points is now being implemented.
- **Access rate** to CAMHS based on locally collected data increased from 30.9% to 41% from 2017/2018 to 2018/2019 which exceeded the target of 34% for 19/20 and has already **exceeded the target for 20/21**.
- Targeted **childhood immunisations** service continues in the NE Hackney; with slight improvements in uptake of immunisation in GP level data, and the service models continue to be tailored to the needs of the community. Further investment in line with our two year action plan will roll out in 2020.
- The collaborative re-design and commissioning process for the **new Health of Looked After Children (LAC)** service successfully launched on September 2019 and is on track to transfer to Hackney Ark by January 2020.
- **Care Education and Treatment Review (CETR)** processes are being established across City and Hackney, in line with Long Term Plan guidance
- IAF indicators on **patient experience both in maternity and children and young people's services** need improvement and we are prioritising this. "Perfect Ward", a health and quality app making it easier to collect feedback from staff and patients has recently been implemented, Family and Friends Test work **and improving patient experience remains a priority** for 2020 and the Maternity Voices Partnership has been refreshed and is increasing user engagement and progressing well.
- Increases in **paediatric urgent care (A&E)** presentations and increased acuity since October have been raised, somewhat reflecting annual seasonal fluctuations, and in line with other NEL trusts, but this is being monitored closely.
- We would like to strengthen the monitoring of **performance of Children's community paediatric and nursing services**, and will be working with HUFT on implementing this immediately.

Activity

- Linked to the above, **maternity activity** continues **to increase at HUFT** and decrease out of area, likely linked to quality and reputational improvements. Both the 'Making Every Contact Count' (MECC) programme and Adverse Childhood Event work are being piloted through the maternity service, alongside exploring the **digitalisation of records and appointment booking**.
- The range of transformational integrated priorities being delivered across the partnership currently continues, including development of a **0-25 commissioned service**, an **integrated emotional wellbeing strategy**, a 2 year **immunisations action plan**, a City and Hackney approach to **Adverse Childhood Events**, and the redesign and integrated commission of our Children's Speech and Language Therapy service.

- Work is underway (linked to the implementation of CETR processes above), to agree **joint funding protocols and packages for children with complex care needs**, and others with SEND. This work is particularly relevant to children with LD and Autism, and will draw on learning from similar adult focussed work.
- A third of the contracts forming the current HUFT community health services contract deliver on outcomes for children and families, and these are being re-designed as part of the '**Neighbourhood Health and Care**' work, in line with our transformational and collaborative ambitions. We will be working with the **Provider Alliance** to reflect and deliver this work. We are moving work with **PCNs and Primary Care** forward with the recruitment of a CYPMF neighbourhood's role that will develop and support delivery to strengthen the CYP and Families offer, including joint working, at neighbourhood level throughout 2020.

Financial

- Linked to the points above, significant changes in **coding** of complexity of maternity deliveries have been investigated (through internal and external audit, with a view to being clear on, and mitigating the financial implications). **Resolution of outstanding financial implications have been agreed** with HUFT, and we will need to ensure baselines moving forward are reflective of changing demand.
- Several areas of savings have been identified and continue to be implemented, including reducing duplication of payment across the maternity pathway, CAMHS productivity QIPP and further QIPP linked to reductions in births at UCLH. These **pipeline QIPP** are being developed.
- As above, **joint funding arrangements** are being explored across the system, in order to establish clear funding protocols, ensure efficiencies, and also to improve the experience of children with more **complex health needs**. More structure has been introduced recently to monitor care packages with NEL CSU, in order to prevent unexpected pressures.
- Key areas of financial pressure that impact across the system continue to be spend on SEND, increases in numbers of children in care and expected future reductions in the Public Health grant.
- There are no significant **budget** variances at year end with the exception of one high cost continuing care package (See response above).

Recommendations:

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

- To **NOTE** the report; and

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	<input checked="" type="checkbox"/>	The majority of spend in CYPMF can support the prevention agenda, in line with early intervention return on investment principles.
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health and wellbeing of local people and address health inequalities		
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input checked="" type="checkbox"/>	We are working to develop a stronger joint working around families, at a neighbourhood level with wider universal provision (ie. schools, children's centres).
Ensure we maintain financial balance as a system and achieve our financial plans	<input checked="" type="checkbox"/>	We are putting systems in place to strengthen areas of unpredictability as much as possible, as outlined above
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	As outlined throughout the main review
Empower patients and residents	<input checked="" type="checkbox"/>	As outlined in the main review under 'co-production'

Specific implications for City

City of London specific priorities have been revisited during 2019. CYPMF has supported an integrated deep dive of current CYPMF health and wellbeing contracts and commissions, and continues to support with this in terms of the Public Health and CCG budgets. Key emerging areas of work include commissioning additional support for children and young people (specifically LAC, including unaccompanied asylum seekers), supporting the embedding of new Health of LAC arrangements, supporting co-production of SEND strategic plans and development of the Integrated Emotional Health and Wellbeing Strategy.

Specific implications for Hackney

A large proportion of the detailed review pertains directly to Hackney, its partners, and improving outcomes for its children and families.

Patient and Public Involvement and Impact:

This review has been to the PPI committee, and was well received with useful input on our plans to strengthen children and young people's engagement, and discussion on maternity, breastfeeding and looked after children. There was also helpful discussion on strategies for improving patient experience.

Clinical/practitioner input and engagement:

Our three workstream clinical leads (Rhiannon England: Children and Young People, Laura Smith: CAMHS and wellbeing, Balvinder Duggal: Maternity) have been integral in pulling the review together, in steering the work of the workstream and in fronting its work. A number of other clinical leads feed into and deliver specific pieces of work to support the workstream's outcomes. This review has also been presented at CEC, with helpful discussion on strategies for improving immunisations and prescribing in maternity.

Communications and engagement:

CYPMF works closely with the CCG / LBH communications teams on a range of areas. Key campaigns and pieces of work currently include a Public Health immunisations campaign, good news stories around new CAMHS interventions and the 'Choose Homerton' maternity campaign, and digital communication support on ACEs will commence shortly.

Equalities implications and impact on priority groups:

We are continuing to focus on reducing inequalities and improving outcomes for vulnerable groups, through:

- Our second transformation priority, that actively seeks to improve health outcomes for vulnerable groups, including Looked After Children, those at risk of sexual exploitation, those in contact with the Youth Justice System and those with SEND. We now have a new 'child focussed' service to improve health of looked after children.
- Prioritising work with Young Black Men, including co-chairing the YBM Mental health partnership and match funding a VCSE (HCVS and Family Action) emotional wellbeing project bid to work specifically with African and Caribbean heritage young people at key transition points in their lives.
- Supporting professionals working with those who have experienced trauma, and pilot approaches to working in a trauma informed way through our wider work on Adverse Childhood Experiences.
- A range of work to improve emotional wellbeing and mental health for key groups, including those who identify as LGBTQ+, perinatal women and a stronger mental health offer for LAC.
- Improving the maternity pathway for vulnerable families. We will prioritise reviewing this during 2020.
- Actively investing in improving immunisation rates in our specific communities with low uptake.

Safeguarding implications:

There is a specific section on safeguarding, including our approach to supporting changes outlined in the new 'Working together to Safeguard Children 2018' Guidance' embedded in the review. Changes have now been accepted and published by national government. We are working on agreeing arrangements across NEL for management of Child Death overview going forward.

Impact on / Overlap with Existing Services:

The review reports on both business as usual and transformational work delivered through the workstream, and takes into account work being delivered across the breadth of all three key commissioning organisations, and through a range of delivery partners.

Sign-off:

Workstream SRO: Anne Canning; Group Director Children, Adults and Community Health

London Borough of Hackney: Anne Canning; Group Director Children, Adults and Community Health

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

City & Hackney CCG: David Maher, Managing Director

Children, Young People and Maternity: **Families**

Detailed Review December 2019
Clinical Executive Committee



City and Hackney
Clinical Commissioning Group

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- CYP Emotional Wellbeing detail	Slides 32-33

Overview: Performance Headlines

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Maternity</p>	<ul style="list-style-type: none"> ■ Homerton University Foundation Trust (HUFT) have sustained quality improvements in performance of midwifery services ■ 28.9% of women booked on Continuity of Carer (CoC) pathway in March 2019 exceeded national ambition of 20%. Aiming for 35% by March 2020, and HUFT are supporting other trusts with models. Agreed CQUIN to provide CoC for women with pre-existing diabetes pathway well under way. At the end of Q2-2019, 69% of women were booked into CoC pathway (70% - including women that were migrated to the CoC pathway after booking). ■ 100% new booking have triggered a Personalised Care Plan (PCP) and the Homerton are continuing to maintain their high performance above the 30% target for women booked on to continuity of carer pathways. ■ Activity continues to decrease with Out Of Area (OOA) providers and complexity profile has remained static at UCLH, Whittington & Barts. A slight increase in deliveries in 2018/19 reported at the Homerton with evidence of increasing coding of deliveries with complexities and comorbidities. ■ Good performance shown on maternity dashboard in areas such as early booking and maternal and neonatal observations using Maternity Early Obstetric Warning System (MEOWS) and Newborn Early Warning Trigger & Track (NEWTT). ■ “Perfect Ward”, a health and quality app making it easier to collect feedback from staff and patients has recently been implemented, Family and Friends Test work and improving patient experience remains a priority for 2020 and the Maternity Voices Partnership has been refreshed and is increasing user engagement and progressing well. ■ Excellent improvements in newborn blood spot screening being carried out by midwives on the 5th day of life for the early detection of serious health conditions have been made by HUHT rising from 54.6% to 79.6%. ■ The rate of CO2 screening at first booking has been increasing steadily and is now at 96%. ■ The maternity service are scoping the impact of introducing digital maternity records, alongside a digital patient interface, that would also enable booking. This is being explored with the support of the workstream and ICT enabler.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Children and Young People</p>	<ul style="list-style-type: none"> ■ Targeted childhood immunisations service continues in the NE Hackney; the service models continue to be tailored to the needs of the community and a greater focus on community events with ongoing regular and bookable clinics ■ The collaborative re-design and commissioning process for the new Health of Looked After Children (LAC) service successfully launched on September 2019 and is on track to transfer to Hackney Ark by January 2020. ■ No significant budget variances at year end with the exception of a high cost continuing care package. ■ Care Education and Treatment Review (CETR) processes established across City and Hackney, in line with Long Term Plan guidance ■ The CYPMF workstream has joined the London Clinical and Professional reference group which works to implement national transformation agenda from the NHS Long term plan ■ The Speech and Language Therapy work to develop an integrated service launched in July 2019 and is progressing well and is on track to align budgets by April 2020 with formal pooling arrangement options being explored from April onwards

Overview: Performance Headlines

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">CAMHS & Wellbeing</p>	<ul style="list-style-type: none"> - CAMHS Transformation is now in Phase 3. City and Hackney CAMHS Alliance is due to publish the transformation plan for 2019/2020 in January which includes 18 transformation work streams - Some highlights including the 16-25 transitions service, Reach and Resilience project expansion with the launch of a ‘Cool down cafe’ on the Pembury Estate and online counselling offer as well as the establishment of a line and crisis pathway for Children & Young People. - The Well-Being and Mental Health in Schools (WAMHS) project re-launched in June 2019 with phase one having been rolled out in half of the state maintained schools in Hackney. Rollout to the remaining schools is on track for 20/21. Funding of £1.8million over 2 years will enable Mental Health Support Teams to provide direct clinical interventions in schools building on the WAMHS strategic work. - Detached youth work and mental health team (the Trusted Relationships project) continues to work with the borough's most vulnerable and hard to reach young people and is at the end of year 1 of a 2-4 year project involving capacity building in community settings around education, awareness of support, reducing harm and increasing access to mental health pathways. - An Integrated Emotional Health and Wellbeing strategy led by the work stream is in draft form and a consultation process with Young People is in development for January 2020. - Access rate to CAMHS based on locally collected data increased from 30.9% to 41% from 2017/2018 to 2018/2019 which exceeded the target of 34% for 19/20 and has already exceeded the target for 20/21
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">SG</p>	<ul style="list-style-type: none"> - City and Hackney Safeguarding Partnership went live on 29th September 2019 and published local arrangements inline with Working Together to Safeguard Children 2018. - The Child Sexual Assault Hub is well established and has seen higher levels of activity on emotional support than has been forecast. - A workshop on implications for practice of the Adverse Childhood Experiences (ACE's) research between partners on 22nd August 2019 was well attended and the first phase of training rolled out with GP's on 17th October 2019 and was well received. The strategy for a system-wide approach to Adverse Childhood Experiences in in progress and work on an ACE's Resource Portal and workforce development plan is in development to provide practitioners with tools and resources to ensure they are trauma-informed and ACE aware, to promote and enable early intervention and build resilience.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Public Health Services</p>	<ul style="list-style-type: none"> - Following on from the measles outbreak, Public Health continues to focus on supporting local efforts to improve immunisation uptake across the life course with particular efforts around increasing access for the Charedi community. A PH facilitated task and finish group continues to work collaboratively to address barriers with key partners and stakeholders. - Design of a full 0-25 year old commissioned services (including integrated community health services) is under way. - The Public Health commissioned Young Hackney Health and Wellbeing team continue to work with all maintained primary and secondary schools and are delivering at full capacity. Currently, the offer is being developed to ensure that it supports the statutory changes to the National Curriculum around PSHE. - Family Nurse Partnership has 63 clients enrolled including 1 parent from the Jewish Orthodox community with a further one in recruitment. This increase in uptake is in part due to the upper age limit being extended to 25. - Work is being done to clarify and strengthen the health visiting offer for the City of London.

Performance: risk, challenges and mitigations

Issues and Risks	Progress / Actions being taken to address:
<p>Finance:</p> <ul style="list-style-type: none"> • Budgets being agreed for 2020. The Workstream Quality Improvement Productivity and Prevention (QIPP) target was achieved for 19/20, and schemes are being agreed for 2020, to a target of £688,259. • Financial pressures on funding SEND and children's social care continue across the system • Likely future need to re-baseline maternity budget, based on increasing activity. Neutralisation agreement for 18/19 and 19/20 (see below). • A recent audit of C2C outpatient paediatric activity found that 50% were incorrectly coded. 	<ul style="list-style-type: none"> • Currently 60 million (circa) of aligned budgets with plans progressing to pilot a pooling arrangement for SaLT due to go live in 2020. • Several pipeline QIPP schemes being scoped (CAMHS, Midwifery re-patriation, ENT). Further alignment of budgets being explored • PIC funded pilot work is supporting integrated funding arrangements across health education and social care. STP work to support alignment of health contribution to EHCP pathway across areas and develop health benchmarking work. • Paediatric OP audit underway.
<p>CAMHS:</p> <ul style="list-style-type: none"> • School exclusions and self-harm remain high. Hackney has significantly higher numbers of children in specialist education provision and demand for CAMHS continues to increase by 15-18% per year for each of our local services. 	<p>The CAMHS transformation programme is tackling a range of these challenges with strong partnerships in place across the Local Authority and Hackney Learning Trust. We are also piloting a 16-25 year old transition service.</p> <p>Funding has been secured for full roll out of WAHMS and mental health support in schools, increased support for Black African and Caribbean heritage young people</p>

Performance: risk, challenges and mitigations

Issues and Risks	Progress / Actions being taken to address:
<p>Maternity:</p> <ul style="list-style-type: none"> - Increasing caesarean rates an area of concern. This is being monitored through the Maternity Quality Partnership, the Business and Performance Group and the CYPM workstream. - Maternity deliveries with complications and comorbidities increasing year on year at HUH as per YTD data at M06 2018/19 shows an increase from 54% in 2017/18 to 63% in September 2018 (see previous detailed review). An audit was conducted to assess impact of coding changes. - Women's experience of services and of choice continues to be an area for improvement linked to IAF indicators 	<p>22.7% emergency caesarean section rate. Ongoing MDT emergency caesarean section reviews. Ongoing focus on our normalising birth action plan.</p> <p>Neutralisation agreement secured with HUFT in response to maternity coding audit for 18/19 and 19/20 (circa 1.2 million).</p> <p>Work is underway through HUFT as part of their Maternity Action and Improvement Plan. They recently implemented the "Perfect Ward" app which will enable additional feedbacks from staff and patients, and are seeing increasing positive feedback locally.</p>
<p>Children and Young People:</p> <ul style="list-style-type: none"> • Transfer of Health of Looked After Children's service. • Figures from the LAC health annual report for Q1, 2 and 4 of 2018/19 show that 64% of Initial Health Assessments were completed within 20 days which was mostly due to late notification and reduced clinic capacity. • A high number of the LAC children were also found to be refusing a second LAC health review and dental and immunisation take up by LAC children and young people was found to have gone down. 	<p>Safe transfer on track to be achieved from WH to HUFT with funding envelope agreed. Implementation of new service underway. Partnership redesign group continues to develop the care pathways underpinning the agreed specification.</p> <p>First Partnership contract monitoring meeting held in November 2019. Partnership focus on 1) improving efficiency and timeliness of data sharing and uploads, and 2) strengthening emotional wellbeing screening approach, continues.</p> <p>A policy/ pathway is in place to address the refusal of reviews with input from young care leavers.</p>

Performance: risk, challenges and mitigations

Issues and Risks	Progress / Actions being taken to address:
<p>Children and Young People:</p> <p>Addressing current low uptake of immunisations and vaccinations, particularly in the north of Hackney, but also more generally, exacerbating levels of risk around health protection outbreaks.</p>	<p>Transfer of some GPC delivered imms data (on practice systems) is still outstanding, impacting full performance analysis. GPC is leading on this with practices.</p> <p>GPC are validating lists for practice action and will implement a quarterly validation process. GPC service model has continued to flex to meet the needs of the community. Future funding arrangements of a tailored service offer are under review, longer term expectation is that the PCNs work collaboratively to commission a local offer.</p>
<p>The Long Term plan outlines Care Education and Treatment Review (CETRs) processes that are the responsibility of the CCG are not yet fully embedded. These cross -agency arrangements are intended to prevent avoidable admissions to long stay specialist hospitals for children and adults with LD and / or autism who are displaying challenging behaviour.</p> <p>All agencies need to be aware of the cohort and to refer for consideration at the Transitions Case Management Group, ensuring consent is sought prior to inclusion on the register. CYP who have not had a recent inpt admission but are at risk are not yet included on the register and need to be identified.</p> <p>Joint funding arrangements need to be agreed for high cost placements / provision where this is required to support placement in the community.</p>	<p>CETR governance arrangements have been agreed and implemented via the Transitions Case Management Group and the Transitions Steering Group. A minimum of 4 CETRs are currently in train for end of 2019/ start of 2020.</p> <p>Presentations have been made to ELFT CAMHS, each of the Transitions governance meetings and Joint Complex Care Panel, planned with the EHCP Team. There is close working between the CCG's children's and integrated adults teams and processes are aligned where possible.</p> <p>Time intensive joint working with a neighbouring CCG regarding a high cost CYP who is expected to require joint funding. Retrospective review of the case with NHSE will be required to clarify future CCG roles and responsibilities.</p>

Prospective opportunities

Potential opportunities to work with **Young Black Mens Programme (YBM)**, **Hackney Young Futures Commission** and a refreshed **Young Parents Advisory** group to input both at strategic and service delivery level. In this way, young people, parents and carers in City and Hackney can have meaningful input and influence on the workstream priorities and we can ensure that their needs and lived experiences are central to all we do.

Development of a **system-wide Adverse Childhood Experiences (ACEs) strategy** that links workstream priorities with a **strong agenda around Prevention and building Resilience** at all levels by raising awareness of the impact of ACEs through the lifespan. Existing good practice and training will be built on to provide training and resources to ensure professionals at all levels have the tools they need to **intervene early** to improve outcomes and **ACES Champions** will be supported to disseminate and embed these values within the culture of the system.

An **Integrated Emotional Health and Wellbeing Strategy** for 2019-2024 that frames the CAMHS Transformation, includes reference to the strategy on Adverse Childhood Experiences (ACEs) and places the Alliance in a strong position going forward across all partners is a significant opportunity.

To work closely with Prevention on piloting delivery of **MECC (Making Every Contact Count)**. The midwifery service will be an early adopter with Health visiting following shortly. Potential for developing the social prescribers model for parents and carers and for young people will be explored with the Prevention workstream along with links to Young Hackney and Peabody's **Parent Champions** which is supported by funding from Coram.

The **commissioning of a 0-25s integrated Public Health service is currently being scoped** with a view to commencing in early 2020 to have a new service in place by Autumn 2021. Services being considered for inclusion are Health Visiting, Family Nurse Partnership, CHYPS Plus, Young Hackney Health and Wellbeing Service, Young Hackney Substance Misuse service and Come Correct (young people's condom distribution scheme). This has the potential to link into transformation of Community Health Services through the **Neighbourhood Health and Care Provider Alliance work**.

Our City and Hackney **neighbourhood approach and the development of PCNS** provides us with the opportunity to target resources more effectively through the implementation of the **integrated 0-25 health and re-design** and presents the opportunity to re-design CAMHS, more closely linked to neighbourhoods, building on the **Paediatric Psychiatric Liaison** pilot. Options are being explored through the Neighbourhoods working group and will be supported by a new post funded by **Community Education Provider Networks (CEPN)** to strength Multi-Disciplinary Team working for children, young people and families at neighbourhood level.

The Health and Relationships aspects of **PSHE (Personal, Social, Health and Economic)** education will be compulsory in all primary and secondary schools from September 2020 and Secondary schools will also be required by law to teach Sex Education.

Paediatric Critical care has been commissioned from Homerton since April 2019 and there is continued opportunity to assess activity and capacity across the STP. Delivery of staff training CQUIN to enhance the knowledge, skills and confidence of staff to care for babies who are transferring from NICU to Starlight has been successfully completed.

Transformation: Progress against 'big tickets'

Big Ticket Item	Objective / Milestone	Progress May 2019	Progress November 2019
<p>Working together to explore reducing exclusions</p>	<p>Delivery of an analysis of factors affecting exclusion, looking specifically at the role of health with a view to identifying areas for improvement. Winter 2018 delivery..</p>	<p>Delivered by Dec 2018 – dissemination plan being implemented through governance structures</p>	<p>Focused agenda item at December 2019 SEND Partnership Board will explore how we take recommendations forward, supporting Hackney Learning Trust</p>
<p>Implementing and consolidating the offer for children with SEND, particularly U5s (Part of key transformation priority on strengthening our offer for vulnerable groups)</p>	<p>Implementation of SEND inspection recommendations, including whole system pathway clarification and development for U5s. Includes implementing mechanisms for early involvement of health to Education Health Care Plans and embedding this in practice.</p>	<p>Joint funding agreed for a number of children via monthly case management meeting between Clinical Commissioning Group (CCG), Hackney Learning Trust (HLT) and Homerton University Hospital Trust (HUHT) (Pathway available but no eligible City children to date). Speech and language pilot for independent school children developed and planned for Q3</p>	<p>Speech and language pilot for independent school children developed in partnership with HUHT and Children Ahead (Orthodox Jewish provider) and launched with schools and SENCOS November 2019.</p>
<p>Working with Primary Care to support capacity to manage childhood illness in the community</p> <p>Supporting multi-professional working to streamline care</p>	<p>Closer links between primary care and children's community health professionals, including looking at alignment of systems and other ways of facilitating (eg. closer links with GPs and School nurses)</p> <p>This work will be done with Unplanned Care through the 'neighbourhoods model'.</p>	<p>Being worked through with the 'Neighbourhoods' working group and likely to be taken forward through a joint CEPN bid Healthier Hackney 19/20 scheme awarded to Hatzola (volunteer ambulance service highly trusted in the Orthodox Jewish community) to promote management of childhood illness in the community</p>	<p>Funding has been secured through Community Education Provider Networks will enable a Project Manager to be recruited in Q1 of 2020 to take forward the Neighbourhoods work for CYPMF.</p> <p>The Neighbourhoods working group continue to explore options and opportunities to develop MDT relationships based around PCNs.</p>
<p>Development of a new integrated health offer for our Looked After Children</p>	<p>Re-design and Re-commission of our Looked after children's health service. Go live September 2019.</p>	<p>Outcome of governance process is approval to negotiate a new contract. Specification agreed and new service start date of September 2019 on track.</p>	<p>Service launched successfully in September 2019 and will transfer to HUH in January 2020. Positive feedback on the provision of a named nurse and clinician present at initial LAC health reviews which have been well received.</p>

Alignment with NHS LTP, NEL / STP and ELLMS Plans

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Maternity</p>	<ul style="list-style-type: none"> • City and Hackney on track to delivery maternity transformational deliverables outlined in Long Term Plan • Safety: Perinatal Mortality Review Tool review process in place across NEL. • Continuity of Carer; ELLMS achieved of 26.9% in 2018/19. At the end of Q2-2019, 69% of women were booked into CoC pathway at the Homerton (70% - including women that were migrated to the CoC pathway after booking) • Women’s experience framework developed by Bart’s and supported by the LMS to jointly measure women’s experience of CoC. LMS have yet to develop a joint framework to measure patients experience. At Homerton “Perfect Ward” has been recently been implemented. This is an health and quality app that makes easier and more effective the inspection as well as to collect feedback from staff and patients. • Choice and Personalisation; 100% ELLMS 68% PCP recording at Q2 2019/20 new booking have triggered a Personalised Care Plan (PCP) The Homerton are continuing to maintain their high performance above the 35% target for women booked on to continuity of carer pathways.100 percent of women across ELLMS were offered choice and 68% had a personalised care plan by the end of Q2 2019/20 • Co-design and co-production: A Maternity PPI Lead has been recruited and started in September 2019. • MVPs: MVPs continue to bring together individuals providing, commissioning and using maternity services to discuss, plan and make improvements to services • Midwifery Workforce Programme update: ELLMS is starting to think about how the midwifery workforce needs to look in the near future. At Barts Health NHS Trust Junior Midwives are going to rotate into the London Ambulance Service (LAS) as part of the preceptorship programme. The idea is to implement this project across North East London next year
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">CYP & CAMHS</p>	<ul style="list-style-type: none"> • The STP workstream has been refreshed and the following priorities agreed: Long Term Conditions (asthma, diabetes, epilepsy and sickle cell), SEND and Transitions. The CCG has requested further focus on autism and welcomes the proposed GP clinical pathways group • The City and Hackney Local Asthma Network contributes to the Healthy London Partnership’s asthma network and the specialist Nurse has created regular newsletters for children and families that have been disseminated via the LAs for schools • The Child Sexual Abuse Hub has progressed with the paediatric assessment clinic starting at the Royal London in April. The emotional support service commissioned from Barnardos (Tiger Light) has reported higher than expected levels of activity since is started in April 2019 and additional investment is sought from 2020. • In addition to the STP workstream, we continue to progress our integrated commissioning plans for Audiology with Tower Hamlets and Newham CCGs and are moving to an audiology led Tier 3 service commissioned from Bart’s Health • City and Hackney are leading NEL wide CAMHS work, to deliver national transformation
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">SG</p>	<ul style="list-style-type: none"> • A working group of designated health professionals from the 7 CCGs are meeting on a 8 weekly basis to consider elements of safeguarding that can be produced that would work across the STP footprint. • Terms of reference have been established and there are 3 work streams. • The work streams cover LAC, governance and accountability and policies and strategies. • It is established that effective safeguarding provision requires local context but there are identified areas where there is a possibility of working collectively. • This group also establishes a supportive network which provides cover for absence as required. The group has provided feedback to Jane Milligan and SMT.

Engagement and Co-production

Achievements

A strong co-production and engagement plan supported the re-design of the new Health of LAC service, led by Public Health and Young Hackney. Key input from a range of children, young people (including those in care), foster carers and professionals features in the new design.

A draft Engagement Strategy developed by the workstream outlines a range of groups which we will engage going forward. This will be finalised in consultation with young people in 2020.

The Maternity Voices Partnership has been refreshed and includes members using, commissioning and delivering maternity services in Hackney who meet regularly to discuss, plan and make improvements to services.

Plans and intentions

- The Young Parents Advisory Group is currently being refreshed and feeds into the workstream as part of a public rep role, and also meet to design and deliver involvement in workstream priorities. A workshop being co-produced with young parents in for January 2020 will enable the group to play a key role in driving forward the workstream priorities
- The Hackney Young Futures Project Lead is keen to explore with the CYPMF workstream ways in which their members can exert influence on the commission of services particularly in terms of the priorities around emotional health and wellbeing and working to improve health outcomes for vulnerable groups which align with their priorities.
- The workstream aims to work closely with the Young Black Mens Programme's (YBM) Inspirational Leaders on the development of its engagement strategy and with a view to learning from the work which has been undertaken with the group on meaningful co-production and governance. The workstream intends to work closely with the YBMs programme on the three areas identified as most relevant in their recent workshop: Adverse Childhood Experiences, supporting families (including YBM as fathers and other family members), and children, young people, maternal and family mental health.
- The NHS Community Voices sessions to support the NHS Long Term plan focussing on Autism and LD has been delayed to Q4.

Maternity

Shared Maternity Care

The C&H maternity antenatal pathway involves GPs in the care of pregnant woman through a GP Confederation contract providing Targeted Preconception care to women with LTC, pregnancy presentation appointments to pregnant women who present to the GP, and 6 week postnatal checks. Since April 2019, 16 weeks checks previously delivered as part of this contract that were duplicated by the antenatal maternity tariff have now moved to being delivered completely by midwifery providers (largely HUFT). This promotes Continuity of Carer, improves safety in the delivery of antenatal care and reduces duplication in payments across the system.

Next Steps

Throughout 2019/20 there will be ongoing monitoring of this change through the Maternity Quality & Performance Group (MQPG) meetings, CYPMF and maternity contract meetings.

- Currently the Homerton have not reported any issues with delivering the 16 week appointments
- Some GP practices have indicated that they will no longer have capacity to allow the Homerton midwives to utilise their venues for antenatal care. This is being monitored.

New Maternity FGM clinic

The new maternity FGM clinic launched in December 2019. The aim of this clinic is to deliver a trauma based, sensitive approach to women that have undergone FGM and treat them as victims of child abuse not just potential perpetrators or a risk to their female children. The clinic is an initial one hour consultation undertaken with incorporation of the intercollegiate recommendations from the FGM RCN 2015 document, and a flexible approach to ongoing care.

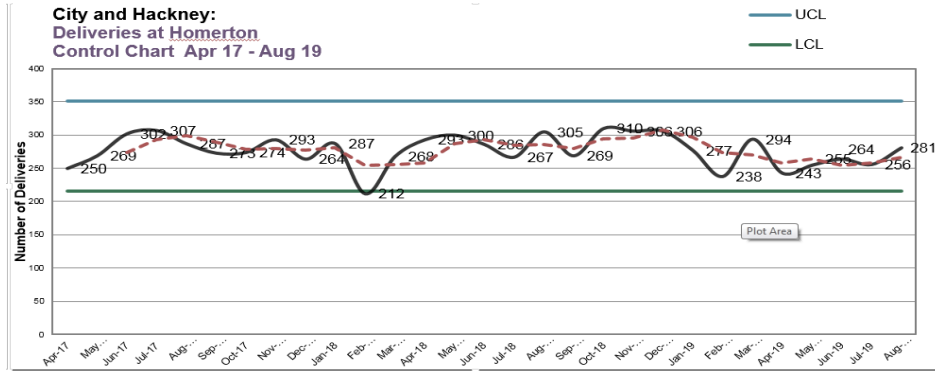
Maternity: perinatal mental health

Perinatal Mental Health

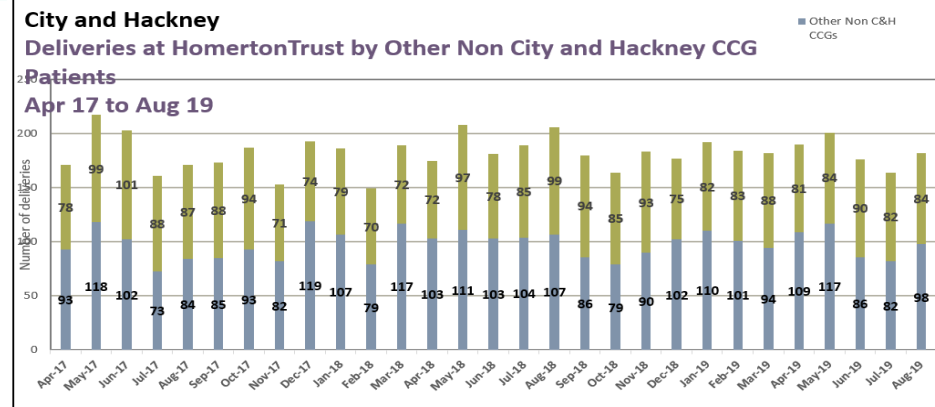
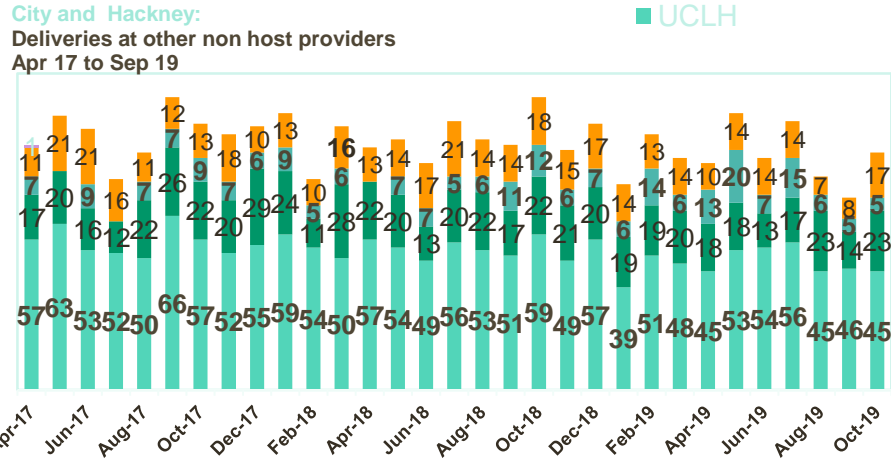
- Multidisciplinary team at the Homerton maternity unit who support high risk women with pre birth delivery planning
- Public health midwives support vulnerable women who have mental ill health and social vulnerabilities
- Health visiting now trained in Solihull approach
- Range of services offered according to mild or moderate need such as IAPT, Parent Infant Psychotherapy, parenting groups (universal and targeted)
- The perinatal service supports women with moderate-to-severe need during pregnancy and up to 1 year after birth. This also includes the mother and baby unit
- Ongoing areas of transformation:
 - CAMHS Alliance Perinatal and Best Start (0-5) workstream:
 - Solihull Parenting Groups (universal offer) and Solihull Postnatal Plus Parenting Group (pilot of targeted offer for parent-infant relationship difficulties and mild-moderate depression and/or anxiety)
 - Expansion of 'First Year and You' pilot (joint venture between adult IAPT and CAMHS providing a group parenting programme for those who are experiencing mood and/or relationship issues following the birth of their baby)
 - Further scoping to identify and address in the overall 0-5 offer
 - Adverse Childhood Experiences (ACEs): development of strategy to relating to trauma-informed care, plus initial online resource portal for healthcare professionals
 - Expansion of STP-wide perinatal services across North-East London STP

Maternity: Deliveries Apr 2018 to Aug 2019

- There were 3451 deliveries at Homerton to C&H women in 2018/19 compared to 3286 in 2017/18. An increase of 165.
- In to 2019/20 (YTD) there were 1381 deliveries.



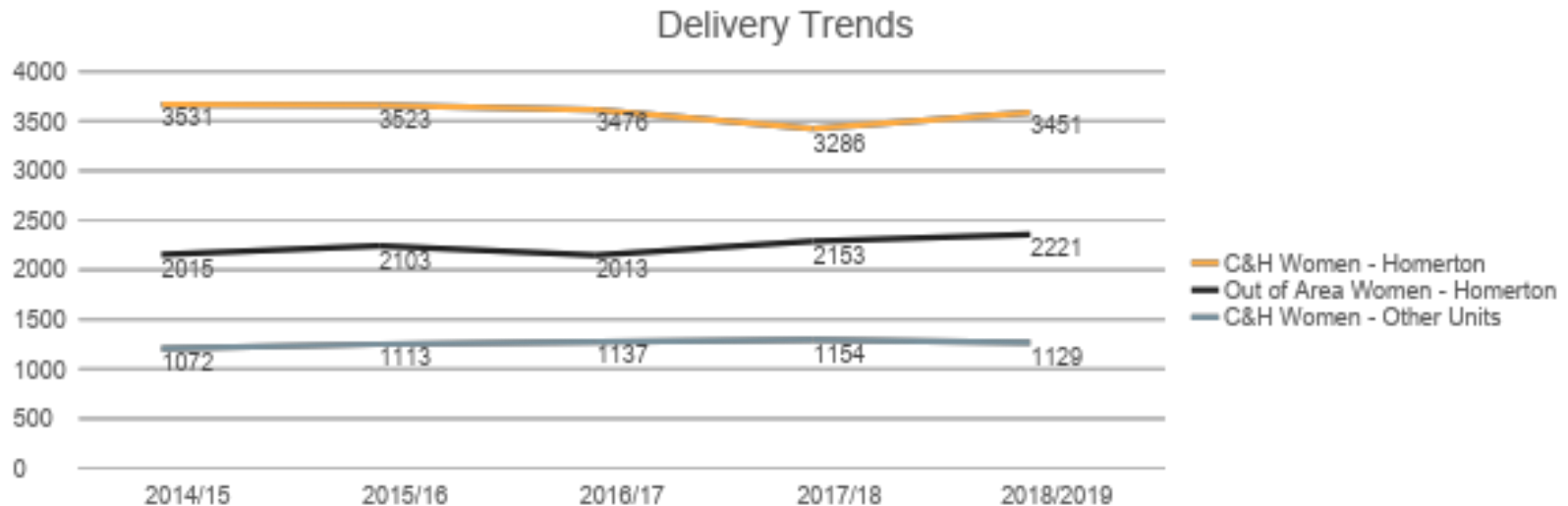
- There were 1129 **deliveries of C&H women at other providers** in 2018/19 compared to 1159 in 2017/18. A decrease of 30.
- In 2019/20 (YTD) there have been 561 deliveries, the majority of those at UCLH.



- There were **2221 deliveries at Homerton by other non C&H CCG patients** in 2018/19 compared to 2153 in 2017/18.
- In 2019/20 (YTD) there were 913 deliveries at Homerton by other non C&H CCG patients.

Maternity: Annual Delivery Trends – 2014 - 2018

Annual Delivery Trends for C&H women and Homerton 2014/15 to 2018/19



- In **2018/19 there were 5672 deliveries at Homerton**. Deliveries at the Homerton in 2014 were approximately 5500. This increased to 5600 in 2015 and 5400 in 2017.
- **There were 3451 deliveries to C&H women in 2018/19, an increase of 165 from 2017/18**. Deliveries to C&H women at the Homerton had been steadily falling. There were 3531 deliveries in 2014, dropping by 8 deliveries to 3523 in 2015, by 47 deliveries to 3476 in 2016 and by 190 to 3286 in 2017. In 2018, the chief nurse at Homerton set an objective to reduce attrition rates and ongoing work to support this includes the Choose Homerton campaign which aimed at addressing attrition and increasing the profile of Homerton Maternity services. The campaign will be launched formally in Q3 of 2019/20 when all other supporting initiatives have been finalised.
- **C&H women delivering at other units decreased in 2018/19 to 1129**, a decrease of 30 women compared to 2017/18. Deliveries of C&H women at other maternity units had previously been steadily increasing. In 2014, 1072 C&H women delivered at other units, increasing by 41 to 1113 in 2015, by 24 to 1137 in 2016 and by 17 to 1159 in 2017.

Maternity Performance 2018/19

Improvement & Assessment Framework Performance

Indicator Name	CCG Rating	Period
Maternal smoking at delivery	2.57%	Q2 2019/20
Neonatal mortality and stillbirths	4.6	2016
Women's experience of maternity services	78.2	2018
Choices in maternity services	58	2018

Neonatal Mortality & stillbirths data from MBRRACE report showing CCG rating of 4.6 is based on the crude data. The table in slide 16b shows figures for Homerton and City & Hackney as a whole over 2015 and 2016.

MBRRACE data for City & Hackney						
	Total Births	Stillbirth Rate	Neonatal Mortality	Extended Perinatal	Stabilised and adjusted Perinatal Mortality Rates	Rating
2015	4590	3.72	1.79	5.5	Up to 10% lower than the UK average	
2016	4596	3.87	1.72	5.59	Up to 10% lower than the UK average	
MBRRACE data for Homerton						
2015	5844	4.83	2.3	7.13	More than 10% Higher than the group average	
2016	5732	4.04	1.93	5.95	Up to 10% lower than the UK average	

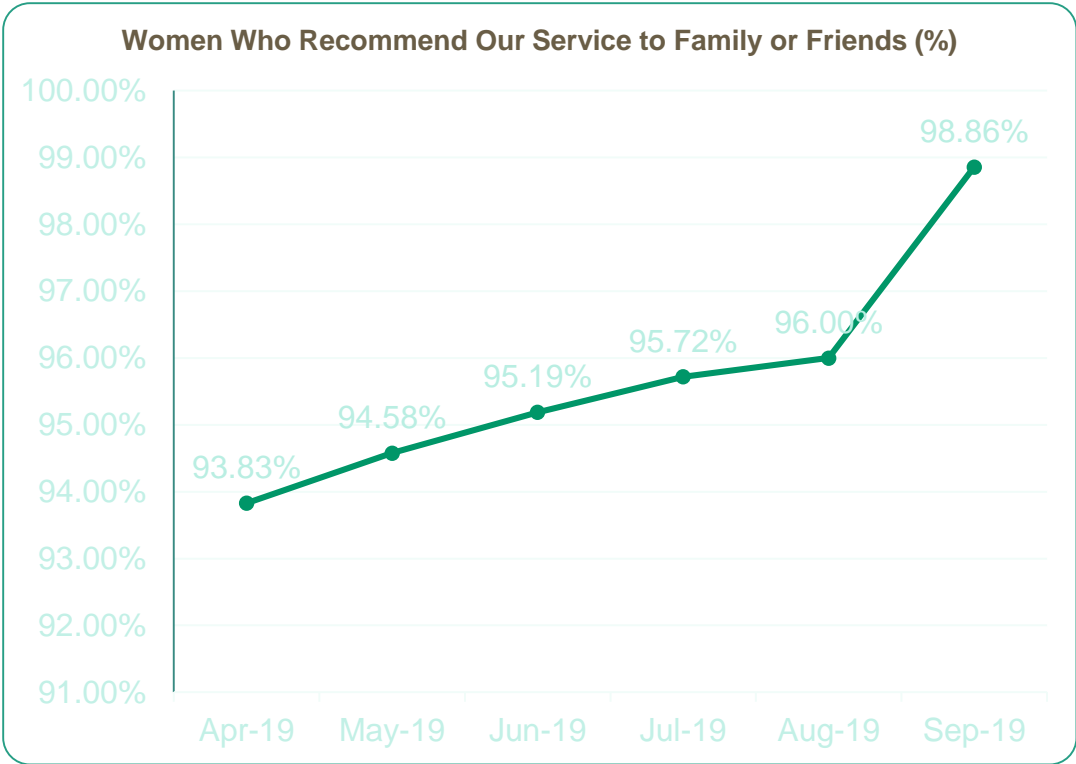
Homerton's CQC survey results in 2018

- Homerton's results in the 2018 CQC **Patient Experience** survey were mostly within the expected range, with 86% of question scores being benchmarked as such. Four scores were rated as worse than expected, whilst two were better than expected.
- One of the two scores which were better than expected was regarding antenatal check-ups. HUH scored better than expected for this section as a whole, one of only two trusts to do so.
- Two of HUH's worse than expected scores were regarding care in hospital after the birth, and the other two were regarding care at home after the birth.
- HUH scored the lowest score (7.39) for F11 regarding confidence and trust in midwives.
- HUH showed significant increase around whether during antenatal check-ups, a midwife asked how women were feeling emotionally (8.03 in 2017 to 8.91 in 2018)
- HUH showed no significant decreases. This is therefore an encouraging set of results, although it is recommended that areas of poor performance are reviewed with a view of improving below expected scores.

Choices in maternity Services: Performance in choice in maternity care is worse than 2017 (62.9%) down to 58% in 2018. NHSE target for 2018/19 was 100% which HUH reported as achieving.

Homerton Maternity service have an **action plan in place to address the areas for improvement** and this is reported back to the Maternity Quality & Performance Group meeting. Local data shows an improving picture, overleaf.

Improvement & Assessment Framework Performance: Recent Local Data



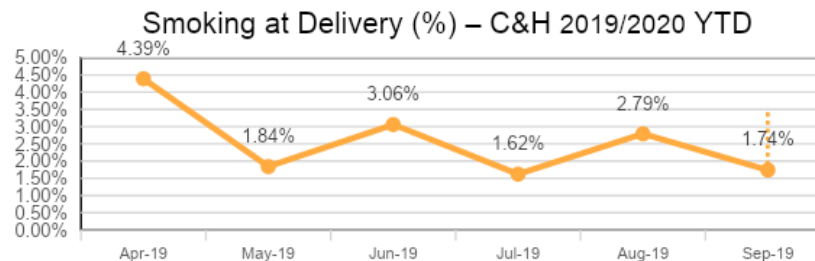
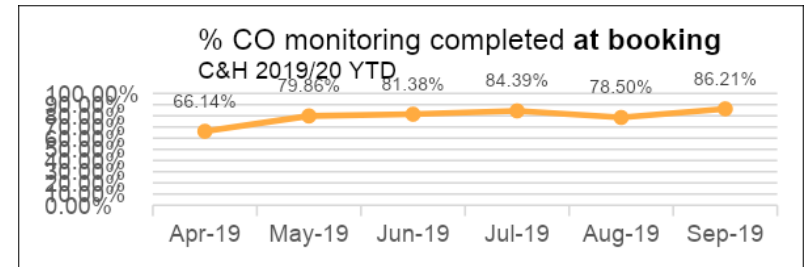
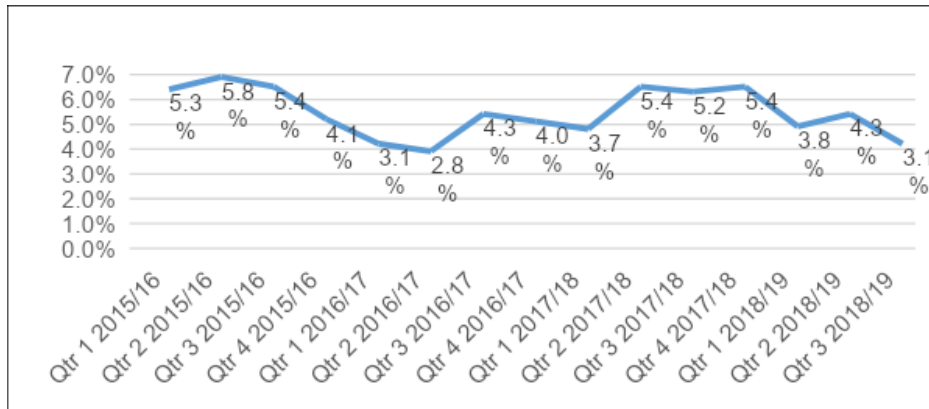
Women who recommend Homerton service to family and friends are increasing in numbers (from 93.83% in April 2019 to 98.86% in September 2019).

Maternity: Improvement and Assessment Framework (IAF)

Smoking, choice and experience

% C&H women who smoked at time of delivery (national data)

- Rates of self reported smoking at time of delivery were 3.1% for quarter 3 2018/19. This equates to 37 women reporting they smoked at delivery and is within the highest performing quartile of our IAF indicator.
- In total 64% of women were CO screened at booking in 2018/19, but only 20% of women were CO screened during the 3rd trimester in 2018/19.
- Maternity leads at HUH are doing further work to increase screening offer and uptake and to identify reasons for declining onward referral. CCG has also included KPI targets in the maternity service specification to progress this.
- Smoking is the key modifiable factor in reducing stillbirths.



Children and Young People

Childhood Immunisations: potential practice financial impact and performance

The funding calculation for additional services is complex but broadly practices with significant numbers of children registered tend to have normalised weighted populations that are lower than the raw figure due to the weightings applied through the Carr-Hill formula

- For childhood immunisations the £ per patient varies from £7.84 to £44.70
- The £ per patient for all of the additional services combined reflects a much reduced variation across practices at £8.90 to £13.35
- Practices also receive other funding incentives for immunisations.
- **Does CEC support the position that it is reasonable for practices in NE Hackney with high child lists to receive additional incentive funding, should that be available?**

Future commissioning considerations:

GPC activity is significantly lower than during the measles outbreak but there remains improved engagement. Informed by the delivery of the NE Hackney targeted GPC service to date, a 20/21 service model has been proposed subject to full costing and funding decision

- Up to 10 monthly 'special event' clinics alternating between Lubavitch Children's Centre and Spring Hill (recognising insufficient activity during April and October during community holidays)
- Two fortnightly clinics at Lubavitch Children's Centre (bookable) across 8 months (avoiding holiday periods as above)
- Regular Sunday clinic at Spring Hill
- 2 'special event' clinics *outside of NE Hackney* to support promotion of childhood imms

The CCG has funded a service non-recurrently since 2016 but a model funded across the PCNs would support sustainability

- **Would practices jointly employ Childhood Immunisations Nurses?**
 - Nurses could immunise across practices / Lubavitch / Hackney Ark / domiciliary and could deliver flu immunisations
- **Would practices support a CCG NR incentive scheme for Practice Manager / Receptionist team to directly incentivise members of staff?**
- Volunteers in Primary Care – potential for future childhood immunisations champions

Childhood Imms Dashboard August 2019

Children becoming 12 months 6 in 1

Total excluding NE	88%
Springfield	37%
Hackney Downs	59%

Children becoming 5 Years 6 in 1 booster

Total excluding NE	90%
Springfield	78%
Hackney Downs	84%

Children becoming 24 months 6 in 1

Total excluding NE	90%
Springfield	54%
Hackney Downs	78%

Children becoming 5 Years MMR (1)

Total excluding NE	88%
Springfield	82%
Hackney Downs	87%

Children becoming 24 months MMR

Total excluding NE	82%
Springfield	68%
Hackney Downs	73%

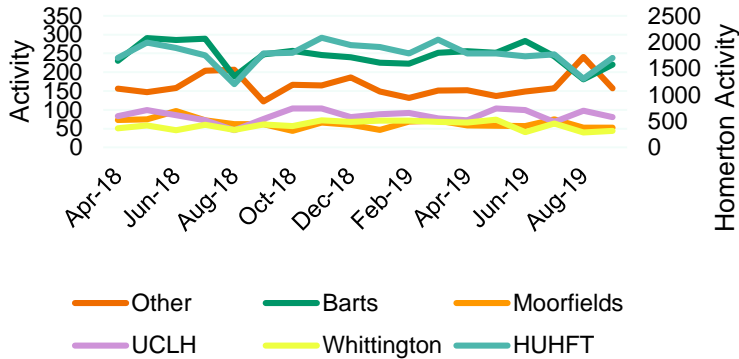
Note late vaccination of children

Baby Clinics

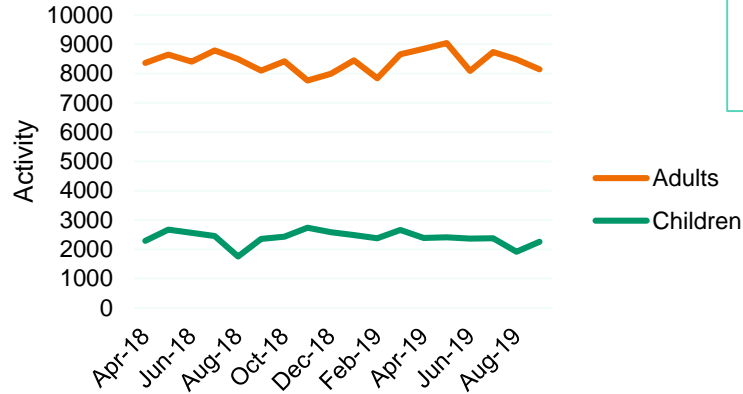
- Plans for community paediatrics to support delivery of baby clinics in some practices in NE Hackney with high child lists have been delayed but are now progressing in Q4
- Two C&H practices are currently formally opted out of child health surveillance
- Workstream plan to engage with practices regarding the template, the scope of emotional and bonding discussion, and the clinical value of checks e.g how often are referrals made?
- **Would practices welcome suggested guidelines around baby clinics?**

Children and Young People: unplanned activity

City and Hackney CCG Childrens activity in A&E by Provider



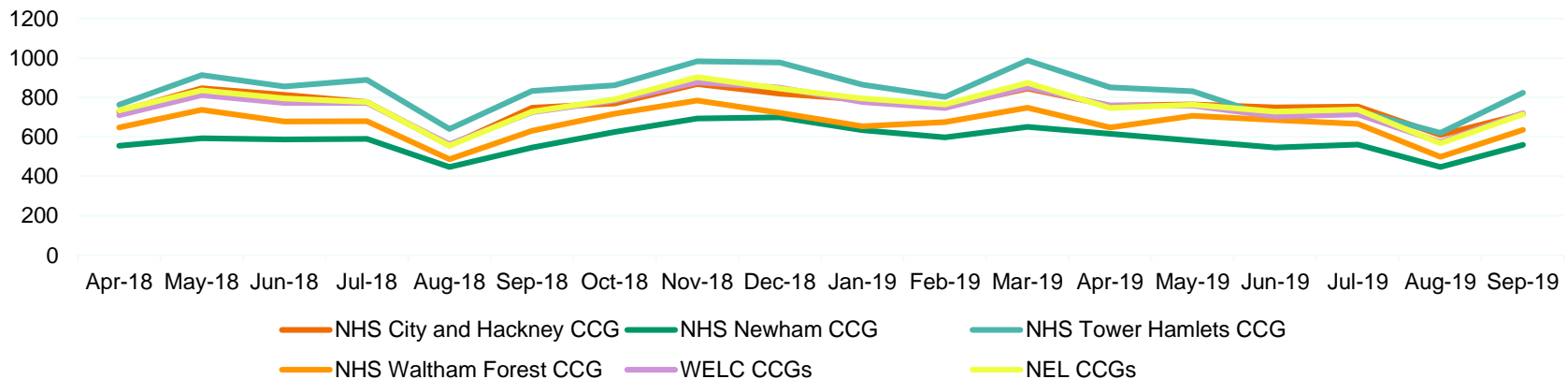
City and Hackney CCG A&E activity 2018/19 and 2019/20



Key messages

- Seasonal reduction in activity similar to 2018/19
- Similar levels of A&E activity at Bart's as at HUHT for City and Hackney children and young people

Childrens A&E activity (per 100,000 GP Registered Population) for City and Hackney CCG BMK against WELC CCGs & NEL CCGs



Key Messages

No significant changes in City and Hackney activity in comparison to WELC CCGs

Children and Young People (CYP): Care, Education and Treatment Reviews (CETRs)

Integral to NHS England's Transforming Care Programme (TCP) is the need to reduce hospital admissions and length of stay for people who display challenging behaviour and have autism and/or a learning disability. Where a young person is identified as being at risk of a hospital admission they will be placed on a register (with their consent), facilitating oversight and review of their care so that, if necessary, a CETR can be convened. If an admission is required, CETRs help determine whether their needs are being met in all areas of care and facilitate planning for discharge back to the community.

City & Hackney TCP Cohort

	Current (as of 22 nd November 2019)
Number of CYP on Register	6 <i>(5 Hackney including 1 Haringey looked after child (LAC) and 1 City. This covers all those currently admitted or recently discharged, but not those for whom consent to be placed on the register has not yet been obtained)</i>
Number of CYP in an inpatient facility	2 <i>(1 Hackney child and 1 Haringey LAC currently placed at the Coborn)</i>
Number of CYP in specialist commissioned beds with diagnosis of LD	0
Number of CYP in specialist commissioned beds with diagnosis of autism	2

Upcoming Care, Education and Treatment Reviews

Four community CETRs (following discharge from specialist commissioned beds) are in the process of being scheduled by the CCG

Children and Young People (CYP) CETRs: Reporting and Priorities

Reporting

- Register updated contemporaneously and discussed monthly during the Transitions Case Management Group with commitment from all agencies
- Summary narrative of register and inpatient cases reported through Transitions Steering Group
- Data submitted to NHS England monthly:
 - **Assuring Transformation:** captures inpatient admissions, types of admission, diagnosis, CETR completion, advocacy, planned date of community discharge
 - **Care Room:** captures admission dates, monitoring via register prior to admission, CETR completion, care planning

Priorities

- Raising awareness of CETRs and their intended purpose across all agencies (e.g. social care, CAMHS, education)
- Ensuring all applicable CYP included on the register
- Embedding the CETR process, undertaking meetings in line with national guidance (every 3 months) and following up action plans
- Exploring how positive behaviour support (PBS) can be offered locally to reduce admissions
- Strengthening relationships with NHS England the Inner North-East London TCP to utilise local resources and improve care

Children and Young People: Strengthening Joint Commissioning Arrangements

- The transitions (from children’s social care to adults social care) governance pathway is now utilised for Care Education Treatment Review (CETR) monitoring and oversight, and also for assessing joint funding requirements for complex cases, including high cost Looked After Children placements, where the child or young person has complex health needs
- Case discussion will happen initially with the relevant professionals – this may be at the: Joint Complex Care Panel (JCCP) for continuing care children, the LAC complex care panel (being piloted in 2019) or the Transitions Case Management meeting (meets monthly with all agencies represented)
- Joint funding requests arising from the Transitions Case Management Meeting and LAC Complex Care Panel will be escalated to the Post 16 Board
- Funding approval pathways are to be agreed via the workstream and the Finance and Performance Committee



Children and Young People (CYP): Integration and pooling of the CYP Speech and Language Therapy services

A CYP SALT Integration Steering Group was established in July 2019 to oversee the phased service integration and pooling of the existing CYP SALT budgets in City & Hackney. The Steering Group consists of City & Hackney commissioners from LBH, HLT, CHCCG, CoL, HUHT service leads, with representation and engagement from other partners and stakeholder groups such as service users, parents / carers and schools as appropriate.

The aims of the integration project are:

- To develop a strategic, system-wide, needs-led joined-up approach to commissioning and delivering CYP SALT services for City & Hackney.
- To implement integrated commissioning arrangements to support shared decision-making about the pooled CYP SALT resources and contract / performance management, clearly setting out accountabilities, responsibilities, delegation of functions, host, governance and service delivery arrangements.
- The **project scope** will include the following:
 - The current statutory CYP SALT provision in City and Hackney
 - Out-of-borough CYP SALT arrangements
 - Schools' provision in City and Hackney – including independent schools

Children and Young People (CYP): SALT integration phased project plan

The objectives of the phased integration process are as follows:

- Phase 1 (*July 2019 – March 2020*):
 - Develop and implement a single integrated commissioning framework for the existing CYP SALT provision for children and young people aged 0-25, by 1st April 2020.
- Phase 1 deliverables:
 - A single integrated CYP SALT commissioning framework with aligned funding arrangements for City & Hackney
 - A single integrated service specification for CYP SALT provision for City & Hackney.
 - A single integrated performance monitoring framework consisting of national / statutory KPIs and local outcome indicators, including a common set of outcomes for the target population, service-level metrics and quality indicators.
- Phase 2 (*TBC – anticipated from 1st April 2020*):
 - Commence process for the formal pooling of the existing CYP SALT provision.
 - Review and refresh the existing CYP SALT service delivery model for children and young people aged 0-25, co-produced with service users, parents / carers and wider stakeholders – *project activities and dates to be confirmed*
- Phase 2 deliverables (to be confirmed):
 - Formal pooled commissioning arrangement under a Section 75 agreement or other another agreed contractual mechanism.
 - A formally integrated service model, with service delivery and quality requirements outlined in an integrated outcomes-focused service specification.

Children and Young People (CYP) ADPH Sector Led Improvement for Health Visiting and School Nursing

- ADPH London facilitates an annual sector led improvement (SLI) exercise on a focused area of public health by means of a self assessment approach.
- The focus of the SLI for 2019 is **Health Visiting and School Nursing**
- The purpose of the SLI is:
 - to encourage collaboration and engagement
 - to provide evaluation, challenge and measurement of improvement
 - not to act as an inspection process, be competitive or used as a rating system, nor is it a tool to manage any individual's performance
- Areas of focus include; *leadership, vision and governance; planning and commissioning; quality assurance; partnership working; communication and engagement; organisational learning and innovation; mode of delivery; prevention focus; workforce development; outcomes; monitoring and performance; and contribution to strategic priorities.*
- One self-assessment will be completed for both the City of London and Hackney
- Existing partnership meetings in November and December will be utilised to engage key partners as well as additional individual engagement

Self-assessment submission deadline: Wednesday 18th December, 2019

Next Steps

- Once London boroughs have submitted their self-assessment documents, ADPH London will work with colleagues in PHE to collate and analyse the results to identify common themes and trends
- Initial findings will be used to inform the peer review process. The detailed design of a peer review process is to be developed over the next few months by ADPH London and PHE
- The intention is that boroughs will be brought together into groups to participate in peer review workshops in February/ March 2020
- The final themes and key findings are expected to be shared in summer 2020

Children and Young People (CYP): commissioning a 0-25's Integrated Service

- The current Health Visiting and CHYPS Plus service contracts expire in 2021 providing us with the opportunity to revision how we deliver critical services to children, young people and their families.
- A commissioning process, with the possible aim of integrating services, has begun and is in a very early phase. As part of this process, Public Health is currently scoping services across the 0-25's City and Hackney health and wellbeing portfolio to identify opportunities to align services to maximise impact on outcomes.
- The current phase of commissioning includes:
 - An evidence review of best practice and research
 - Benchmarking exercise against other public health CYP services, regionally and nationally
 - Planning the procurement process, including recommendations for engagement and service redesign recommendations
 - Establishing working groups to engage key stakeholders including CYP and their families, commissioning partners and providers
- The procurement process for this work will begin in January 2020

Children Young People and Maternity: Families Neighbourhoods

The Children, Young People and Maternity: Families neighbourhood project group have been meeting bi-monthly since April 2019 to explore new integrated ways of working with PCNS in the Neighbourhoods model to meet local people's needs and keep people healthy through proactive and preventative interventions in Hackney and City's eight neighbourhoods.

The workstream has successfully secured funding through the Community Education Provider Network (CEPN) for a project manager to take some of these ideas forward in Q1 of 2020 and to support the development of multi-agency teams, with Primary Care at the centre. The work will support change across a wide range of stakeholders including primary care, secondary care, child and adolescent mental health, social work, schools, early years provision and voluntary sector services.

Projects currently operational and in development which are working at or set to be working at Neighbourhood level include:

- Immunisations campaign (NE of the borough)
- Paediatric liaison (baby clinics)
- CAMHS and primary care
- Workshops to support MDT relationships at Neighbourhood level

Safeguarding Children

Working Together to Safeguard Children 2018 was published on Friday, 29th June 2018 along with transitional guidance. This statutory guidance sets out and requires 3 main changes, as below.

Safeguarding partnerships

The abolition of local safeguarding children boards, to be replaced by *Safeguarding Partnerships* comprising 3 statutory partners: the CCG, the local authority and the police. With our statutory partners we will work with local *relevant agencies* to make arrangements to work together to safeguard and promote the welfare of local children including identifying and responding to their needs. The City and Hackney Safeguarding Partnership (CHSCP) became operational on 29th Sept 2019 and have published our arrangements [Here](#)

Changes to the Child Death Review Process

- National level – transferred to DOH from DfE. Footprint –60 + deaths p Themed meetings where CDR partners arrange to collectively review child deaths from a particular cause or group of causes per year.
- Child death review partners – the LA and the CCG. Partners have agreed locally how the child death review process will be managed and delivered.
- Arrangements have been published [Here](#)
- We are currently considering our engagement with families and bereavement support which are new requirements to the statutory process.

Changes to the Serious Case Review Process

- Local child safeguarding practice reviews should be undertaken when a child suffers serious injury or harm as a result of abuse or neglect. The reviews are to identify learning and improve practice
- Setting up of a national panel to oversee the review of serious child safeguarding cases which raise issues that are complex or of national importance.
- Commissioning and oversight of local reviews rests with the safeguarding partners.
- We currently have a legacy of cases which we are working through under the prior arrangements. Any new cases commissioned will be managed under the new process.

Adverse Childhood Experiences

Over the last 9 months a project group has been working to understand needs and to define our intentions as a system to address Adverse Childhood Experiences (ACEs) in City & Hackney. Building on a wide professional engagement workshop in July, the group identified a number of key outcomes, which we are using to guide our work going forward:

- A clear vision and overall strategy that guides our approach to ACEs, co-produced and based on an understanding of young people's and families' experiences, enabling individuals and communities to develop resilience.
- All front line staff across the health and social care system have an understanding of ACEs and are able to apply that knowledge to their role, so that we have a whole system that is trauma-informed, and focused on building resilience. Promoting a shift towards a more holistic model of care.
- Successful interventions in place to break the cycles of trauma and prevent the incidence and impact of adverse childhood experiences. This includes support to young people, families, and vulnerable members of our community in an approach that is preventative and focuses on resilience as well as on trauma.

We are in the process of developing a strategy for 2019-2024 which will sit within the Emotional Health and Wellbeing strategy but as a stand alone strategy linking to all other Workstreams. This strategy will build on the wide range of work already being done within partner organisations across City & Hackney to deliver a comprehensive and system-wide approach.

Year 1 focuses on workforce development and the development of a resource portal (see next slide). £40,000 of CAMHS Alliance funding has been secured to support this work.

Subsequent phases will look to deliver specific targeted interventions based on need, and we are currently scoping this work to ensure it has the greatest impact. It is expected that our initial point of focus will be around Support for Parents and Carers and Early Help.

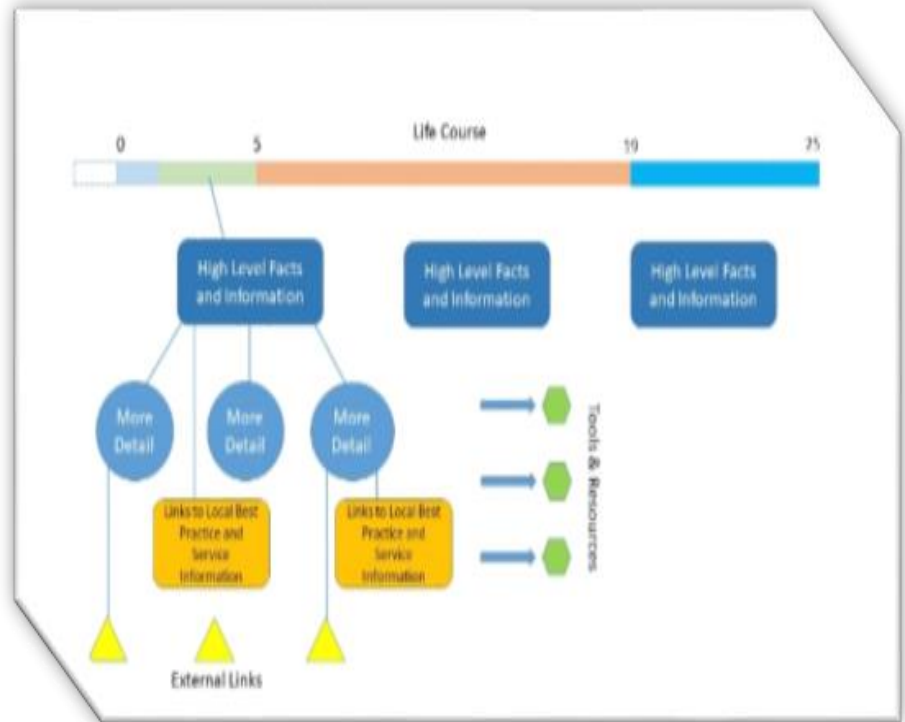
We are developing two strands of **training to build on existing trauma-informed / ACE aware training (universal and targeted)**. We plan to identify **ACE Champions**, who will co-develop targeted training and champion the continued embedding of good practice within their teams and organisations.

A proposal for the development of ACE training will be discussed by the ACEs Project Group in December, and we are planning to deliver training across the City & Hackney workforce from April 2020.

Adverse Childhood Experiences

We are working with the IT Enabler team to develop an online **Resource Portal**, which will:

- **Support professional understanding** of Adverse Childhood Experiences; how they affect child development, behaviour and physiology, and their potential impact on health and wellbeing outcomes.
- Highlight the overall **City and Hackney approach** as detailed in the ACEs Strategy
- Spotlight examples of **best practice** in City & Hackney services
- Provide links to online resources (articles, videos, case studies, etc.) to enable **further learning**
- Signpost professionals to **practical tools and resources** which they can use in their practice.
- Provide resources to support **self-care and resilience** amongst professionals



Indication of what Resource Portal interface might look like, taking a life-course approach to support cross-disciplinary working.

Child and Adolescent Mental Health and Wellbeing

The CAMHS Transformation Programme is now entering Phase 3b (year 5). The first phase is now operational with a recurring investment of £526,769 addressing previously identified gaps and in alignment with ambitions set out in the Department of Health's Future in Mind document. Phase 2 and 3 represents an overarching whole-system strategy based on detailed engagement with local CYP and Parents to improve mental health and wellbeing outcomes for children and young people through 18 comprehensive workstreams representing additional investment of £1.2M in to CYP mental health:

1. Schools, Education, Training and Employment
2. Transitions
3. Crisis and Health Based Places of Safety (HBPoS)
4. Families (previously parenting)
5. Core CAMHS Pathways
6. Communities (previously Reach and Resilience)
7. Youth Offending
8. Eating Disorders
9. Perinatal and Best Start (0-5 Mental Health)
10. Safeguarding
11. Early Intervention in Psychosis
12. Primary Care
13. Wellbeing and Prevention
14. Physical Health and Wider Determinants
15. Quality and Outcomes
16. Digital and Tech
17. Workforce Development and Sustainability
18. Demand Management and Flow

Current CAMHS performance

Projected Access rates and new assessment numbers required to meet the agreed targets (Diagnosable mental health conditions)

	14/15	15/16	16/17	17/18	18/19	19/20	20/21
CYP Population	58547	59500	60700	61000	62000	63000	64000
MH Prevalence	5653	5745	5861	5890	5986	6083	6180
New Assessments (Target)	-	-	1641	1767	1916	2068	2163
Additional from baseline	-	-	189	315	464	616	711
Access Rate (Target)	-	-	28%	30%	32%	34%	35%
New Assessment (Actual)	1452	1494	1657	-	-	-	-
Access Rate (Actual) SDCS	25.7%	26.0%	28.2%	30.9%	41%	-	-
Actual / Projected Achievement	-	-	✓	-	✓	✓	✓

Waiting time performance

Service	Number of CYP waiting for assessment	Number of CYP assessed now waiting for Rx	Mean wait time to Rx (weeks)
Specialist CAMHS Tier 3 (ELFT)	125	220	8
First Steps Tier 2 (HUH FT)	54	61	9.6
CAMHS Disability (HUH FT)	29	89	10.7
Total	208	370	N/A

Note: 578 CYP in total are on either primary (for assessment) or secondary (for Rx) waiting lists

CAMHS Alliance project updates

- **Crisis service:** Launched in November 2018. One new full-time bank nurse has been recruited. Referrals remain steady, over 300 children seen & followed up in last year – data on demographics, attendance patterns and outcomes collected. Aiming to confirm new model & budget in order to start recruitment December 2019 as current postholders' fixed term contracts end of March 2020.
- **CAMHS website:** The website build (including, design, copy, technical build and testing) is anticipated to take about 12 weeks, i.e. End February/early March 2020.
- **Online Therapies:** 4 different providers were invited to present their offer in an open session. Following the presentations a recurrent funding proposal will be submitted to the integrated commissioning board to commission 2 different Online Therapies providers who will cover Tier 1.5 intervention (provider not decided yet) and universal offer and Tier 3 online counselling and NDP assessments.
- **Single Point of Access:** Second workshop held on 31st October as planned. Key stakeholders identified at this point. Next step involves consultation with wider groups. ICT team from LBH leading on process. LS has brought progress so far to Clinical Leads meeting. Workshop 3 planned for 11th December.
- **0-5 Mental health strategy:** Project initiation meeting was held 13th November. Group to meet monthly. Mapping of current provision to be carried out and gaps identified. Recommendations to follow.
- **My first year and you:** a recurrent funding proposal will be submitted to the integrated commissioning board in December to continue offering this parenting group 3 times a year co-facilitated by Talk Changes as part of normal service offer.
- **Growing minds: (formerly known as 'mind the gap')**: Aims to deliver collaborative, effective and culturally appropriate services for African Caribbean Heritage children, young people and their parent/carers. Recruitment for the CYP WellFamily Practitioner role has been completed and the successful candidate has is due to start early-mid December. Senior Counsellor / Psychotherapist recruitment started on 18th November. SPA agreed for whole service to ensure equality of access and provision across services, and also capturing of data etc, including self-referrals, weekly triage by managers. Theory of Change/Working Model of whole service drawn up and short-term, medium term, longer-term outcomes identified.

Title of report:	NEL CCG Merger & Integrated Care Board Development – An Update for ICB
Date of meeting:	16 January 2020
Lead Officer:	David Maher – CCG Managing Director
Author:	Carol Beckford – Transition Director
Committee(s):	This report has not been sent any other committees
Public / Non-public	Public

Executive Summary:

The purpose of this report is to update members of the ICB on progress in relation to the NEL CCG merger and the development of the Integrated Care Board and its sub-committees

This document also sets out the major priorities for Q4 in moving this work forward.

Recommendations:

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

- To **NOTE** the report and consider the draft timeline for engaging on the Case for Change.
- To **NOTE** the next steps and comment on any potential omissions.

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

- To **NOTE** the report and consider the draft timeline for engaging on the Case for Change.
- To **NOTE** the next steps and comment on any potential omissions.

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"/>	All proposals under the NEL CCG merger and the development of the ICB must ensure maintenance of finance balance
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	The primary focus in migrating to an Integrated Care Board is to ensure improved services for City & Hackney residents
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:

Patients and the Public and the PPI Committee will be engaged on the Case for Change

Clinical/practitioner input and engagement:

Clinicians and practitioners will be engaged in the development of the ICB sub-committees

Communications and engagement:

The City & Hackney 2021 Delivery Group has its own Communications & Engagement Working Group drawn from all ICB stakeholders. This group oversees communications and engagement materials

Comms Sign-off

N/A – as stated above

Equalities implications and impact on priority groups:

There are no equalities implications with the paper attached. These need to be addressed within the 7 sub-committee project briefs

Safeguarding implications:

There are no safeguarding implications with the paper attached. These need to be addressed within the 7 sub-committee project briefs

Impact on / Overlap with Existing Services:

There is no impact on existing services as this paper does not recommend changes to services

Supporting Papers and Evidence:

There are no supporting papers

Sign-off:

Workstream SRO: David Maher: CCG Managing Director

NEL CCG Merger & Integrated Care Board Development

An Update for ICB

David Maher & Carol Beckford

8 January 2020



NEL CCG Merger & City & Hackney Integrated Care Board Development: Achievements & Next Steps

Since the ICB Development Session, 24 October 2019 there has been significant progress with preparation of the NEL CCG merger and preparation for the migration to an integrated Care Board with revised sub-committees. The table below presents a high-level view of achievements and next steps

Achievements	Next Steps
City & Hackney 2021 Programme Established to manage CCG merger and development of Integrated <i>Care</i> Board	<ul style="list-style-type: none"> Ongoing management of the City & Hackney 2021 Delivery Programme
Allocated project management responsibility and SRO accountability for the development of the 7 Integrated <i>Care</i> Board subcommittees. Each lead has produced a draft project brief setting out what needs to be done to put in place the revised ICB sub-committees (i.e. Practitioner Forum, Co-Production Council, Primary Care Commissioning Committee, Quality Committee, Finance Management Group, Performance Management Group, Risk Management Group). The project brief covers: Objectives, scope, stakeholder to involve, success criteria, outputs, timelines and risks	<ul style="list-style-type: none"> AOG to nominate a representative sub-group to assume oversight and assurance for this work (Jan 2020) Draft Terms of Reference and propose membership for the Integrated Care Board (Jan/Feb 2020) Project leads for each sub-committees to develop their drafts to a point where they can be shared with the AOG sub-group and system stakeholders for input and challenge (Jan 2020) Sign-off to the approach and timeline by AOG and ICB (Feb/Mar 2020)
Engaged with C&H Clinical Commissioning Forum, Clinical Commissioning Forum, CCG Members and Accountable Officers Group on input required from them, timelines and decisions to be made in 2020	<ul style="list-style-type: none"> Develop a forward plan setting out which proposal and decisions need sign of from which forums, groups, committees, members etc (Jan/Feb)
City & Hackney Communications & Engagement Programme in place with – focused keeping stakeholders and staff across the local system informed and up-to-date and securing input to the “Case for Change”	<ul style="list-style-type: none"> City & Hackney stakeholders engage in shaping and signing off the Case for Change and supporting documentation (January to June). See draft timeline attached. Members of ICB are invited to comment on the draft timeline overleaf (Jan 2020)
Both City & Hackney and NEL have produced a first-cut view of which functions should be undertaken by the NEL CCG and which should be undertaken by the City & Hackney local system (Function Mapping)	<ul style="list-style-type: none"> Reconciliation of City & Hackney, WEL & BHR proposals on where functions should be performed with NEL (Jan/Feb 2020)
Consolidation of NEL- led 2021 Programme with 8 workstreams (ie Commissioning, Provider Development, Oversight & Assurance, Governance, HR & OD, Finance, CSU Transformation, Communications & Engagement)	<ul style="list-style-type: none"> Seek invitation from NEL for more City & Hackney engagement and participation in the workstreams where we do not feel we have the right representation yet (e.g. Commissioning) (Jan/Feb 2020)

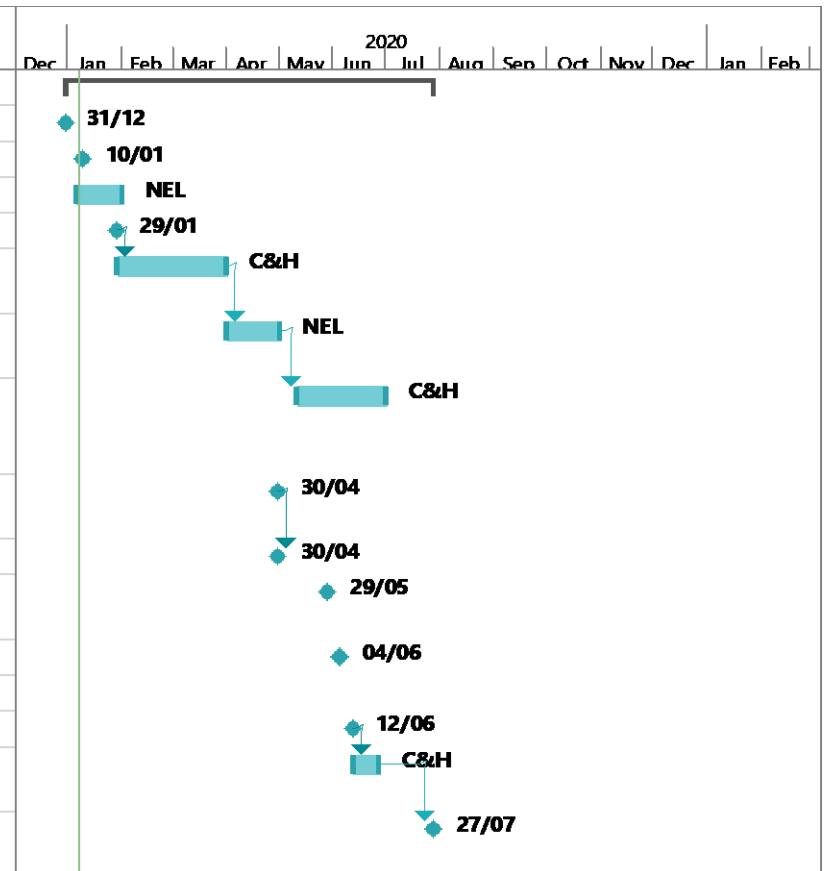
Taking this work forward with ICB:

- Feb 2020 ICB - The focus will be on Risk Identification and Management
- Mar 2020 ICB - We intend to bring ICB members, Provider Chairs and other stakeholders together to discuss the proposed shape of the Integrated Care Board, its sub-committees, accountabilities and the migration timeline

Development and sign-off of NEL ICS/Single CCG Case for Change document – what this means within City & Hackney

NEL has supplied a number of milestones to support signoff of the NEL ICS/Single CCG Case for Change document. Below we summarise at a high level the timeline for sign-off within City & Hackney. This takes into consideration May 2020 local elections. We anticipate that City of London, London Borough of Hackney, Homerton, ELFT, GP Confederation, the Voluntary Sector and CCG engagement would take place February to March 2020 and mid-May to end June 2020 with CCG Governing Body and CCG member sign-off in June and July 2020. At each stage the Case for Change document should be accompanied with additional supporting papers relevant and available at the time

ID	Task Mode	Task Name	Duration	Start	Finish
74		Case for Change	150 days	Tue 31/12/19	Mon 27/07/20
75		Case for Change Document complete (DRAFT 0)	0 days	Tue 31/12/19	Tue 31/12/19
76		City & Hackney review with PPI rep complete (DRAFT 0)	0 days	Fri 10/01/20	Fri 10/01/20
77		Stakeholder Review on Case for Change (DRAFT 0) with key stakeholders	20 days	Mon 06/01/20	Fri 31/01/20
78		Case for Change Document updated (DRAFT 1)	0 days	Wed 29/01/20	Wed 29/01/20
79		Undertake engagement on Case for Change (DRAFT 1) Document with stakeholders	45 days	Wed 29/01/20	Tue 31/03/20
80		Update (DRAFT 1) Case for Change and Comms & Engagement documents in the light of stakeholder feedback	22 days	Wed 01/04/20	Thu 30/04/20
81		Undertake engagement on updated Case for Change (DRAFT 2) and Comms & Engagement documents with all stakeholders [which stakeholders/committees TBD]	37 days	Mon 11/05/20	Tue 30/06/20
82		Case for Change (DRAFT 2) and supporting documentation sent to PPI committee	0 days	Thu 30/04/20	Thu 30/04/20
83		Engage with PPI on (Draft 2) Case for Change documents at PPI (meeting)	0 days	Thu 30/04/20	Thu 30/04/20
84		(Final) Case for Change and comms and engagement documents available from NEL for CCG Governing Body	0 days	Fri 29/05/20	Fri 29/05/20
85		(Final) Case for Change documentation sent to PPI Committee	0 days	Thu 04/06/20	Thu 04/06/20
86		Engage with PPI on (Final) Case for Change documents at PPI (meeting)	0 days	Thu 18/06/20	Thu 18/06/20
87		CCG GB paper deadline for (Final) Case for Change & supporting documents	0 days	Fri 12/06/20	Fri 12/06/20
88		(Final) Case for Change and supporting documents signed off by City & Hackney CCG Governing Body	11 days	Fri 12/06/20	Fri 26/06/20
89		(Final) Case for Change and supporting documents signed off by City & Hackney CCG Members	16 days	Mon 06/07/20	Mon 27/07/20



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Title of report:	Integrated Commissioning Consolidated Finance (income & expenditure) 2019/2020 - Month 8
Date of meeting:	16 January 2020
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, Executive 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 8 the Integrated Commissioning Fund has an adverse year end forecast variance of £3.6m, a deterioration of £0.1m on the Month 7 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 £3.9m. The position is driven by cost pressures on Learning Disabilities budgets and challenges around Housing Related Support (HRS) service redesign.

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	<input type="checkbox"/>	
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health and wellbeing of local people and address health inequalities		
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<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

Communications and engagement:

N/A

Communications and engagement:

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Supporting Papers and Evidence:

Month 8 Consolidated Finance Report

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 and Hackney
Clinical Commissioning Group



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

Integrated Commissioning Fund Financial Performance Report

Month 08 - 2019/20

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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	27,674	18,316	18,316	-	27,674	-
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	278	105	42	63	245	33	-
Total		27,952	18,421	18,358	63	27,919	33	-
Aligned	City and Hackney CCG	409,271	261,058	261,059	(1)	409,271	(0)	(1)
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	7,606	4,582	4,522	60	7,330	276	314
Total		416,877	265,640	265,581	60	416,601	276	313
ICF	City and Hackney CCG	436,945	279,374	279,375	(1)	436,945	(0)	-
	London Borough of Hackney Council	103,373	68,915	84,341	(15,426)	107,240	(3,867)	(3,698)
	City of London Corporation	7,884	4,687	4,564	123	7,575	309	257
Total ICF Budgets		548,202	352,977	368,281	(15,304)	551,760	(3,558)	(3,441)
	CCG Primary Care co-commissioning	48,081	28,443	28,443	-	48,081	-	-
Total		48,081	28,443	28,443	-	48,081	-	-

Summary position at Month 8

- At Month 8 the Integrated Commissioning Fund has an adverse year end forecast variance of £3.6m, a deterioration of £0.1m on the Month 7 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 £3.9m. The position is driven by cost pressures on Learning Disabilities budgets and challenges around Housing Related Support (HRS) service redesign.
- 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.

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

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

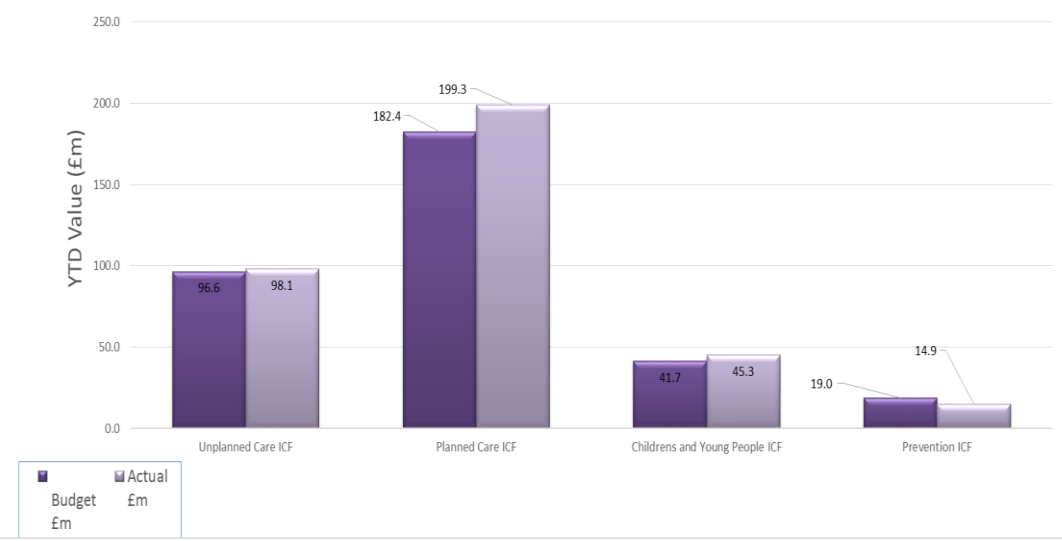
Integrated Commissioning Budgets – Performance by workstream

WORKSTREAM	Annual Budget £m	YTD Performance			Forecast	
		Budget £m	Actual £m	Variance £m	Forecast Outturn £m	Forecast Variance £m
Unplanned Care ICF	145.7	96.6	98.1	(1.5)	146.3	(0.6)
Planned Care ICF	283.4	182.4	199.3	(16.8)	288.3	(4.9)
Childrens and Young People ICF	64.5	41.7	45.3	(3.7)	64.8	(0.2)
Prevention ICF	28.8	19.0	14.9	4.1	28.8	0.0
All workstreams	522.5	339.7	357.6	(17.9)	528.3	(5.8)
Corporate services	24.2	12.3	10.0	2.3	22.0	2.2
Local Authorities (DFG Capital and CoL income)	1.5	1.0	0.7	0.3	1.5	0.0
Not attributed to Workstreams	25.7	13.3	10.7	2.6	23.5	2.2
Grand Total	548.2	353.0	368.3	(15.3)	551.8	(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 £4.9m 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 £1.2m adverse against year end budget.
 - Physical & Sensory Support is forecasting an overspend of £0.7m.
 - 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 £0.7m.
 - Ongoing challenges around Housing Related Support (HRS) service redesign is resulting in a £0.7m overspend –an improvement if £0.1m on the month 7 position.
 - In addition, the Bart's acute contract within the CCG is forecast to overspend by £0.9m relating to an agreed contract settlement across the NEL system in month 8.
- **Unplanned Care:** At month 8 the workstream is forecasting an adverse variance of £0.6m. This is being driven by the CCG where the £0.9m adverse position driven by Bart's . The position is being partially off set by LBH where interim care is under spending by £0.3m.

YTD Performance by Workstream at M08



*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 8, 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	20,249	13,499	13,499	0	20,249	0	0
		Planned Care	7,163	4,642	4,642	0	7,163	0	0
		Prevention	262	174	174	0	262	0	0
		Childrens and Young People	0	0	0	0	0	0	0
		Pooled Budgets Grand total	27,674	18,316	18,316	0	27,674	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	207,815	132,221	132,883	(662)	208,908	(1,094)	(944)	
	Prevention	3,526	2,350	2,350	0	3,526	0	0	
	Childrens and Young People	53,961	34,808	35,977	(1,169)	54,183	(222)	23	
	Corporate and Reserves	24,207	12,289	9,975	2,314	21,963	2,244	2,339	
	Aligned Budgets Grand total	409,271	261,058	261,059	(1)	409,271	(0)	(1)	
Subtotal of Pooled and Aligned			436,945	279,374	279,375	(1)	436,945	(0)	(1)

In Collab	Primary Care Co-commissioning	48,081	28,443	28,443	0	48,081	0	0
Grand Total		485,026	307,817	307,817	(1)	485,026	(0)	(1)
CCG Total Resource Limit		515,444						
SURPLUS		30,418						

Primary Care Co-Commissioning (outside of the ICF): At month 8, the Primary Medical Service is reporting a breakeven position to budget and plan, with a full year spent of £48.1m. Potential cost pressures emerging from Digital First primary care activity has been assessed and accounted for in the risks and mitigations. The CCG is working closely with the Primary Care team to manage the position

Learning Disabilities: Following the 2018/19 Learning Disabilities joint funding pilot and subsequent negotiations, the 2019/20 programme includes an in-year review process to 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. Progress with this has been slow in year but will continue to be closely monitored by all partners given its high priority and funding risk.

- At month 8 the 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. In –year slippage has been mitigated through new savings and/or over achievement from existing schemes. Work is underway to identify and develop new savings schemes for 2020/21.
- The acute portfolio was reviewed using Month 7 activity data to compile the month 8 reported position. The risk assessed position was to declare break even.
- Homerton declared a breakeven position. A year end deal was agreed on the Bart's contract recognising a full year £2.0m overspend with a £0.2m in-month adverse movement. Other out of area providers such as UCLH, Moorfields and BMI continue to overspend but remain broadly unchanged from Month 7. The overall acute over-performance was mitigated through acute reserves and favourable variances at Whittington, Guys, Chelsea & Westminster and Imperial.
- The independent Joint Audits at the Homerton reviewing counting and coding and charging of Elective, Outpatient and Day Case activity, in the main, have been completed. The final report has been agreed by the CCG and the Trust. Financial consequences are being considered.
- Non-Acute expenditure is overspent by £0.6m, the finance teams and the relevant workstreams are working together to mitigate the 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. At Month 8 these are expected to break even.
- Unplanned Care:** At Month 8 the net £1m adverse forecast is driven by the Bart's contract £0.9m – where a planned contract settlement was agreed with all the CCG's in the NEL sector. City and Hackney CCG's share of the over performance has increased by £0.3m to £2m in recognition of the likely impact of winter pressures and non-delivery of patient transport savings.
- Planned Care:** The £1m adverse position was driven by Bart's £0.8m (relating to the NEL agreed settlement) & Moorfields £0.3m, with mitigating under spends across a number of other smaller acute contracts.
- Corporate & Reserves:** Reporting a £2.2m favourable position which includes corporate and Acute general reserves of £2.2m that are being used to mitigate the CCG's position.
- CYPMF:** Reporting a £0.2m adverse position which includes over spends on CHC personal health budgets and Barts Health.

City and Hackney CCG - Risks and Mitigations Month 8, 2019/20

Summary and Progress Report on Financial Risks and Opportunities to Month 8 - 30 November

Ref:	Description	Risks/ (Opps) £'000	Prob. %	Recurrent £'000	Non Recurrent £'000	Narrative	
1	Risk	Homerton Acute performance	1,750	41%	667	53	Risk of over-performance, chargeable overseas patients and PTL.
2		Bart's Acute Performance	2,000	100%	2,000	0	Year end deal.
3		Outer Sector - Acute Performance	719	18%	0	126	Risk of over-performance during the year.
4		Non Contract Activity	700	29%	200	0	Risk of cost pressure emerging during the year.
5		Continuing Healthcare, LD & EOL	800	57%	452	0	Risk attributable to high cost packages.
6		Non Acute	400	51%	179	25	Contract rebasing and renegotiation.
7		Programme Costs	300	0%	0	0	Integrated commissioning programme development.
8		Estates	500	80%	0	400	Estates infrastructure.
9		Ringfenced & Assigned Budgets	1,578	17%	0	267	Assigned to commitments.
10		Prevention Standard	2,000	100%	0	2,000	Establishing a baseline for system prevention & innovation.
11		Neighbourhood Health & Care Services	2,500	100%	0	2,500	Investment programme.
12		NELCSU to NELCA POD Transfer	300	100%	0	300	Cost pressure associated with transfer.
13		QIPP Under Delivery	677	0%	0	0	Under delivery of agreed schemes.
14		Primary Care - Rent Revaluation	500	0%	0	0	Retrospective rent increases.
15		Primary Care - Rates	300	0%	0	0	Increased rateable value on estate.
16		Primary Care - Digital First	1,035	100%	0	1,035	Contribution to Hammersmith & Fulham CCG.
Total Risks		16,059	64%	3,498	6,706		
1	Opps	Acute Claims and Challenges	(1,000)	67%	(667)	0	Based on historic trend.
2		Acute Reserves	(1,913)	84%	(1,606)	0	To contain acute cost pressures.
3		Outer Sector - Acute Underspend	(593)	0%	(593)	0	Net underspend at month 8.
4		Strategic Reserve	(206)	0%	0	0	Reserve utilised for LD commitment.
5		Contingency	(2,377)	0%	0	0	Contingency.
6		Assigned Budgets	(749)	36%	(267)	0	Commissioning arrangements.
7		Ringfenced Allocations	(1,578)	0%	0	0	Assigned to commitments.
8		Running Costs	(1,177)	54%	(632)	0	Running cost underspend.
9		Prior Year and Dispute Resolution	(8,661)	74%	0	(6,439)	Opportunities arising from settlement of disputed items and accruals.
Total Opportunities		(18,254)	56%	(3,764)	(6,439)		
				(267)	267		
In-Year Surplus						0	
Brought Forward Underspend						(30,418)	
Carried Forward Underspend						(30,418)	

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

London Borough of Hackney – Position Summary at Month 8, 2019

Pooled and Aligned Budgets	ORG Split	WORKSTREAM	Total Annual Budget £000's	Pooled Annual Budget £000's	Aligned Annual Budget £000's	YTD Performance			Forecast		
						Budget £000's	Spend £000's	Variance £000's	Fcast Spend £000's	Variance £000's	Prior Mth Variance £000's
Commissioned & Directly Delivered		LBH Capital BCF (Disabled Facilities Grant)	1,525	1,525	-	1,017	744	273	1,525	-	-
		LBH Capital subtotal	1,525	1,525	-	1,017	744	273	1,525	-	-
		Unplanned Care (including income)	5,299	1,029	4,270	3,533	4,652	(1,119)	5,019	280	278
		Planned Care (including income)	63,946	29,665	34,281	42,630	59,219	(16,588)	68,102	(4,156)	(3,986)
		CYPM	9,049	-	9,049	6,033	8,416	(2,384)	9,049	-	-
		Prevention	23,554	-	23,554	15,703	11,311	4,391	23,544	10	10
		LBH Revenue subtotal	101,848	30,694	71,154	67,898	83,598	(15,699)	105,715	(3,867)	(3,698)
Grand total			103,373	32,219	71,154	68,915	84,341	(15,426)	107,240	(3,867)	(3,698)

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 £675k. The overall position is made up of two main elements - a £815k overspend on externally commissioned care services and (£140k) underspend across staffing-related expenditure.
- Ongoing challenges around the Housing Related Support (HRS) savings programme target of £4.5m is resulting in a £0.65m overspend. (Improvement of £150k this month)

- **Unplanned Care:** The majority of the Unplanned care forecast underspend of £280k 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 had a negligible favourable movement of £2k this month.
- **In summary,** the Planned Care overspend is partially offset by forecast underspends in Unplanned Care reducing the overall revenue overspend to £3.87m.
- **CYPM & Prevention Budgets:** Public Health constitutes vast majority of LBH CYPM & Prevention budgets which is forecasting a very small underspend.

- At Month 8 LBH reports a forecast overspend of £3.87m
- **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 planned care position has moved adversely by £171k this month, primarily driven by additional demand for provision of Occupational Therapy equipment and further growth in client activity across long term care services.
 - Learning Disabilities (LD) Commissioned care packages within this work stream is the most significant area of pressure with a £1.2m 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. Following the implementation of acceleration measures including dedicated support from the PMO in Adult Services and enhanced quality assurance processes, throughput has picked up along with the number and value of joint funding packages agreed. Progress will continue to be closely monitored by all partners given its high priority and funding risk.
 - Physical & Sensory Support is forecasting an overspend of £716k, whilst Memory/Cognition & Mental Health ASC (OP) is forecasting an overspend of £657k. 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 £757k 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 8, 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	3,867	100%	3,867	100%
	Learning Disability Joint Funding	850		850	
	TOTAL RISKS	4,717	100%	4,717	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 (£757k 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	3,867	100%	3,867	100%	
Uncommitted Funds Sub-Total	3,867	100%	3,867	100%	
Actions to Implement					
Actions to Implement Sub-Total	0	0	0	0	0
TOTAL MITIGATION	0	0	0	0	0

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

- 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, winter funding, and the additional Social Care grant funding announced in the Spending Review 2019 are one off and insufficient.
- We still await a sustainable funding solution for Adult Social Care which was expected in the delayed Green Paper. The Spending Review 2019 announced was funding for 2020/21 only, with no indication of ongoing social care funding beyond this period.

City of London Corporation – Position Summary at Month 8, 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
Comm'n'd & *DD		Unplanned Care	65	15	12	3	65	-	-
		Planned Care	153	60	-	60	120	33	-
		Prevention	60	30	30	-	60	-	-
Pooled Budgets Grand total			278	105	42	63	245	33	-

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	4,333	2,865	2,521	344	4,056	277	255	
	Prevention	1,447	695	999	(304)	1,448	(1)	(1)	
	Childrens and Young People	1,532	830	932	(102)	1,532	-	-	
	Non - exercisable social care services (income)	-	-	-	-	-	-	3	
Aligned Budgets Grand total			7,606	4,582	4,522	60	7,330	276	257
Grand total			7,884	4,687	4,564	123	7,575	309	257

- * DD denotes services which are Directly delivered .
- * Aligned Unplanned Care budgets include iBCF funding - £265k
- * Comm'n'd = Commissioned

- At Month 8, the City of London Corporation is forecasting a year end favourable position of £0.3m, a small improvement on the Month 07 position
- Pooled budgets** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF). These budgets are forecast to under spend 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 8, 2019/20

City and Hackney CCG

- At the end of month 8 the CCG is reporting £3.44m savings delivered against a year-to-date (YTD) plan of £3.27m.
- Whilst there is slippage reported against some schemes, overall full year forecast outturn (FOT) is on target to deliver the full £5m, due to some schemes delivering higher than expected savings, new schemes implemented in year and release of non recurrent estates dispute resolution savings.
- It is important to note that the position includes £483k of savings relating to Bart's schemes agreed in the yearend financial deal.
- Included in the £5m FOT are medium risk schemes totalling £456k, mostly driven by £400k relating to the "CHC –Review Non Health packages" scheme. There is a delay in implementing the transfer of patients from the CCG to LBH for packages no longer eligible for CHC funding. The CCG continues to pay for these Social Care packages which has a negative impact on the overall Adult CHC financial position for 2019/20. Workstreams are taking actions to reduce the risk of non-delivery.

London Borough of Hackney

- LBH has agreed savings of £0.9m for 2019/20 of this we have delivered £0.25m 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 £0.65m 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 Workstream Risk & Issue Registers
Date of meeting:	16 January 2019
Lead Officer:	Carolyn Kus, Director of Programme Delivery
Author:	Matt Hopkinson & Timothy Lee, Transformation Support Officers Alex Harris, Integrated Commissioning Governance Manager
Committee(s):	Integrated Commissioning Board, 16 January 2019
Public / Non-public	Public

Executive Summary:

This report presents the complete risks and issues registers for the Integrated Commissioning Workstreams. At the ICB meeting on 9 May 2019, it was agreed that as well as receiving the register of escalated risks at each of its meetings, the ICB would also receive on a quarterly basis the full risk registers for the workstreams and IC programme as a whole.

There are no issues for the CYPMF and Unplanned Care Workstreams.

Recommendations:

- Item submitted for information.

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:

Workstream risk registers and issues logs

Sign-off:

London Borough of Hackney: Jayne Taylor – Prevention Workstream Director,
Amy Wilkinson – CYPMF Workstream Director

City & Hackney CCG: Nina Griffith – Unplanned Care Workstream Director,
Siobhan Harper – Planned Care Workstream Director

Integrated Commissioning Register of Escalated Risks - October 2019

Ref#	Description	Senior Responsible Owner	Senior Management Owner	Inherent Risk S	Likelihood	Impact	Current Score	Residual Risk Score				Mitigating actions
								Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	
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>	David Maher	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 (Circulated December 2019), - 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	Nicholas lb	16	4	4	12	16	16	12	9	<p>The long-term plan has arrived and there has been input from City & Hackney into the NE London Long Term Plan. The City & Hackney response to the Long Term Plan has been included as an Annex to the NE London response.</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>	Laura Sharpe	Carolyn Kus	16	4	4	16	16	16	16	12	<p>Terms of Reference for the workforce to be drafted and considered by AOG March 2020.</p> <p>Workforce Enabler Board Development Session due to take place on 11 December 2019.</p> <p>Workforce Strategy to align with the long-term plan.</p>
IC24	<p>Social Care Funding</p> <p>There is a lack of information on 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>	Carolyn Kus	Nina Griffith	16	4	4	16	16	16	16	16	<p>This risk has been escalated to the IC Programme Team as there is no mitigation that can be carried out by the workstream itself. On review of the risk, the IC Programme Team has determined that as the risk and mitigation sits entirely within central government, it should not be recorded on a risk register for the Integrated Commissioning Programme as it is effectively an inherent risk for which the programme has no mitigation.</p>
P13	<p>Priority area: Rough Sleepers</p> <p>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</p>		Jayne Taylor	20	4	5	20	20	20	16	16	<p>Access to primary care for those rough sleeping within the City of London is hampered by location and a complex commissioning landscape. To mitigate in the short term a peer navigation service has begun, utilising those who have experienced rough sleeping to support current homeless people to access health services. The City Corporation and CCG are also supporting the pilot operation of an outreach primary care service, delivering weekly GP sessions in the Square Mile. This will commence in December 2019 for six months, and will include the CCG's primary care commissioner in its oversight.</p>
PC1	<p>Adult Learning Disability Service</p> <p>There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners.</p>		Siobhan Harper	20	4	5	20	20	20	20	20	<p>Regular meetings are continuing as part of section 75 arrangements for financial planning.</p> <p>Joint funding processes have been implemented and joint funding panels are being held on a regular basis.</p> <p>The direction of travel for the LD strategy was approved in May ICB. The final costed strategy was due to be brought to ICB in Nov 2019 but this will now be delayed until early 2020 (Purdha restrictions are in place for November and December ICB).</p> <p>The new Preparation (transition) for adulthood processes and governance are in place and these are being developed further as part of establishing them.</p>

Ref#	Description	Senior Responsible Owner	Senior Management Owner	Residual Risk Score								Mitigating actions
				Inherent Risk Score	Likelihood	Impact	Current Score	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	
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	<p>Auditors have completed their on site audits of activity. A draft headline report has been shared and the full report should be available in December 2019.</p> <p>The Outpatient Transformation programme: Teledermatology training has been delayed and may not be complete until December. Practices activity has been slow but is improving.</p> <p>Virtual Fracture Clinics are going well and full delivery of expected activity in 2019/20 is on course.</p> <p>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.</p> <p>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 compensate. Extension to the pathology scheme will deliver further savings in year.</p>
PC12	Housing First Funding No long term funding is secured for the Housing First programme and there is a risk that the service will finish at the end of the year 1 pilot		Siobhan Harper	25	5	5	N/A	N/A	25			<p>Best practice suggests that the Housing First approach is most effective when sustained support is delivered over a number of years. At present year one of the service is funded through CCG PIC funding to support the development of the local evidence base but no long term funding has been confirmed. LB Hackney has issued a three year contract to the provider with the intention that national government, Rough Sleeper Initiative (RSI) funding would be applied for to fund year 2 (year 3 would be funded from savings made available from a review of mental health supported accommodation). However, this has been disrupted by the General Election and further RSI funding rounds have been suspended. In response LB Hackney Adult Services as the lead commissioners are exploring a range of funding options.</p>
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			<p>Weekly teleconference continues although Delayed Transfer of Care (DTOC) targets were not met for Q1 and Q2. High Impact Change Model (HICM) 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. LBH is recruiting three permanent senior social workers in January 2020, which will add stability and facilitate improved discharge processes.</p>
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			<p>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 Communications 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.</p>
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		<p>Contribute to and shape NEL thinking on the Scheme of Delegation (November 2019 to April 2020) - David Maher</p> <p>Ensure the City and Hackney contribute and shape the discussion on commissioning and the principles which underpin service design (November 2019 to April 2020 - Siobhan Harper & Nina Griffith)</p>

Ref#	Description	Senior Responsible Owner	Senior Management 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>One ICS / One CCG Comms</p> <p>The CCG merger plans have not been properly communicated to the public, which risks undermining the programme.</p>		Alice Beard	3	3	3	9					<p>NEL have established a <i>2021 Oversight Group</i> to plan and manage the NEL CCG merger. This programme has 8 workstreams. One of these workstreams is focused on communications & engagement. Subsequently a Communications & Engagement Working Group has been set up within the City & Hackney as part of the City & Hackney CCG <i>2021 Delivery Group</i>. This group has been tasked with delivering appropriate and targeted communications and engagement with patients and the public. First planning meeting 23 October 2019.</p>
	<p>ICS Partnership Commitment</p> <p>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.</p>		Alex Harris / Matt Hopkinson		3	5						<p>Budget pooling discussions are ongoing - verbal update to be provided to the October AOG and a formal paper brought to November AOG, after which this will go to ICB for agreement and statutory organisations if appropriate.</p> <p>The workstreams are well-established and continue to work closely together, and the ICB continues to mature and become an embedded way of working across the organisations.</p>
	<p>Public Health Grant Ring-Fence Removal</p> <p>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. .</p>		Jayne Taylor									<p>Mitigation discussion needs to involve Director of Public Health and local authority finance colleagues.</p>
	<p>Prevention Strategic Objective</p> <p>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>Mitigation discussion needs to involve all strategic system partners. Part of this is MECC, part of it is the Prevention Investment Standard, but there is a cultural shift required across the system to achieve our ambitions here.</p>
	<p>IT Enabler Projects</p> <p>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									<ul style="list-style-type: none"> . Ensure the IT Enabler programme of work is correctly prioritised. . Build strong working relationships across all suppliers charged with delivery (including internal ICT teams) and secure early engagement at a senior level. . Prepare detailed delivery and resource plans to expose any gaps in resources and ensure these are addressed in IT enabler business cases.
	<p>Co-Production</p> <p>Insufficient / inconsistent involvement or lack of true partnership with residents and the voluntary sector 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>A Co-production Self-Assessment exercise will assess care workstream approaches to co-production and the Patient Public Representatives view of involvement within the system. Information from the self assessment will feed into a Co-production Workplan that will illustrate how to achieve meaningful co-production, developing and implementing the principles outlined in the Co-production charter. The Co-production workplan will take into account the current failures / barriers to co-production highlighted by workstreams and patient public representatives and provide practical steps to overcome these factors. Due: End of March 2020.</p>
	<p>Cerner Millennium data</p> <p>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>Cerner Millennium sites are moving towards a more compatible data extraction tool to facilitate analysis by the Discovery team.</p>

Ref#	Description	Senior Responsible Owner	Senior Management 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	
	Estates Enabler Funding If we lose capital funding for estates infrastructure we may not be able to support delivery of the long-term plan.		Amaka Nnadi		4	5	20	N/A	N/A	20		TBC

Risk Register and Issues Log

Planned Care Workstream

Ref	Description	Inherent Risk Score	Risk Tolerance	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective				
				Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20				Focus on prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
PC1	There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners	20	9	20	20	20		↕	Regular meetings are continuing as part of section 75 arrangements for financial planning. Joint funding processes have been implemented and joint funding panels are being held on a regular basis. The direction of travel for the LD strategy was approved in May ICB. The final costed strategy was due to be brought to ICB in Nov 2019 but this will now be delayed until early 2020 (Purdha restrictions are in place for November and December ICB). The new Preparation (transition) for adulthood processes and governance are in place and these are being developed further as part of establishing them.	20	✓	✓	✓	✓	✓

PC2	There remains a risk of overperformance on elective activity with our main provider and with other acute providers which is beyond our risk tolerance	20	10	20	20	15		↔	<p>Auditors have completed their on site audits of activity. A draft headline report has been shared and the full report should be available in late December 2019.</p> <p>The Outpatient Transformation programme: Teledermatology training has been delayed and may not be complete until the end of December. Practices activity has been slow but is improving.</p> <p>Virtual Fracture Clinics are going well and full delivery of expected activity in 2019/20 is on course.</p> <p>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.</p>	15	√	√	√	√	√
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PC3	During 2017/18, limited stock availability of some widely prescribed generics significantly drove up costs of otherwise low cost drugs. The price concessions made by DH to help manage stock availability of affected products, were charged to CCGs - this arrangement (referred to as NCSO) presents C&HCCG with an additional cost pressure	20	4	4	4	4		↔	During 2017/18 the total year end impact for C&H was £1.3M NCSO - however the wider QiPP work delivered savings higher than the £1.3M cost pressure. This was a similar picture in 2018-19 in that savings on the prescribing budget outweighed the NCSO cost pressure and the overall prescribing budget was underspent. In light of this, this risk was rescored to reduce the potential impact (it was initially recommended for closure by the medicines management team).	4		√	√	√	
PC4	Staff at the statutory organisations responsible for the delivery of Planned Care priorities fail to buy into the process. Organisations continue to work in silos and opportunities to deliver efficiencies or improved outcomes fail to be achieved	12	3	8	8	8		↔	<p>The Core Leadership Group meets monthly, bringing together all key partners across the system</p> <p>Below the CLG a system management group brings together operational leaders from the three commissioning organisations. A number of specific groups have also been established to deliver individual workstream priorities</p> <p>In October a pilot SMG meeting focused on Long Term Conditions, incorporating members of the Prevention workstream and LTC Programme Board. Proposals for continuing this meeting were agreed and the next meeting will be held in January 2020.</p> <p>CLG reporting arrangements (workplan) are being refreshed inline with the updated commissioning intentions and ICB/AOG reporting arrangements. A new Planned Care workplan has been agreed and this will be incorporated into ICB/AOG reporting from January 2020.</p>	8				√	

PC5	The work of the Planned Care Workstream is perceived as only being about the delivery of savings rather than helping people to live more independently. Patients and other stakeholders fail to buy into the process and opportunities to deliver improved outcomes for service users are not achieved	9	3	6	6	6	↔	Regular resident and patient engagement has been incorporated into the activity of the individual workstream asks. Planned Care also contributes to the ongoing programme of resident and community engagement on Integrated Commissioning. Workstream representatives attended the CCG AGM in September to update on progress and facilitate engagement activities that will inform	6			✓	✓	
PC6	Patients may not transfer to the Anti-coagulation service commissioned by the CCG from the GP Confederation. If this process is not completed patients will not receive a service from primary care and QIPP plans may not deliver.	16	3	9	12	12	↔	Initially lower than anticipated the number of patients transferring to primary care has increased and activity levels are now inline with expectations. A small number of patients have declined to transfer. Further engagement with the Homerton is required to confirm the processes for managing these patients.	12	✓	✓	✓	✓	✓
PC7	End of national funding for Pharmacy First and impact on primary care. Risk end of national funding for Pharmacy First increases pressure on primary care as residents on low incomes who are unable to afford purchase price of over the counter	12	4	9	9	9	↔	Implementation strategy for a revised Pharmacy First scheme which addresses the decision to cease prescribing certain over the counter drugs to be finalised. Submission of documents from C&H CCG to NHSE LAT in April 2019, outlining case for a local revised scheme for socially vulnerable patients and draft criteria for social vulnerability - to date no response has been recieved. NHSE have not given formal notice of decommissioning. It was due to be decommissioned from Pharmacies by 1st April 2019 . NHSE have been contacted on several occasions for an update but we currently are still waiting for a formal response.	9	✓	✓	✓	✓	
PC8	HUH unable to recruit appropriate staff and provide sufficient capacity for transformations. This could result in the delivery of Outpatient transformation being delayed and/or failure to achieve the desired quality	12	3	6	12	9	↔	IT Project Managers are in post. Capacity continues to be reviewed and clinical back fill may become more of a necessity. Await a proposal for recruitment for the HUH Transformation manager.	9			✓	✓	

	PC9	The 62 day target to begin cancer treatment is not consistently achieved	16	4	6	6	6		↔	The 62 day cancer target was not achieved throughout 2018/19. Performance has improved and at present it is being sustainably delivered. However there is a risk that this cannot be maintained throughout the year. This is increased by changes to reporting methodologies (breach allocation policy) that have made the target more challenging. CCG performance is also partly dependant on the performance of intertrust transfers	6		✓	✓	✓	
	PC10	Failure to commission an Adult complex obesity Service	15	6	9	9	6		↔	This risk is shared with the Prevention workstream. Responsibility for bariatric surgery (tier 4) transferred from NHS England to the CCG in 2018 – eligibility includes treatment in a tier 3 service, which is not currently funded locally. A plan is in place to remodel funding currently used by Homerton under payment by results appointments for bariatric service referrals to	6	✓			✓	
	PC11	Overlapping programmes at the local and sub-regional levels leads to a lack of coordination of patient engagement activities	6	4	6	6	6		↔	CLG is maintaining oversight of all activity relevant to the workstream and working with the relevant engagement leads.	4					✓
	PC12	No long term funding is secured for the Housing First programme and there is a risk that the service will finish at the end of the year 1 pilot	25	5	n/a	n/a	25		↔	Best practice suggests that the Housing First approach is most effective when sustained support is delivered over a number of years. At present year one of the service is funded through CCG PIC funding to support the development of the local evidence base but no long term funding has been confirmed. LB Hackney has issued a three year contract to the provider with the intention that national government, Rough Sleeper Initiative (RSI) funding would be applied for to fund year 2 (year 3 would be funded from savings made available from a review of mental health supported accommodation). However, this has been disrupted by the General Election and further RSI funding rounds have been suspended. In response LB Hackney Adult Services as the lead commissioners are exploring a range of funding options.	25					

Integrated Commissioning Programme - Planned Care 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	<p>CHC performance was under national targets during Q1 2019. We have improved performance and met one of the targets in Q2 and met both targets in October</p> <p>There are two targets:</p> <ol style="list-style-type: none"> <15% of assessments to be completed in an acute setting. Q1 - 23% (9/39) Q2 - 12% (4/33) Oct - 8% (1/13) >80% of assessments to be completed within 28 days. Q1 - 78% (42/54) Q2 - 73% (27/37) Oct - 84% (16/19) <p>The Trust and CSU provide reasons for each breach and this continues to be monitored by the CHC Operational Improvement Group. There are actions in place to address process issues.</p>	Open	

Risk Register and Issues Log

Prevention Workstream

Ref*	Description	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective					
		Inherent Risk Score	Risk Tolerance	Q1 2019/20	Q2 2019/20				Q3 2019/20	Q4 2019/20	Focus on prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities
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	20	9	n/a	20	16	↔	Access to primary care for those rough sleeping within the City of London is hampered by location and a complex commissioning landscape. To mitigate in the short term a peer navigation service has begun, utilising those who have experienced rough sleeping to support current homeless people to access health services. The City Corporation and CCG are also supporting the pilot operation of an outreach primary care service, delivering weekly GP sessions in the Square Mile. The service commenced in December 2019 and will run for an initial six months. The CCG's primary care commissioner will be involved in the contract oversight. <small>The City Corporation has been working closely</small>	16	√	√		√	√

P6	Cross cutting risk: Increasing pressure on GP resources undermines the ability of primary care to deliver prevention priorities.	16	3	9	9	9		<p>This risk is owned by the CCG BAF because of the potential increase in referrals to secondary care services resulting from this. The CCG Planned Care workstream will lead on actions to mitigate the likelihood of this risk occurring. This has included an ongoing programme of clinical leadership, service reviews to manage demand and exploring new ways of working via CQUINs.</p> <p>An awareness of this risk is informing the development of the local MECC programme.</p> <p>↔</p> <p>Through PCNs, additional resources are being made available to support the preventative work of general practice - in particular, funding to employ Social Prescribing link workers. The Prevention workstream is working closely with primary care to support the employment of these new roles, building on the successes of the current commissioned Social Prescribing service.</p> <p>We will continue to seek opportunities to strengthen prevention within primary care, <u>including through the CCF contract</u></p>	9	√	√	√	
P7	Priority area: Obesity and Diabetes/cross-cutting risk: Failure to provide an obesity service for adults with complex needs	15	6	9	9	9	<p>↔</p> <p>This risk is shared with the Planned Care workstream.</p> <p>Responsibility for bariatric surgery (tier 4) transferred from NHS England to the CCG in 2018 – eligibility includes treatment in a tier 3 service, which is not currently funded locally.</p> <p>A plan is in place to remodel funding currently used by Homerton under payment by results appointments for bariatric service referrals, to create a specialist weight management service (tier 3). In December, FPC agreed a request for additional funding to complement funds 'freed up' by remodelling current PbR funding, to meet a higher proportion of the need for specialist weight management. There is a draft spec and a draft business case, which are currently being finalised. The intention is for the new service to start in April 2020, to be delivered by the Homerton, and to run for an initial 2 year period, and inform longer term approach to addressing the gap in the obesity pathway for people with more complex needs.</p>	6	√	√	√	√	

P15	Priority area: Obesity and Diabetes/cross-cutting risk: Failure to provide an obesity service for CYP with complex needs - Work is due to commence in the coming months (this is a joint piece of work with the CYPMF workstream) but has not yet begun because of capacity constraints.	12	6	9	9	9	↔	This risk is shared with the CYPMF workstream Plans are in place to incorporate this as a priority into the workplans of relevant Prevention and CYPMF staff over the coming months.	9	√			√	
P14	Priority area: Self Management and Reducing Social Isolation Provision of social prescribing via Primary Care Networks alongside existing CCG and LB Hackney services adds complexity to referral pathways and leads to a disjointed service offer .	16	3	9	9	9	↔	Regular meetings of the task and finish group have been established, which involves membership of a PCN clinical director. An approach has been agreed in principle between clinical directors and the current commissioned provider to employ PCN SP link workers, while plans are developed to integrate local provision. Stakeholder engagement on outline proposals is currently underway which will inform the development of a specification for an Integrated Social Prescribing and Community Navigation service.	9	√		√		√
P5	Cross-cutting Public Health ring-fence removed which results in local funding decisions that reduce the resources available to deliver the Prevention Workstream priorities.	20	4	8	8	8	↔	Opportunities to pool the Prevention budget across the main commissioning partners continue to be sought. Workstream leads are engaging with the other workstreams to ensure that prevention is prioritised in their plans - this will be a core part of our workplan during 2019/20. The Public Health budget for 2019-20 remains ring fenced whilst work is undertaken to agree inclusion of Public Health in the funding to come from 100% Business Rate retention. Decision on public health grant and funding through business rates delayed further. Work underway to develop a system Prevention Investment Standard.	8	√	√	√		√
P9	Cross-cutting: PCLG unable to achieve its ambitions for resident engagement and fails to successfully integrate patients and the public in the design and development of services. Failure to maximise the potential for resident engagement and representation impacts on the quality and scope of service development	12	3	8	8	8	↔	The existing public representative has played an active role in supporting the development of a number of Prevention initiatives e.g. supporting the development of the MECC programme. Recruitment is underway for a second representative. Appropriate engagement activities have been incorporated into the delivery of specific transformation programmes e.g. a number of targeted community engagement events have been delivery to support the development of the Integrated Social Prescribing and Community Navigation service.	8					√

P8	Priority area: self-management/cross-cutting: Lack of programme management resources limit progress to make the most of cross-workstream interdependencies to develop a Neighbourhood community navigation model.	12	3	3	0	n/a	n/a		This risk is closed. Project Manager has been appointed to take forward 'care navigation' work.	n/a	√			√	
P10	Priority area: Sexual Health Non-recurrent CCG funding for HIV Clinical Nurse Specialists ends in November with no clear plan for sustainable future funding. No clear commissioning responsibility/budget for these posts (picked up initially by Public Health, then CCG via non-recurrent/PIC funding). The loss of this specialist post will impact on	16	9	12	12	0	n/a		This risk is closed. The CCG Finance and Performance committee has agreed recurrent funding to support the ongoing provision of this service.	n/a	√	√	√	√	
P11	Priority area: Mental Health and Wellbeing, and supporting vulnerable groups Non-recurrent CCG funding for the St Joseph's Bereavement Service ends in March 2020 and service cannot be maintained	16	9	12	12	0	n/a		This risk is closed. In October CCG Finance and Performance agreed a request for recurrent funding to support the ongoing provision of this service.	n/a	√			√	√
P12	Priority area: smoking / cross cutting risk: Following the completion of unsuccessful negotiations with the existing ACERS provider there is a risk that the Stop Smoking pilot cannot be delivered and the CCG PIC funding allocated will be lost	15	9	12	12	0	n/a		This risk is now closed. FPC has agreed a request for the available funding to be used to improve our data on patients that smoke, deepen our understanding of the existing smoking cessation pathway within ACER's and inform the development of a new model of support for smokers accessing hospital services.	n/a	√			√	

*Risks are allocated their reference in the order in which they are added to the register. Each risk has a unique reference. The register is organised by current risk rating with the highest rated risks shown at the top. Once a risk has b

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			
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	<p>An action plan is being delivered to increase referral rates:</p> <p>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.</p> <p>A Tobacco Control Alliance has been established that brings together key partners from across the system. The first meeting is due to take place in late November and will consider what more can be done to increase referral rates.</p> <p>A partnership has been established with x6 Vape Stores to deliver VBA as a way to increase referral rates for younger people.</p> <p>There will be a renewed focus on people with a mental health condition as a key demographic with the potential for increased referral rates.</p>	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	<p>Smoke Free Steering group established at Homerton to oversee and support implementation in line with NICE guidance.</p> <p>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.</p>	2	10	1	5	<p>New guidance for junior doctors and clinicians developed on Champix and NRT prescribing and implementation to be monitored</p> <p>Ongoing initiatives to monitor compliance with stop smoking interventions in midwifery services including CO monitoring in the 3rd trimester (joint project with CYPMF workstream)</p> <p>Homerton cooperating with NEL colleagues to develop business case for implementation of 'bedside' support to quit (the 'Ottawa model' as proposed in the NHS Long Term Plan)</p> <p>Working with Prevention workstream Digital and Communications lead to consider digital solutions to resolve referral pathway challenges (see issue P16)</p> <p>Homerton has accepted membership of the newly established Tobacco Control Alliance, the first meeting is scheduled for 26th November.</p>	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	<p>An action plan was discussed and agreed at the Prevention System Management group in September.</p> <p>Performance of the service has improved and activity targets are currently being achieved. The Contract Manager will continue to closely monitor the situation.</p> <p>Public Health Senior Management Team has agreed proposals to extend the existing contract until March 2021 then combined with the 0-25 service. Proposals for which are currently being developed.</p>	Open	

Children, Young People, Maternity and Families Workstream Risk Register - December 2019

Cover Sheet



Ref#	Description	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective					
		Inherent Risk Score	Risk Tolerance	Q1 2019/20	Q2 2019/20				Q3 2019/20	Q4 2019/20	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities
1	Immunisations for pregnant women. There is a very low update of flu and pertussis immunisations to pregnant women in City & Hackney. The effect of low update can result in maternal and infant mortality and morbidity.	10	4	4	4	4	↔	Currently under review in light of recent NEL data. SOG will review and consider risk score in January.	4	✓			✓	
2	Risk that CYP with complex health needs do not receive sufficient additional support in school to meet their needs; and CCG not having a specified recurrent budget to meet these costs.	12	8	12	12	12	↔	Review of some high cost complex LAC placements is ongoing via the LBH Post 16 commissioning board ongoing to inform panel. Workstream NR funding is supporting the developmnet of joint funded health and SEND packages. Baseline will inform budget setting for 20/21 The LAC Complex Cases panel to meet for the first time week beginning 14/10/2019; Plans for monthly joint health and SEND review of CYP for whom an EHCP and / or additional health funding may be required in school owing to complex health needs; Monitoring of out of borough special school packages - both education and health costs charged by OOB agencies Monthly review of LAC placed OOB with Education Health and Care Plans; CETR draft protocol has been agreed and is going through governance - currently working on joint funding protocols for children with complex needs.	12				✓	
3	Risk around the speed at which the offer of Personal Budgets across the health, education and social care system is expanded.	8	8	8	8	8	↔	To date, the following actions have been undertaken to ensure all children and young people who require them have personal health budgets 1. All continuing care packages have at least a notional personal budget 2. Children's Social care personal budgets are offered	8		✓		✓	✓

Ref#	Description	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective					
		Inherent Risk Score	Risk Tolerance	Q1 2019/20	Q2 2019/20				Q3 2019/20	Q4 2019/20	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities
4	Strategic challenges associated with collaborative working across a number of organisations and a broad spectrum of work areas have a negative impact of strategic CYPMF workstream deliverables. This may include a lack of 'buy in' from partners across the system and partners 'pulling away' from scoped workstream business - potentially leading to a duplication of work or things not being done, risks re budget pooling / aligning, definition of scope, slippage in timescales and reduced quality of services commissioned. Operational challenges associated with collaborative working across a number of organisations and a broad spectrum of work have a negative impact on service operations leading to reduced quality in outcomes for children.	4	4	4	4	4	↔	The CYPMF Workstream is held a workshop to look at proposals relating to potential pooling arrangements for SLT budgets across the partnership in September. The outcomes of this will tie in with wider thinking across the IC Programme.	4	✓	✓	✓	✓	✓
5	Lack of Progress against Learning Disabilities Transforming Care agenda, which is a CCG statutory responsibility and requires a statutory workplan. Failure to do so risks impact of children having to go into hospital; impact on the achievement of WELC targets and CCG reputation; and increased service costs relating to expensive residential placements.	12	9	12	12	12	↔	The operational policy is now complete, and commissioning leads have completed a range of actions to promote the CETR agenda across agencies and health teams. The planned Care team has also completed work to align strategic and operational policies with Adults TCP. The risk register is scheduled to be reviewed week commencing 14/10/2019.	9				✓	
8	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	15	4	15	10	10	↔	Following a CCG-funded outbreak response across partner organisations, the Measles outbreak is now over and there were no C&H 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 Communications 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 was taken to the ICB in November 2019 and an action plan was agreed. This will be reported back on in 2020.	10		✓		✓	

Ref#	Description	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective					
		Inherent Risk Score	Risk Tolerance	Q1 2019/20	Q2 2019/20				Q3 2019/20	Q4 2019/20	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities
9	Gap in provision for children who require Independent Healthcare Plans (IHP) in early years settings, relating to health conditions such as asthma, epilepsy and allergies.	16	3	16	4	4	↔	As part of the Independent Healthcare Plan (IHP) work, Public Health, the CCG, Hackney Learning Trust and the Homerton Hospital have set up a partnership approach to identify the small number of children affected and take appropriate steps. Consequently there is no gap in provision and we are maintaining a watching brief to ensure this continues.	4				✓	
11	Health of Looked-After Children: Risk to sustaining service performance during transfer of service to new provider and change to service model	12	4		8	8	↔	The service has successfully transferred to the Homerton without incident. We will continue to monitor delivery to ensure no issues arise.	8				✓	
14	Antenatal pathway changes and associated clinical risk to joint working between GPs and Homerton Hospital	12	3	12	9	9	↔	We are now in Quarter 4 of the new arrangements. No issues have been raised in relation to the pathway changes since it was launched. Score to be reviewed at the next SOG meeting - expecting risk score to be lowered to green.	9				✓	
15	There is a risk that Out of Area Looked-After-Children experience longer waiting times to access CAMHS and other services, and that those services provided may not be of as high a standard as those provided within City & Hackney	12	9 (TBC)		9	9	↔	Arrangements are in place for clinical services to travel in order to meet the needs of LAC where possible. Where children are placed further away the clinical service will liaise with services local to the child and the Designated Nurse for Looked After Children and Mental Health Commissioner on a case-by-case basis. Negotiations ongoing for a stronger service provision for City of London UESC.	9				✓	
16	The Named GP for safeguarding children is currently on maternity leave and the post is not covered. This absence means that we are not compliant with the Intercollegiate guidance which CQC expect adherence to. There is a financial implication as we may need to commission individual management reviews to cover emerging serious case reviews	12	4	12	9	6	↓	We have been successful in recruiting a named nurse for Primary Care, who will start work in January 2020. Interims have been appointed to cover SCR bespoke pieces of work in the meantime, and there is no gap in service.	6				✓	

Unplanned Care Workstream Risk Register - December 2019

Cover Sheet

Ref#	Description	Inherent Risk Score	Risk Tolerance	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective				
				Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20				Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
1	Failure to deliver the workstream financial objectives for 2019/20	16	8	12	12				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				12				✓		

Ref#	Description	Inherent Risk Score	Risk Tolerance	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective				
				Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20				Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
4	Workstream fails to successfully integrate patients and the public in the design and development of services; services are not patient focused, and are thus limited in reach and scope	16	6	12	12			↔	Urgent Care Event held at Ridley Road market Commencement of Discharge Workstream Co-production Task & Finish Group Review of current co-production within the workstream and proposed set of principles to assist development of co-productive approach was endorsed by the UCB in May 2019.	12		✓		✓	✓
5	Risk that Homerton A&E will not maintain delivery against four hour standard for 2018/19.	16	8	12	8				A review of Duty Doctor took place in July-August 2019, and the Unplanned Care Board agreed in October that the GP Confederation will take forward work to raise awareness and improve comms relating to the service.	8		✓		✓	
7	The new Integrated Urgent Care (111) service might have a negative impact on quality of urgent care for City & Hackney patients, and on downstream services: Quality of Care: - Possible issues with quality of clinical assessment and increased waiting times (call-back time from clinicians); - Recruitment of senior clinicians in CAS Downstream service impact: - General increase in demand due to availability of free-to-call number, quick answer times - Increased demand on acute (A&E/999) due to risk-averse nature of 'pathways' assessment, - issues with direct booking into urgent Primary Care, and - possible issues with quality of clinical assessment.	16	4	9	9			↔	Set up of CAS transformation group complete, with senior clinical and operational representation and agreed terms of reference. Agreed service specification for data flow into CSU. There has been a 2nd draft of NELIUC Performance report produced - no significant change from previous position. A review of Duty Doctor took place in July-August 2019, and the Unplanned Care Board agreed in October that the GP Confederation will take forward work to raise awareness and improve comms relating to the service.	9		✓		✓	✓

Ref#	Description	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective					
		Inherent Risk Score	Risk Tolerance	Q1 2019/20	Q2 2019/20				Q3 2019/20	Q4 2019/20	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities
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		↔	Weekly teleconference continues although DTOC targets were not met for Q1 and Q2 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. LBH is recruiting three permanent senior social workers in January 2020, which will add stability and facilitate improved discharge processes.	15		✓		✓	
12	Current IT infrastructure limits delivery of integrated working	12	4	12	12		↔	This remains a live risk where it is critical as the text below states to link into the work of the IT Enabler group. It is possible to deliver an integrated model using a work around solution (previously used in OHC) where providers bring their own equipment and access systems from this while discussing patients. The IT enabler board is progressing work to allow view/read only access across all major providers patient information systems. There is also formal reporting from the IT Enabler Board into the Neighbourhoods Steering Group on the key IT enablers. We now have in post an IT project manager to support neighbourhoods IT system developments. Work is ongoing to develop solutions, following discussion by the Neighbourhoods Steering Group in September 2019.	12		✓	✓	✓	

Ref#	Description	Inherent Risk Score	Risk Tolerance	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective				
				Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20				Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
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			↔	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 developed and core slide sets have been agreed for use with staff groups. Multiple engagement activities have taken place including: Work with LBH teams to look at shared work and opportunities, two case seminar events with frontline staff and users in mental health, work with community navigation providers on model for navigation in Neighbourhoods, workshop on how we can deliver anticipatory care, work with therapy teams to develop a Neighbourhood model, induction event for neighbourhood pharmacy leads and Primary Care Network Directors system and Engagement event.	12		✓		✓	
14	Decommissioning of the Minor Ailments Service (known as 'Pharmacy First') may lead to an increased number of patients using the front door – primary care and A&E. National research has demonstrated that typically users of a Minor Ailments Scheme report that that if this kind of service were withdrawn 87% of them would instead turn to their GP as an alternative and 6% to A&E. There is concern that if the service is decommissioned this could increase the number of patients that walk in to A&E and visit their GP.	12	TBC	9	9			↔	A review of Pharmacy Enhanced Services in City & Hackney by NHSE London is taking place. The review of the service is not yet complete	9		✓	✓	✓	

Ref#	Description	Inherent Risk Score	Risk Tolerance	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective				
				Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20				Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
15	Ongoing difficulties in recruiting GP staff across unplanned care services, including OOH, PUC and Primary Care puts pressure on the whole C&H health system - risk that patients are thus seen in acute settings such as A&E, with impact on HUH 4 hour target and cost	16	6	16	16	12		Benchmarking of GP rates of pay undertaken in collaboration with TH CCG The Workstream SRO sits on the the NEL Workstream Advisory Board (WAB), which is currently discussing how to manage the recruitment issues across the whole STP footprint. October Update: The 6 month report on the GPOOH service at HUHFT showed that all shifts have been filled and at no point did the service not have full GP coverage. We 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.	12			✓	✓		
17	New ways of working in Neighbourhoods may require information to be shared across providers and this may not be covered by existing information sharing protocols. This is a particular issue for the voluntary sector who currently have very limited information sharing protocols in place.	9	6		9	9	↔	This issue has been raised as a risk within the Neighbourhoods programme and has been escalated to the IT Enabler Board. There are projects underway within the City (Age UK) where Age UK has worked through the IG toolkit to become compliant so that data can be shared safely between statutory and voluntary sector organisations. Data is also already shared with voluntary sector providers providing social prescribing so there are examples of where systems have been put in place to allow data to be shared. Learning from Age UK will be shared with the voluntary sector to help enable other providers to undertake the IG toolkit.	9	✓	✓		✓		

Title:	Integrated Commissioning Programme Progress Report
Date:	04 January 2020
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 31st of December 2019.

In December, the IC Programme PMO and the Care workstreams reported a RAG status of Green; The amber status reported by the CYPMF Care workstream has now moved to Green for January. The Communications & Engagement Enabler, IT Enabler, and Primary Care Enabler reported both Green and Amber RAG status on their activities. Both the Comms and Engagement Enabler and The IT Enabler reported a Red RAG status in December and January. The red status reported by the Comms and Engagement Enabler was regarding the development of the IC Logo / Brand – How to move this forward is to be discussed at the Communications workshop in January 2020. The red status reported by the IT Enabler was regarding progress made on Electronic orders and results project – An escalation process is being put in place to enable the project plan to progress.

Furthermore, work is continuing with our Care workstreams and Enabler Groups to change the reporting approach/template before the end of 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 January 2020 Integrated Commissioning Progress Report.

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

- To **NOTE** the January 2020 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:

January 2020 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

- Focus continues on developing the IC programme plan with a completion date of January 2020, First iteration to be shared at AOG February 2020.
- NEL one CCG work continues with a number of delivery group meetings and wider engagement with stakeholders to explore the options.
- Work in progress to design the TOM for the Hackney and City System PMO.
- The Workforce enabler development session took place on the 11th of December to identify the key priorities and action points. Next steps include a presentation on Workforce enabler review at the February AOG

1. Key activities in December 2019

Workstream	Activity	Status
IC Programme PMO	<ul style="list-style-type: none"> • Scoping of workforce workshop took place on the 11th of December 2019 • Ongoing work to draft TOM for programme PMO and set up workshop session with key leaders to undertake first full walk through. • Development of the IC programme plan including the development of business principles for the PMO in progress. • Production of a draft paper for NEL, setting out City & Hackney's proposal on which functions NEL should undertake and which functions should be undertaken within local systems • Continue to support Adult Service colleagues in preparation for integration 	Green
Prevention CW	<ul style="list-style-type: none"> • MECC: Draft training delivery plans for each innovation site; digital requirement workshops; use survey results and insight from co-design workshops to inform development of MECC branding and system comms & engagement plan; ongoing work on partner specific action planning and evaluation baselining. • Social Prescribing/Community Navigation: finalise spec for integrated service; ongoing work with CEPN funded programme manager to develop a Neighbourhoods community navigation model; mobilisation of new PCN link workers • Integrated City and Hackney Adult Substance Misuse Service: procurement interviews and decision to award contract. • Complex obesity pathway(joint Prevention/Planned Care priority): spec to be discussed at CEC; business case at FPC. • Prevention Investment Standard: develop 'menu of opportunities' for provider element; ongoing work to develop short-term/longer-term approach to administering community element (including Neighbourhood priority setting); finance task & finish group; update paper to GB • Workstream forward planning session to agree 2020/21 priorities 	Green
Planned Care CW	<ul style="list-style-type: none"> • Updated Cancer Action Plan has been agreed • Report on outcome of outpatient activity audits and recommendations to be reported produced. • Completion of COPD audit in primary care • Pooled budgets programme report on progress with joint funding, joint commissioning and budget pooling produced. • Phase 1 of the drugs of potential abuse audit completed • Commissioning review of current day opportunities provision for LD clients underway 	Green
Unplanned Care CW	<ul style="list-style-type: none"> • Go live and roll-out of End of Life Rapid Response overnight service pilot as a shared service with Newham CCG, provided by Marie Curie. • Work with NEL partners and LAS to develop plans for the Integration Development Programme based on learning from the Perfect Day. Particular focus on maximising use of local ACPs, GP Hub and GP in hours capacity. • Continue to work with LBH on re-commissioning of Community Falls Prevention Service - evaluation of bids • Commencement of pilot for anticipatory care in Clissold Park Neighbourhood with system partners (17.12.19) and work to plan for wider rollout; • Continued refinement of neighbourhoods operating model with partners ahead of ICB in January; and continued development of population health plans and Y2 service models 	Green
CYPMF CW	<ul style="list-style-type: none"> • Adverse Childhood Experiences resource portal in development by work stream digital lead. Due to launch of ACEs workforce development phase 1. • Speech and Language alignment progressing with budgets due to be aligned by April 2020 when options for formal pooling of budgets will be explored. • Full roll out of Wellbeing And Mental Health in Schools alongside new Mental Health support teams providing direct clinical interventions. • Midwifery teams supporting Health Visiting to increase the compliance of CO2 screening of parents of young children after succeeding in raising their compliance to 96% at first booking. • CYPMF Neighbourhoods working group to explore options and agree pilot to be taken forward by the new CEPN funded post. • Pilot of Making Every Contact Count commencing with Maternity. • Parent advisory group to be refreshed through co-produced recruitment workshop. • CAMHS Alliance website, online counselling service SPOC in development. • CCG submission of palliative care matched funding request to NHSE 	Green
	<ul style="list-style-type: none"> • Draft of Integrated Emotional health and wellbeing strategy due December 	Amber

1. Key activities planned for January 2020

Workstream	Activity	Status
IC Programme PMO	<ul style="list-style-type: none"> • Ongoing work to develop the Hackney and City TOM for programme PMO and set up workshop session with key leaders to undertake first full walk through. • Development of the IC programme plan including the development of business principles for the PMO in progress. • Ongoing development and wider engagement for the NEL One ICS, One CCG. • Start the process for coordinating the 2020/21 NHS operating Plan post NHSE release of the 2020/21 operating plan guidance. • Continue to support Adult Service colleagues in preparation for integration 	Green
Prevention CW	<ul style="list-style-type: none"> • MECC: co-designed training delivery plans for innovation sites to be presented to steering group for approval; preparation of discussion paper for Feb ICB; ongoing work on partner specific action planning, branding and comms strategy, plus evaluation baselining. • Community Navigation: produce full spec for integrated social prescribing/community navigation service; ongoing work to develop a Neighbourhoods community navigation model; mobilisation of new PCN link workers • Prevention Investment Standard: proposals to be taken to ICB for approval; finance T&F group being established; ongoing work to align with relevant transformation programmes/plans (e.g. MECC, community navigation, Neighbourhoods, community health and care services, directory of services) • Detailed review report being presented to CCG's PPI committee, CEC and FPC 	Green
Planned Care CW	<ul style="list-style-type: none"> • Autism Strategy approval • Joint funding progress paper on Learning Disabilities to be discussed at CLG • Joint workshop on integrated working to take place on 14th January • Complete service specification for Community Heart Failure IV diuretics project • Living with rare cancers video to be released. 	Green
Unplanned Care CW	<ul style="list-style-type: none"> • Development of overall 5-10 year programme plan for Neighbourhoods in collaboration with Neighbourhoods Provider Alliance and wider system partners • Confirmation and communication of 2020/21 Neighbourhoods programme funding arrangements for system partners • Preparation for March away-day for partners to share Y2 Neighbourhood service models • Homelessness Audit at the Homerton conducted by Pathways. • Integrated Independence Team recommissioning task group commences • Finalise KPIs for the dementia service, and the process of pre-diagnostic dementia support to GPs for non engaging patients. • Go live and rollout of dementia service e-referrals system for GPs 	Green
CYPMF CW	<ul style="list-style-type: none"> • Development of Adverse Childhood Experiences training programme as part of workforce development work strand • Draft outline strategy completed for ACEs including local needs assessment and detailed strategy for system enablers (resource portal and workforce development) • Draft joint funding protocols for complex care and SEND developed for consultation with CCG and LA partners • Agree Primary Care childhood immunisations delivery plan for 2020/21 • Integrated Emotional health and wellbeing strategy consultation process to commence on draft strategy. Mental health support teams commence in schools. • Recruitment for CYPMF Neighbourhoods project manager (CEPN funded) • Engagement, consultation and co-production plans with parents and young people to continue to be refreshed and redeveloped • Stakeholder engagement to explore a holistic recommissioned 0-25s service to commence • New Maternity FGM service (delivering a trauma informed approach) live (Dec 19) 	Green

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

For the Integrated Commissioning Board & Accountable Officers Group

2. Key activities in December 2019 (cont.)

Enabler Group	Activity	Status
Communications & Engagement Enabler	<ul style="list-style-type: none"> Development of Comms and Engagement implementation plan. Expected Jan 2020. Reward and Recognition Policy to receive endorsement from AOG before implementation can begin. Expected Jan 2020. Review of Co-production Charter in context of wider sustainability plans for the system in progress - Due March 2020. Development of Comms and Engagement enabler group Risk register. 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. Due March 2020. This activity is currently delayed due to capacity issues St Leonards Estates project- stakeholder engagement to review the demand and capacity of the site has begun . 	Amber
	<ul style="list-style-type: none"> IC Logo / Brand: Public engagement exercise has begun to obtain the public's preference on the logo options produced. No longer to be submitted at Jan ICB. 	Red
Primary Care Enabler	<ul style="list-style-type: none"> Selected the first three practices to take part in the new volunteers in primary care contract with Volunteers Centre Hackney Continued migration from existing N3 connections to new secure Health and Social Care Network compliant connections for all GP practices 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. Local Primary Care Commissioning Committee held 20/12/19 – received internal audit report on oversight and contract management of delegated primary care commissioning – substantial assurance noted; approved a pilot to be funded from headroom (mini Personal Health Budget for people with a learning disability); endorsed closure of a local branch practice. 	Green
Estates Enabler	<ul style="list-style-type: none"> LBH Capital Projects – LBH assessed and scored the tender applications and best tender selected. Firm will be appointed as soon as Procurement sign it off. Property availability and Requirements - A meeting arranged for 8th January to put together an action plan to move the register of available properties and requirements forward. Estates Strategy to be refreshed in line with NHS long term plan over 5 years. Communication and Engagement Strategy for Estates to be delivered. 	Green
	<ul style="list-style-type: none"> St Leonards - Attain confirmed there will be a further public/stakeholder meeting in January 2020 prior to their report being issued. HUHFT to prepare and submit their EOI – It has failed to go to the December Board meeting as planned. 	Amber
IT Enabler	<ul style="list-style-type: none"> East London Patient Records (eLPR) – One London programme - data sharing to be extended to include Lewisham & Greenwich (Acute hospital) go-live planned 3rd Dec 2019 Children, Young People, Maternity & Families (CYPMF) – Scoping for Adverse Childhood Experiences (ACEs) and maternity portals to continue in December Directory of Services – MiDOS (already in situ for statutory services) to be further explored as long term solution for third sector Digital Social Prescribing – planning go-live for first pilot Virtual consultations – Planning for initial go-live with diabetes Follow Up appointments. Transfer of Care Around Medicine (TCAM) (Discharge to Pharmacy) – complete infrastructure prerequisites. 	Green
	<ul style="list-style-type: none"> East London Patient Records (eLPR) uptake by City of London – Plan to deploy by August has been delayed. Shared training resource being sought from London Borough of Hackney (LBH) to expedite delivery East London Patient Records (eLPR) sharing London Borough of Hackney social care data – planning underway for go-live in Jan 2020 	Amber
	<ul style="list-style-type: none"> Electronic orders and results – escalation underway to enable plan to progress 	Red
Workforce Enabler	<ul style="list-style-type: none"> Lead person been recruited The priorities from workshop to be inputted programme plan 	Green

2. Key activities planned for January 2020(cont.)

Enabler Group	Activity	Status
Communications & Engagement Enabler	<ul style="list-style-type: none"> Next ICCEEG Meeting to hold on 8th January 2020 Review of Co-production Charter in context of wider sustainability plans for the system. This is in progress - Due March 2020. Development of Comms and Engagement implementation plan. Expected Jan 2020. 	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. Due March 2020 Reward and Recognition Policy to receive endorsement from AOG before implementation can begin. Expected Jan 2020. 	Amber
	<ul style="list-style-type: none"> IC Logo / Brand: Due to concerns raised relating to the lack of strong brand visibility in the current options, The Brand is no longer to be submitted to Jan 2020 ICB. Logo and Brand development to be discussed in Communications workshop in Mid-Late Jan 2020. 	Red
Primary Care Enabler	<ul style="list-style-type: none"> Start consultation on draft primary care strategy & action plan and proposed changes to the Clinical Commissioning and Engagement Contract (CCEC) for 2020/21 (at the GP Forum; PPI Committee; LMC) Continue with oversight of the mid-year reviews of the CCEC Finish annual review of all practices' core contracts. Agree contractual approach for 2020/21 extended access contract (not part of the Alliance Contract) Comment on/ undertake local preparation to implement the Network Contract DES draft outline service specifications which were published 23/12/19 NEL primary care commissioning committees (PCCCs) in common meeting – start to plan for having one PCCC to start in shadow form in 2020/21 Take part in Primary Care Network two-day development residential (23-24 Jan) Continue to monitor local seasonal flu activity Workshop on steps to agree a single contract for the Clinical Effectiveness Group on behalf of the local system Start full rollout of notes digitisation programme 	Green
Estates Enabler	<ul style="list-style-type: none"> HUHFT to hold further meetings with STP and Stakeholders to confirm support, or not, for their EOI to transfer St Leonards from NHSPS to HUHFT. Attain to provide final report for Clinical Need at St Leonards Meeting of stakeholders to agree basis for Property availability/requirements Data List. 	Green
IT Enabler	<ul style="list-style-type: none"> Children, Young People, Maternity & Families (CYPMF) - Scoping for Adverse Childhood Experiences (ACEs) and maternity portals to continue in January Directory of Services – continuing user research (specifically around digital upskilling element of project); trial MiDOS platform with end users using data held within prototype Directory of Services Digital Social Prescribing – Training pilot Voluntary and Community Sector Organisations and social prescribers on the digital platform. Virtual consultations – Continuing planning for initial go-live with diabetes Follow Up appointments. Transfer of Care Around Medicine (TCAM) (Discharge to Pharmacy) – complete infrastructure prerequisites. 	Green
	<ul style="list-style-type: none"> East London Patient Record, City of London: planning underway for go-live in March 2020 pending provider (Cerner) scheduling for project work and training plan for staff in development East London Patient Record, London Borough of Hackney: sharing social care data: preparation for go-live being checked 	Amber
	<ul style="list-style-type: none"> Electronic orders and results – escalation in progress to enable plan to progress 	Red
Workforce Enabler	<ul style="list-style-type: none"> The SRO will be providing an update on Workforce activities next month following the recruitment of the Workforce enabler programme Lead. 	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
IC Programme: Commence planning and arrangement for the development of One ICS, One CCG; Development of the IC programme plan including the development of business principles for the PMO	Q3 2019/20	Q3 2019/20	Ongoing
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	Ongoing
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	Ongoing
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	Ongoing
Prevention: City Alcohol Strategy to be published, Hackney Carers Service go - live	Q3 2019/20	Q3 2019/20	Completed
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, Lead and Project manage deliver of Health and Social care careers fair.	Q3 2019/20	Q3 2019/20	Ongoing
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, Commence delivery of City & Hackney linked data sets. agree model for population risk stratification, map primary care workforce profile	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, 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	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"> System SEND overspend. Enabler group strategic agendas not clear to ICB or AOG. Workforce – Ensuring we have the right skills and competencies 	Existing	<ul style="list-style-type: none"> 20 12 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. 	Existing	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. No long-term funding secured for Housing First. 	<ul style="list-style-type: none"> Existing New 	<ul style="list-style-type: none"> 20 20 25
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. 	Existing	20
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. 	Existing	
Primary Care Enb	<ul style="list-style-type: none"> No risks to escalate. 	Existing	
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) 	Existing	
IT Enb	<ul style="list-style-type: none"> T-Quest/ EMIS Proxy Server Migration Discharge to Pharmacy project review Skype for Diabetes options appraisal 	Existing	
Workforce	<ul style="list-style-type: none"> Lack of capacity is high risk due to staffing levels. 	Existing	

5. Finance Update (£'000)								
	Organisation	Annual Budget	Forecast Outturn	Forecast Variance	YTD Budget	YTD Spend	YTD Variance	RAG
Pooled Budgets	City and Hackney CCG	£27,674	£27,674	-	£18,316	£18,316	-	
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	£278	£245	33	£105	£42	63	
	Total	£27,952	£27,919	£33	£18,421	£18,358	£63	
Aligned Budgets	City and Hackney CCG	£409,271	£409,271	-	£261,058	£261,059	(1)	
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	£7,606	£7,329	277	£4,582	£4,522	60	
	Total	£416,877	£416,600	£277	£265,640	£265,581	£60	
ICF	City and Hackney CCG	£436,945	£436,945	-	£279,374	£279,375	(1)	
	London Borough of Hackney Council	£103,373	£107,240	(3,867)	£68,915	£84,341	(15,426)	
	City of London Corporation	£7,884	£7,574	310	£4,687	£4,564	123	
	Total ICF Budgets	£548,202	£551,759	-£3,557	£352,976	£368,280	-£15,303	
CCG Primary Care co-commissioning		£48,081	£48,081	-	£28,442	£28,442	-	
Total	£48,081	£48,081	£0	£28,442	£28,442	£0		
6. Decisions required by the ICB / For attention of the AOG								
Programme Area	Decision required							
Prevention	<ul style="list-style-type: none"> Prevention Investment Standard Mobilisation Plan 							

Title of report:	City and Hackney Clinical Commissioning Group Safeguarding Children Annual Report 2018-2019
Date of meeting:	16 January 2020
Lead Officer:	Amy Wilkinson
Author:	Mary Lee & Dr Nick Lessof
Committee(s):	CHCCG Safeguarding Group – For approval Oct 2019 CYPMF Strategic Oversight Group –For noting
Public / Non-public	Public

Executive Summary:

This annual report covers the period from April 2018 to March 2019, for NHS City and Hackney Clinical Commissioning Group.

The purpose of the report is to provide assurance to our governing body that there are effective safeguarding systems and processes in place, and that these reflect national legislation and statutory guidance.

The report provides an overview of the safeguarding work undertaken during 2018-2019 in relation to the CCG's responsibilities and health care providers in City and Hackney. The report concludes with a summary of our key priorities and focus areas for 2019-2020.

Recommendations:

None – report submitted for information.

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 type="checkbox"/>	
Empower patients and residents	<input checked="" 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

Communications and engagement:

The purpose of the report is to provide assurance to our governing body that there are effective safeguarding systems and processes in place, and that these reflect national legislation and statutory guidance.

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

The safeguarding children priorities for 2019 – 2020 are:

- To advise and support the CCG, to jointly implement the new safeguarding children partnership arrangements in City and Hackney.
- To support the implementation of the new Child Death Review arrangements with health and local authority partners across the Waltham Forest, Newham, Tower Hamlets and City and Hackney
- To continue to monitor and embed learning from health contribution to Serious Case Reviews.
- To continue to monitor, support and review safeguarding compliance across health care providers.
- To deliver regular safeguarding children briefings to the CCG SMT
- Policy development in liaison and partnership with colleagues across the North East London Commissioning Alliance.

- Review and update our safeguarding internet page and support the GP portal to enable users to acquire the competence and skills to identify and act on safeguarding concerns.

Impact on / Overlap with Existing Services:

N/A

Sign-off:

Workstream SRO: Anne Canning
City & Hackney CCG: Amy Wilkinson



City and Hackney
Clinical Commissioning Group

City and Hackney Clinical Commissioning Group

Safeguarding Children

ANNUAL REPORT

2018 - 2019

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Date:	August 2019
Prepared By:	Mary Lee Designated Nurse Safeguarding Children Dr Nick Lessof Designated Doctor Safeguarding Children

1. Purpose of Report

This annual report covers the period from April 2018 to March 2019, for NHS City and Hackney Clinical Commissioning Group.

The purpose of the report is to provide assurance to our governing body that there are effective safeguarding systems and processes in place, and that these reflect national legislation and statutory guidance.

The report provides an overview of the safeguarding work undertaken during 2018-2019 in relation to the CCG's responsibilities and health care providers in City and Hackney. The report concludes with a summary of our key priorities and focus areas for 2019-2020.

2. National Context

Safeguarding Framework

The definition of safeguarding children is defined within Working Together (2018) as:

- Protecting children from maltreatment
- Preventing impairment of children's health and development
- Ensuring children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

As an NHS organisation and a commissioner of services, we are required, under Section 11 of the Children Act 2004, "*to ensure that its functions are discharged having due regard to safeguard and promote the welfare of children*".

Key legislation relating to Safeguarding Children includes:

- Children Act 1989 [\(Click here\)](#)
- Children Act 2004 [\(Click here\)](#)
- Children and Families Act 2014 [\(Click here\)](#)
- Children and Social Work Act 2017 [\(Click here\)](#).
- Working Together to Safeguard Children 2018 [\(Click Here\)](#)

The recently published "**Safeguarding Children and Young People: Roles and Competences for Healthcare Staff. Intercollegiate Document: Fourth Edition 2019**" [\(Click Here\)](#) provides a clear framework which identifies the competencies required for all healthcare staff. Levels 1-3 relate to different occupational groups, while level 4 and 5 are related to specific roles. This version of the framework also includes specific detail for chief executives, chairs, board members including executives, non-executives and lay members.

The education and training principles are set out, highlighting flexible learning opportunities to enable acquisition and maintenance of knowledge and skills. It is acknowledged that many health practitioners will need equivalent adult safeguarding training and that there are many areas of overlap. This can be taken into consideration when documenting training undertaken. It is recommended that education, training and competencies are reviewed annually as part of staff appraisal in conjunction with individual learning and development plan.

We have reviewed the new framework with our health care providers and work is underway to implement the required changes.

Children and Social Work Act 2017

The multiagency safeguarding arrangements and the functions of the Local Safeguarding Children Board, were reviewed by Wood (2016), ([Click here](#)). The report makes recommendations for improving their effectiveness which are being addressed through legislation in the form of the Children and Social Work Act 2017. The key changes (which should be in place locally by **29th September 2019**) under this legislation are as follows:

Safeguarding Partners and Local Safeguarding Children Boards

One of the most prominent *Working Together 2018* changes is the replacement of Local Safeguarding Children Boards (LSCBs) with **Safeguarding Partners**.

Under the new guidance, Safeguarding Partners will consist of three agencies: local authorities, clinical commissioning groups, and chief officers of police. The Safeguarding Partners will work with relevant appropriate agencies within their locality to safeguard and protect children. All three Safeguarding Partners have **equal responsibility** for fulfilling the role.

Safeguarding Partners are responsible for selecting the relevant agencies they will work with to safeguard and protect children in each locality. These relevant agencies should be listed in each local area's published arrangements. Schools, colleges, and educational providers are expected to be listed as relevant agencies by the Safeguarding Partners, and these institutions will take a fully-engaged statutory duty towards promoting the safety and welfare of children in the area.

We have, with the police and the London Borough of Hackney and the City of London Corporation set out what the City and Hackney Safeguarding Children Partnership (CHSCP) will look like [HERE](#)

Child Death Reviews

With the abolition of Local Safeguarding Children Boards, the statutory responsibility for ensuring that child death reviews are undertaken now lies with clinical commissioning groups and local authorities.

The guidance states, "Child Death Review (CDR) partners may, if they consider it appropriate, model their child death review structures and processes on the current Child Death Overview Panel (CDOP) framework."

The guidance also makes it clear that a review should be carried out for the deaths of all children who are normally resident in the local area, and if appropriate, for non-resident children who die in the local area.

A Waltham Forest, Tower Hamlets, Newham and City and Hackney CDR Transformation Group has been developed to design and implement our local child death review system. Plans were published meeting the statutory timeframe of 29th June 2019 [HERE](#). The system will be operational by 29th September 2019.

Accountability and Assurance Framework

NHS England Accountability and Assurance Framework 2015 is currently under review and will be published later this year. It sets out responsibilities of each part of the system and key individuals who work within it.

The main implications of this document for the CCG include:

- Responsibility to secure the expertise of Designated Professionals on behalf of the local health system
- To gain safeguarding assurance from all commissioned services, both NHS and independent health care providers
- Ensure appropriate representation in the Local Safeguarding Children Partnership and Safeguarding Adult Board (SAB) and Corporate Parenting Board
- CCGs, as a member of the Safeguarding Adult Board, to have a Designated Adult Safeguarding Manager (DASM) and Mental Capacity Act (MCA) Lead.

The CCG Managing Director is our executive lead for safeguarding children. He is supported by our GP Clinical Board Lead for Safeguarding, a Governing Body Lay Member, Designated Professionals and Named GP for Safeguarding Children. Our safeguarding governance and accountability arrangements for our CCG are set out in Appendix 1.

The executive lead for safeguarding, the Clinical GP Board Lead for safeguarding and the Designated Professionals fulfil the CCG's statutory duty to be represented on the Local Safeguarding Children Board.

The Lay Member chairs the CCG Safeguarding Assurance Group. A quarterly child safeguarding report is submitted to this group by the designated nurse. This report details the local and national safeguarding children issues and highlights any potential risks. The chair of this group reports into the Governing Body.

We also gain safeguarding assurance through the following processes:

- Clinical Quality Review Meetings(CQRM)
- Quarterly Dashboard meetings with Designated Nurses and providers
- Contract Monitoring Meetings
- Provider Safeguarding Committees
- Audits.

The National Society for Protection Cruelty Children (NSPCC) How safe are our children? 2019 report provides the most comprehensive overview of child protection in the UK, ([Click here](#)).

The 2019 report provided an overview report on statistics relating to the issue of online abuse.

Key findings are:

- year on year increases in the numbers and rates of police-recorded online child sexual offences in England and Wales and Northern Ireland
- increases in police-recorded offences of obscene publications or indecent photos in all four UK nations over the last five years
- increases in the number of URLs confirmed by the Internet Watch Foundation (IWF) as containing child sexual abuse imagery since 2015
- less than half of children aged 12 to 15 say they know how to change their settings to control who can view their social media
- the majority of parents, carers and members of the public agree that social networks should have a legal responsibility to keep children safe on their platforms

The NSPCC pledge to continue to lobby the government to push through their online harms bill to ensure that the web giants pay attention to the online safety of children.

In our local safeguarding partnership:

Guidance has been issued by the CHSCB in order to safeguard children in the context of their access to technology and use of social media

The CHSCB's overarching aim is to ensure that children and young people are seen, heard and helped. Critically, that they are seen, heard and helped in the context of their lives in both the offline and online places and spaces that they occupy.

With the growing use of technology and social media, all professionals need to adopt a much more sophisticated approach to their safeguarding responsibilities. They need to reflect on the changing nature of communication and how this impacts on practice issues, particularly those focused on the identification and assessment of potential risk. To do this successfully, professionals need to recognize that children and young people do not use technology and social media in isolation. Their offline and online worlds are converged and both need to be understood when trying to identify the type of support that a child, young person and their family might need. The importance of this escalates whenever there are concerns about children and young people suffering or being likely to suffer significant harm. In such circumstances, it is essential that both the offline and online risks are accurately assessed and effectively mitigated.

CHSCB have developed a range of documentation to support professionals in safeguarding children in the context of their access to technology and their use of Social Media as follows:

- **Strategy**– sets out the CHSCB's ambition to ensure that children and young people are effectively safeguarded in the context of their access to technology and use of social media.

- **Handbook**– provides safeguarding professionals with a range of tools that can help identify and mitigate any risks arising from a child or young person’s access to technology and/ or use of social media.
- **Appropriate Use Policy**– outlines the CHSCB’s minimum standards regarding the responsibilities of all staff and partners when using social media **in a personal capacity**.
- **Authorised Use Policy** – authorised safeguarding partners are required to comply with this Policy when using CHSCB Social Media accounts

3.0 Local Context

Hackney is a densely populated inner London borough with 263,200 residents, **65,100 of which are children**. Hackney is the 10th most deprived local authority in England in the 2015 Index of Multiple Deprivation (IMD). One quarter of all people live in houses classified as overcrowded, which is greater than the London average. Over half of all households containing dependent children are socially rented which is higher than the London and the national average.

In contrast, City of London has a far smaller resident population of 8,100, **1070 of which are children**. The City is ranked jointly with 24 other local authorities as the least deprived in the 2015 IMD ranking. However, significant pockets of deprivation exist with data revealing that 41% of children live in poverty in the Portsoken ward. The total proportion of socially rented housing in the City is relatively low but over a third of households that contain dependent children are socially rented, which is higher than the London and national average.

Source City and Hackney JSNA 2016

When compared with the England average, the health and wellbeing of children in City and Hackney is mixed ([Click here](#)). Hackney has worse levels of MMR immunisation coverage, worse dental health and higher levels of obesity, than national figures.

Integrated Commissioning

Within the CCG, the Children, Young People, Maternity and Families work stream offers a valuable opportunity for all commissioners of children’s health services from the CCG, Public Health and mental health to come together to collectively design and quality assure services.

This is an efficient integrated commissioning system which enables all health services commissioned for children, young people, maternity and families to be visible across our geographical footprint, reducing duplication and maximising innovation opportunities.

This also enables safeguarding to be considered at every part of the commissioning cycle from procurement through to quality assurance as is required by the NHSE and NHSI Safeguarding Accountability and Assurance Framework.

3.1 Vulnerable Children: Child Protection and Looked After Children

Table 1: Child Protection Plans and number of Looked after children at 31st March 2019

	2017-2018	2017-2018	2018-2019	2018-2019
	Hackney	City of London	Hackney	City of London
Children who were the subject of a child protection plan at 31 March	200	4	194	3
Rate per 10,000	31.7	31.9	30.8	20.6
Number of looked after children at 31 March	381	10	405	20
Rate per 10,000	60	80	64	138

The significant increase in the number of looked after children in the City of London is due to an increase in the number of unaccompanied asylum seeking children. This is because the Croydon rota and National Transfer scheme are not currently taking any more young people. This has had huge impact on the service who have;

- increased the permanent social work service by one additional social worker
- Set up a tutor group for new UASC Lac as they were unable to access education mid financial year. This was deemed better for the young people and offered a reduced overall cost of tuition.

There is an increased need to access mental health provision for these young people, many of whom have had to endure torture and physical harm on the journey as well as their experiences in their countries of origin. Local conversations are underway to enable a bespoke CAMHS clinical offer to these young people, including trauma-focused interventions.

Both Hackney and City of London place more looked after children out of borough than within borough. This is not unusual for inner London. Care is taken to ensure that most children are placed within 20 miles from family homes to reduce disruption to schooling and to maintain access to family members and friends. Some children are placed out of borough because they require the specialist support and skills of units not available locally. Designated professionals, health commissioners and providers work closely with our local authority partners to ensure that these children's access to health care is not compromised. Where this is the case we will intervene and escalate as required.

3.2 Safeguarding Training Compliance 2018-2019

The safeguarding children training uptake rate for **CHCCG staff is currently at 88%** (July 2019). The

The safeguarding training compliance for health care providers is as follows:

Table 2: Homerton University Hospital Foundation Trust Training Compliance 2018/19

Training Level	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Level 1	96%	96%	96%	96%
Level 2	88%	87%	88%	87%
Level 3 and Level 3 Specialist	85%	84%	81%	80%
Level 4	100%	100%	100%	100%

Homerton holds Level 3 classroom sessions monthly as well as on line training. The professional group with the highest level of non-compliance is medical staff. The trust is exploring the ability to add prior training to the electronic staff record to more accurately capture compliance. The trust also held five workshops based on the CHSCB partnership priorities

Some feedback from a neglect workshop is cited below:

Snapshot of feedback from participants	
Raising awareness of the need for professionals to challenge when dealing with affluence and to be mindful about neglect. Not only in families experiencing	Provided a greater understanding of the risk of abuse to children with disabilities. Also highlighted the importance of having difficult conversations with the child and
Great presentation about adolescent neglect, self-neglect and the language projected on young people.	Interesting and made me think about how to document the <i>voice of the child</i>
Very engaging and interactive. Aware of the local offer and the new SEND reforms.	Interesting discussion and impactful quote, "My worst day in care was better than by best day at home"

Table 3: East London Foundation Trust Training Compliance 2018/19

Training Level	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Level 1	61%	72%	71%	89%
Level 2	83%	75%	82%	91%
Level 3 and Level 3 Specialist	70%	61%	63%	70%
Level 4	N/A	N/A	100%	100%

Following submission of the ELFT safeguarding dashboard in Q2, the designated nurse escalated the concerns in relation to training compliance to the CCG Head of Quality. This issue was taken to CQRM and the Trust was asked to prepare an improvement plan. This was submitted to the CCG. Online safeguarding children level 2 training was rolled across the Trust in September 2018. This has improved training compliance at this level. Compliance at level 3 has improved but remains below the 85% target. The CCG continues to review this compliance through the safeguarding dashboards and at the Safeguarding Assurance Group.

Table 4: Barts Health NHS Trust Training Compliance 2018/19

Training Level	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Level 1	98%	97%	97%	97%
Level 2	94%	93%	92%	91%
Level 3	84%	84%	83%	82%
Level 4	100%	100%	100%	100%

General Practice and Primary Care:

Training has been delivered to 232 GP’s and practice nurses at level 3. We have focused the training on learning from our local reviews and tailored these to general practice. The feedback received has been excellent.

4.0 Inspections and Multiagency Serious Case Reviews

4.1 Ofsted focused visit to City of London October 2018 reviewed the City of London’s offer for care leavers.

This focused visit found that Care leavers in the City of London benefit from a strong service that ensures that they are very well supported. Most of the care leavers in the City of London are unaccompanied asylum-seeking young people. For these young people, there is proactive and sensitive consideration of their needs. The report is available [HERE](#)
The areas where improvement was suggested were;

- Risk assessments to more clearly articulate measures to address and minimise risk.
- The more explicit and consistent demonstration of young people’s involvement in preparing their pathway plans.
- The supervision of social workers to consistently demonstrate reflective, analytical supervision and clear management oversight.

4.2 Ofsted focused visit to Hackney February 2019 reviewed children on child in need plans and children subject to a child protection plan.

The outcomes letter from Ofsted highlighted that two areas required priority attention:

- The timeliness and effectiveness of social work practice and interventions to safeguard children from harm.
- The quality and effectiveness of managerial oversight and supervision to ensure that children's circumstances improve within their timeframe.

What needs to improve in this area of social work practice are:

- children's daily lived experiences to be central to all work
- the application of thresholds to protect children on child in need plans when risks escalate or children's circumstances do not improve within children's timeframes
- performance data regarding the timeliness and impact of social work practice to improve children's circumstances
- Plans to be more specific and detailed about what needs to change and by when
- Greater consideration of men, including abusive partners, in risk assessments.

The report is available [HERE](#)

As health partners we will work closely with both local authorities to support and enable these improvements to be made.

An Ofsted inspection of Hackney local authority children's services (ILACS) is anticipated this autumn. Although this is a single agency inspection, as health partners, we may be asked to contribute to the inspection particularly in relation to:

- The health needs of looked after children and care leavers.
- Partnership working in relation to children who have education and health care plans (EHCP)
- Our CAMHS transformation plans

The inspectors will be interested in the partnership being able to evidence strong relationships at strategic and operational level.

4.3 Care Quality Commission Inspection

In April 2018 the CQC undertook an unannounced inspection the Homerton. The inspection focused on four core in-patient services i.e. surgery and maternity, emergency and urgent care and medical services. Whilst recommendations were made on improvements for adults safeguarding arrangements none were made for safeguarding children. The following comments were made in the report:

'The trust had effective systems to identify learning from incidents, complaints and safeguarding alerts and make improvements. Arrangements were also in place to identify and manage risks, issues and mitigating actions.'

'There were comprehensive, clearly defined and embedded processes to protect people from abuse. Staff were knowledgeable about safeguarding and was confident to escalate concerns. There were well-developed pathways for 'at risk' patients, for example in maternity services and the emergency department.'

In relation to maternity service the inspectors commented that:

'The service demonstrated excellent safeguarding practices and support for vulnerable women'.

A CQC single agency Children Looked After and Safeguarding (CLAS) inspection did not take place during 18/19 in Hackney or the City of London. The last one was in the City of London in 2016.

4.4 Serious Case Reviews (SCR)

City and Hackney Safeguarding Children Board (CHSCB) is responsible for undertaking a Serious Case Review (SCR) after a child dies or is seriously injured and abuse or neglect is known or suspected. It looks at lessons that can help prevent similar incidents from happening in the future.

Reviews seek to understand what happened and why. It is usual practice to involve the subject, family and practitioners where possible.

CHSCB completed 1 serious case review and 2 learning reviews this year:

Child N and O Serious Case Review

Fatal and non- fatal assault by father on 16 month old twins

- Unremarkable ante natal care / mother a good attender of all antenatal appointments
- No reports or evidence of domestic abuse
- Father less visible in records
- Linguistic barriers recognised
- Post- natal exploration of domestic abuse constrained by circumstances
- Some observation of maternal anxiety

Conclusion

- Trigger event unpredictable
- Risk of marginalising fathers
- Challenge of linguistic / cultural barriers

Child X and Rachel Learning Reviews_(Published)

Two young people, who took their own lives in late 2016 and early 2017, both aged 16 years.

Child X

Child X's suicide could not have been predicted.

- Mental health assessments following overdose should consider the effect of withdrawal from the drug post overdose and how this should be considered within the risk assessment.
- In hindsight, it is possible that young people may deliberately mislead professionals by concealing their true state of mind - *disguised compliance*.
- Increased availability of CAMHS to ED but not 24/7
- Need for a public health preventative approach to understanding and tackling drug use by young people.

- Since the death of this child there has been increased awareness raising for students and parents within the school; including services from which young people can get confidential advice.
- Public health suicide prevention strategy for young people.

Rachel

- Pattern of increasing risk may have been underestimated.
- More assessment of impact on family members when their child is self-harming and suicidal
- How is the dynamic of impulsivity understood in risk assessments
- Need for a school critical incident support plan – to support student and staff after a death / incident.
- How can parents express their worries to professional staff privately i.e. not in front of the adolescent patient?
- Disguised compliance – young people learn from others how to make the system work and may not be truthful about feelings or thoughts if they are likely to result in a section or in-patient treatment.

5 Key Achievements for 2018-2019:

- Developing and delivering a new Level 3 safeguarding children’s package for GP’s which reflects learning from the Serious Case Reviews, learning reviews and information sharing templates for use between primary care and social services.
- Maintaining regular contact and providing safeguarding supervision to named professionals working across the local health economy to strengthen safeguarding arrangements and practice.
- Auditing of all out of borough health assessments undertaken for City and Hackney LAC to quality assure assessments and where necessary request additional assurance.
- The development of a payment by results process for City and Hackney LAC placed out of borough and cross charging for LAC from other boroughs receiving health services within City and Hackney.
- Contributing to the development of the North East London Sexual Abuse Hub. Children and young people attending the hub will be able access a holistic health assessment, examination, sexual health screening and treatment.
- Contributing to the revision of safeguarding policies across the STP partnership to ensure these are consistent with national guidance and emerging safeguarding practices and or concerns.
- Contributing to the development of the new Safeguarding Partnerships as well as the arrangements for Child Death Reviews.

6 Provider Health Care Partners Key Safeguarding Achievements, Challenges and Priorities for 2019-20.

As a Safeguarding Partner, we are required to have oversight of safeguarding across the health economy. Below are summaries of the key safeguarding achievements, risks and challenges, and key priorities for 2019-20 for health care providers in City and Hackney

6.1 Homerton NHS Foundation Trust

The Homerton has aligned their priorities for 2018 -19 in line with that of the City and Hackney Safeguarding Children Board.

Achievements in delivering 2018-19 Key priorities

CHSCB Priority 1: The Local Safeguarding Context

Homerton Priority 1: Ensure that the Homerton meets the requirements of Working Together to Safeguard Children 2018

Contributed to the CHSCB discussions on the new safeguarding children partnership arrangements.

Homerton Priority 2: Delivered staff workshops based on the CHSCB local and national priorities 5 bespoke workshops delivered to 156 members of staff

Homerton Priority 3: Support staff to develop skills to have those 'difficult conversations' with clients and colleagues in partner agencies

Bespoke Difficult Conversations training delivered to staff in Sexual Health and School Nursing Services and co-delivered two CHSCB multi-agency sessions.

CHSCB Priority 2: Early intervention, early support

Homerton Priority 4: Continue to embed the concepts of 'Think Safeguarding' & 'Think Family

Think family good practice from different services across the Trust disseminated via the Safeguarding Children Newsletter

Homerton Priority 5: Raise staff awareness of their responsibilities under the Modern Slavery Act

Modern Slavery briefing document disseminated to staff via Homertonlite. Safeguarding children policy and core mandatory training slides updated –available on the trust intranet. Contributed to the Trust Modern Slavery statement.

Homerton Priority 6: Ensure that recommendations and action plans from inspections, serious and local case reviews as well as multi-agency case audits are monitored and quality assured.

Action plans and lessons from safeguarding reviews and impact on safeguarding practice and processes are reviewed at the safeguarding operational forum and joint committee examples include:

- Development of a Medical Photography Standard Operation Procedure.
- An improved supervision model for the Community Nursing Children Team
- Raising the profile of 'Safer Sleep' by ensuring that key resources and training are available for staff.

Homerton Priority 7: Improve staff awareness of young people and exploitation the how to undertake holistic assessments of vulnerable young people.

- Risk assessment tool kit available to staff to support on the intranet

CHSCB Priority 3: Strong Leadership, Strong Partnership - *Making the Invisible Visible*

Homerton Priority 8 - Ensuring staff are actively hearing the Voice of the Child and this is integral to care, especially those who are easily missed and most vulnerable i.e. those with disabilities, those seen in adult services

- Rio SOP on safeguarding supervision includes on documenting the voice of the child. An audit in Q's 3 & 4 of HV records showed 100% compliance.
- Voice of the child audit of HV records resulted in series of staff workshops being developed.
- How safe do you feel questionnaire developed and piloted by the nursery nurse on Starlight ward with 52 children aged 8-15 years.
- Adverse Childhood Experience (ACES) project underway led by Named Nurse (Acute)
- Co-produced and delivered a train the trainers programme to raise and strengthen staff awareness of the safeguarding needs of children with additional needs and disabilities.

CHSCB Priority 4: Healthy Workforce

Homerton Priority 9: Continue to raise the profile of Domestic Abuse amongst staff

- As part of the international zero tolerance of violence towards women and girls, the Homerton contributed to a wide range of multi-agency activities which included a DA & V Poster Campaign Love Shouldn't Hurt: soft launch held via trust screen savers, staff and public awareness raising stalls in hospital and community sites including the staff restaurant.

Primary Care MARAC (Multi Agency Risk Assessment Conference) Liaison Service (MLS)

The Primary Care MLS which the CCG has funded recurrently since April 2017 is an innovative service - there are less than 5 MARAC Liaison Nurses (MLN) in posts nationally. The primary aim is to ensure that health information known to GPs is available to the MARAC to improve safety planning for victims and their dependent children.

The MLN represents the GP at the conference, answers questions from the multi-agency team regarding the health and wellbeing of the patients as well as advocacy regarding the impact the victim's health needs have on increasing their vulnerability.

Highlights for the service in the last year include:

- The MLN liaised with safeguarding professionals nationally in response to interest in replicating the service.
- The MLN held a poster presentation at the NHS London Safeguarding Conference to share the work undertaken by the service and share good practice with other areas. We have since been approached by another London CCG who wish to replicate this service.
- MLS produces a quarterly newsletter for GP's to keep them up to date with information from the Violence against Women and Girls (VAWG) sector and suggested opportunities for professional learning and development.
- MLN supports delivery of training to GP's alongside the Senior Advocate from IRIS (Identification and Referral to Improve Safety).
- the development of an electronic auto populated response form for the GP's to use, this has so far proved a success in saving time for GP's and improving the response rate and quality of the MARAC information sharing from GP's.

6.2 EAST LONDON FOUNDATION NHS TRUST

ELFT provides a wide range of mental health, community, and inpatient services to children, young people, adults of working age, older adults and forensic services, to the City of London, Hackney, Newham, Tower Hamlets, and Bedfordshire and Luton.

Governance and Accountability Arrangement:

ELFT is represented at LSCB subgroups and panel meetings by the Associate Director for Safeguarding Children and appropriate ELFT Service leads.

The ELFT Chief Nurse and the Director of Nursing are championing the ELFT 'Think Family' approach to safeguarding.

The Trust had an unannounced CQC inspection in April 2018 and Inspectors upheld the 2016 CQC Outstanding rating.

The team contributed to local learning reviews, IMRs and serious case reviews during the year. Action plans from these reviews have been incorporated into policy and procedures and reiterated at safeguarding supervision.

Key achievements 2018/19:

- ELFT Trust Board training took place in April 2018 and was well attended.
- Joint Discharge Protocol for the Coborn Unit was launched and is now embedded in practice. There is plan for an audit of effectiveness in summer 2019.
- Launch of Trust wide safeguarding supervision policy and audit of effectiveness.
- Robust the arrangements for providing specialist safeguarding support across the Trust in line with national and local agendas.
- Good attendance from all East London Boroughs at the ELFT 'Think Family' conference held in January 2019.
- Development of a more robust reporting system on RIO to support quality and accuracy of data

Risks and Challenges

- Training Compliance – There is ongoing work to improve training compliance; e.g. Online Level 2 training is now available on the intranet and targeted emails and reminders are sent to staff on a regular basis. The Trust also plans to introduce a blended approach for safeguarding level 3 refresher training.

Priorities for 2019/ 20

- Redesign safeguarding children training to include blended approach for refresher training and other recommendations from the new Working Together document and Intercollegiate Document 2019.
- Ensure the 'voice of the child' is embedded in clinical practice and safeguarding supervision across clinical teams.

- Ongoing work with Safeguarding Adults team to improve the interface between children and adults in areas such as Domestic Abuse, FGM and modern slavery within the context of 'Think Family' agenda.
- Implement Serious Case Review and Learning Review Action Plans through lunch time sessions and Service Newsletters.

6.3 BARTS HEALTH NHS TRUST

Barts Health NHS Trust was formed on 1 April 2012 with the merger of Barts and the London NHS Trust, Newham University Hospital NHS Trust and Whipps Cross University Hospital NHS Trust. It is made up of 5 constituent units – The Royal London Hospital, St. Bartholomew's Hospital, Whipps Cross University Hospital, Newham University Hospital and Mile End Hospital. Patients from City and Hackney are most commonly seen at the Royal London Hospital.

Key achievements 2018/19:

- Review of the assurance dashboards for internal and external reporting
- Implementation of actions and recommendations from Serious Case Reviews (SCRs)
- To participate in partnership working with the changes from LSCBs to Safeguarding Boards including implementation of changes to processes with child deaths.
- To review policies in response to new Working Together and Intercollegiate document
- To develop a single referral form for safeguarding children referrals from Barts Health to children social care.

Risks and mitigation

- Safeguarding children supervision compliance - this is monitored monthly at the site safeguarding meetings with exception reports to the Trust operational meetings and development plans in place
- Completion of audits, due to the lack of capacity within the team due to vacancies in the reporting period audits were unable to be carried out. For the following reporting period this has been resolved due to the team being fully established.
- Safeguarding children training compliance - as with supervision compliance training is also monitored at site safeguarding meetings.

Supervision

Supervision remains a risk within the organisation due to compliance not being met. The safeguarding team has attempted a number of strategies to improve the compliance over the last 12 months. There has been an improvement in a number of areas with the compliance however there remains some areas which are hard to reach.

The safeguarding children team has worked with colleagues on sites to include supervision within already established meetings to increase the opportunities for staff to access supervision.

At the time of completing this report the compliance for the Trust was 84%.

Training

Both level 1 and level 2 remain comfortably above the required 85% compliance figure. However level 3 still remains just under the required 85%.

At the end of January 2019 the revised Intercollegiate Guidance Safeguarding Children and Young People: Roles and competencies for healthcare staff was published. The safeguarding children team will be reviewing this in the coming weeks and adjust the training needs analysis accordingly. On initial review the main changes relate to the content of the training and not the competency level for staff groups.

6.4 GP MEMBER PRACTICES

The Named GP has provided advice and support in relation to child protection issues, and with the Designated Nurse and Doctor delivered Level 3 training to GP practices.

With the Head of Quality, we discussed how we could gain some assurance in relation to safeguarding practice in primary care. We met with the Programme Director for Primary Care and through the primary care quality board agreed the measures below which are collated for each practice on an annual basis. The Programme Director ensured engagement with the practices.

- The percentage of all staff trained in child safeguarding
- The percentage of all staff trained in adult safeguarding
- Availability of a child safeguarding policy and date approved.
- Availability of an adult safeguarding policy and date approved.
- Completion of a Section 11 children audit
- The practice CQC rating for Safety

We had 100% compliance with the section 11 audits which were completed following CHSCB request. Where practices were identified as needing support we were able to do this directly.

Key achievements:

- Contributing to one Serious Case Review and 3 Learning Reviews and embedding and disseminating learning from these to GP Practices across City and Hackney.
- Providing representation and input at the CHSCB including auditing the Quality and Performance of GP contribution to case conferences. The findings have created a much larger piece of work which is currently being worked on in collaboration with children's social care.
- With the Designated Nurse, holding Reflective Learning Fora, providing GP Safeguarding Leads with a safe space to discuss complex cases and receive clinical guidance and assurance. It is also a forum where they can voice any concerns they may have regarding inter agency working. These meetings are an important interface between GP's and the CCG and are well attended and evaluated.

- The creation of EMIS merged templates for Information sharing between General Practice and children’s social care. These new documents are able to automatically merge information such as demographics. They provide consistency with respect to the quality and level of information being shared and GP’s report that they save time and are more efficient.
- The creation of Review Case Conference EMIS merged documents which can be used for review conferences.
- Providing advice to GP’s on specific safeguarding cases either on the phone or via email.
- The production and dissemination of a safeguarding flow chart which outlines useful numbers and where to go for advice. Aimed for clinic rooms and locum packs so all practice staff are aware of what to do if they have a safeguarding concern.
- Development of a primary care safeguarding assurance tool.

Priorities for 2019-20:

- Developing a new Level 3 safeguarding children’s training package for GP’s which reflects learning from the Serious Case Reviews, learning reviews and also introduces the information sharing templates for use between primary care and social services.
- The production, dissemination and embedding of a ‘Child Was Not Brought’ policy for children who do not attend secondary care / therapy appointments. This encourages the clinician to conduct a safeguarding review to assess potential risks.
- To create a ‘Child Was Not Brought’ pathway within GP Practices.
- To continue to hold reflective learning forum for GP safeguarding leads.
- To respond to the primary care requirements for any child safeguarding practice reviews or learning reviews.
- To support the multi-agency case audit process in relation to primary care and ensure all learning feeds back into practice.

7 Children, Young People and Families Feedback

During this reporting period the Homerton undertook a safeguarding CQUIN (Commissioning for Quality and Innovation).

SEND (special educational needs and disability) action plans had been developed following inspections in both the City of London and Hackney. There was a recognised need to further strengthen approaches to the identification of need, planning and provision of care to vulnerable children with additional needs to support them and their families more effectively. In particular, we wanted to ensure that the views of children and their families helped to inform the development of services.

A “train the trainers” programme for health staff was proposed as a CQUIN for the Trust. The content was co-produced with input from professionals, children and young people and their parents.

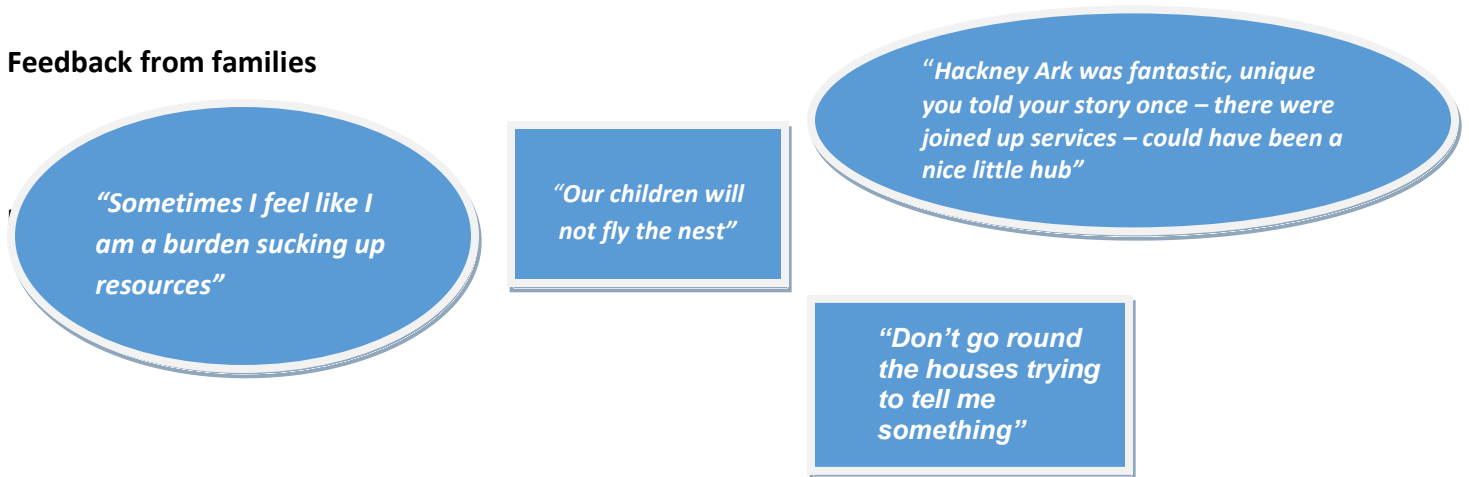
The aim of the programme is to enhance the safeguarding knowledge, skills and confidence of health professionals with a specific focus on how they can contribute effectively to safeguarding the health and wellbeing of vulnerable children with additional needs.

The CQUIN had three targets:

- To gather the view of young people with additional needs, including their parents/carers and health professionals to inform the content of training programme for healthcare professionals

- To design the ‘train the trainer’ programme by 31st January 2019 with built in evaluation.
- To deliver the training to staff and provide a written plan with milestones and named staff leads as to how this training will be cascaded to other health and social care staff in 2019/20.

Feedback from families



Key messages from parents:

- Communication -listen actively
- Don’t be judgemental or I will close down
- Understand what autism is
- Be available – physically and emotionally by showing empathy
- Don’t move me from one person to another or sign post me to services
- Understand me and my child

Feedback from young people



Key messages from young people

- Get to know young people as individuals and acknowledging their differences.
- The importance of recognising when a young person is miserable as they might be experiencing harm.
- Talking to young people in a way that they can understand
- Importance of confidentiality
- A wider, holistic view of safeguarding which included: being kept safe from fire, crossing the road, planes in airports and how to deal with hurtful comments on social media. As well highlighting adults who made them feel safe such as the presence of security staff and police when out and about.
- The importance of support from friends

Feedback from professionals

“Parents have too many appts, they are tired... some of them have problems with their own health as well”

“I don’t feel confident ... particularly working with children with autism... I am dependant on what the parent says”

Key messages from professionals

- Need to be able to communicate effectively and confidently particularly when having difficult conversations with parents.
- Managing risk was challenging and knowing when to escalate which often resulted in a ‘wait and see’ approach was adopted.
- Understanding the influence of cultural issues/affluence on the acceptance/fatalistic attitude or non-acceptance of a child with additional needs.
- Recognising and managing disguised compliance
- Need for professionals to be sympathetic and empathetic
- Strengthening the ‘local offer’ so that it is clearly understood by parents and professionals.

The importance of multi-professional evidence based training to enable better understanding of:

- Different professionals’ roles and responsibilities –to be better manage power dynamics.
- Medical conditions
- How to use the Hackney Wellbeing Framework (threshold document)
- Shared understanding of safeguarding concerns
- Case studies/stories
- Information sharing

This CQUIN gave us valuable information which we will use in the work stream to help design our services more responsively and to ensure that the services reflect what children and their families have told us.

8 CCG Safeguarding Risks

The Children, Young People, Maternity and Families work stream maintains a risk register that is aligned to the Board Assurance Framework. At the time of writing this report these are the safeguarding risks identified:

- Failure to have adequate safeguarding capacity:
 - Named GP for Safeguarding Children is on maternity leave from June 2019.

Such risks have the potential to impact on City and Hackney CCG being able to fully discharge its safeguarding responsibilities. Measures have been put in place to reduce the impact of the above by providing interim support to

manage bespoke pieces of work and the appointment of an interim Named Nurse for Primary Care who will commence in Jan 2020 to cover the maternity leave.

9 Conclusion and Our Priorities for 2019 – 2020

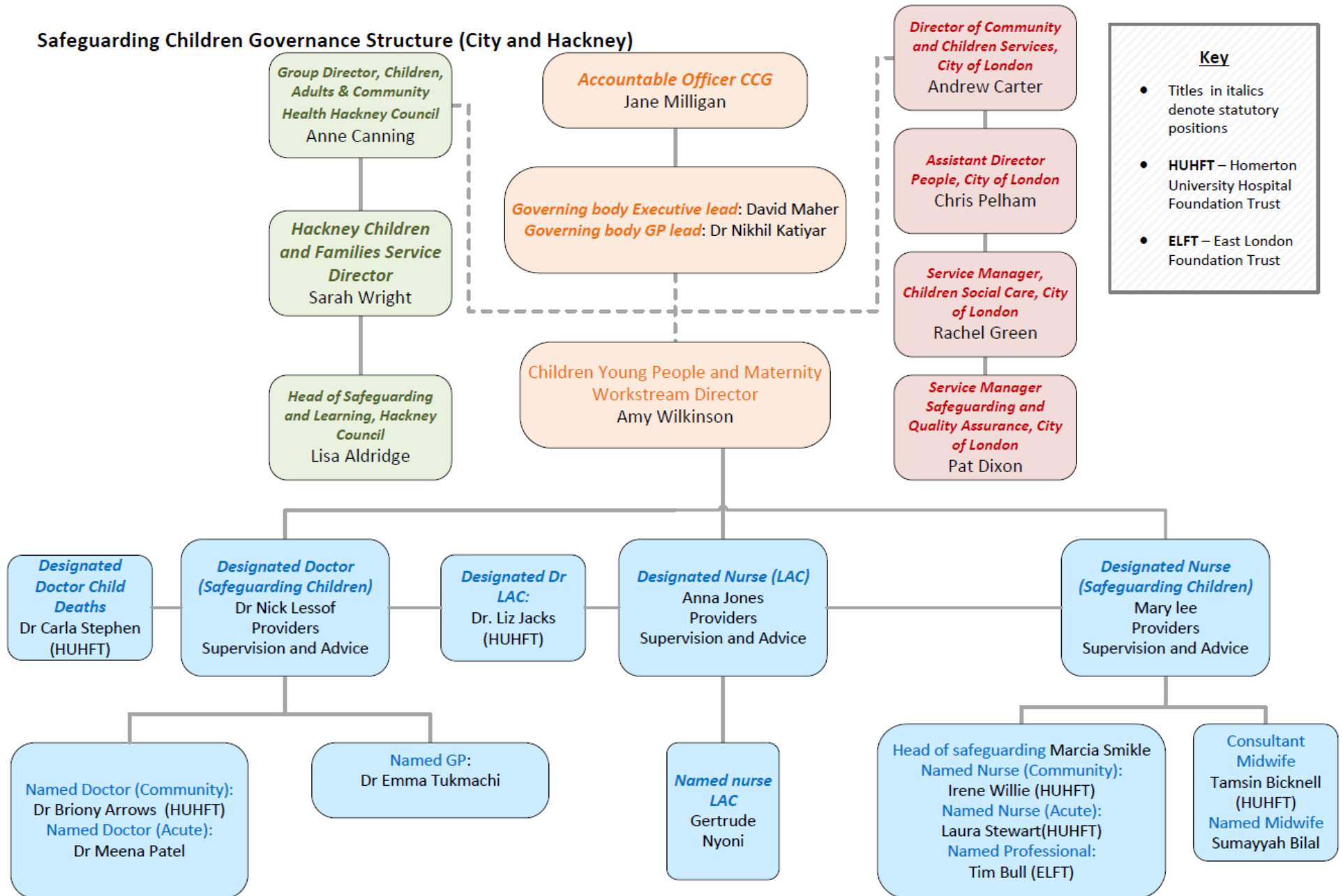
This report provides an update on the work we have undertaken in City and Hackney CCG to effectively discharge our statutory duties in respect of safeguarding and provide strategic leadership across the health economy to drive continual improvements to safeguarding practice.

The safeguarding children priorities for 2019 – 2020 are:

- To advise and support the CCG, to jointly implement the new safeguarding children partnership arrangements in City and Hackney.
- To support the implementation of the new Child Death Review arrangements with health and local authority partners across the Waltham Forest, Newham, Tower Hamlets and City and Hackney
- To continue to monitor and embed learning from health contribution to Serious Case Reviews.
- To continue to monitor, support and review safeguarding compliance across health care providers.
- To deliver regular safeguarding children briefings to the CCG SMT
- Policy development in liaison and partnership with colleagues across the North East London Commissioning Alliance.
- Review and update our safeguarding internet page and support the GP portal to enable users to acquire the competence and skills to identify and act on safeguarding concerns.

Appendix 1: City and Hackney CCG Safeguarding Children Governance Chart

Safeguarding Children Governance Structure (City and Hackney)



Appendix 2: Progress against CCG Safeguarding Children and LAC Priorities 2018/19

Focus and Priorities (2018 – 2019)	Progress Against Focus/Priorities	RAG Rating*
1. To review and develop a standardised approach to safeguarding leadership, monitoring and governance across NELCA which maintains the context within City and Hackney.	The NELCA safeguarding leads forum has been established. This group meet six weekly and provide a forum for producing pieces of work that need only be done once. Learning from reviews and audits is shared across this broader footprint.	
2. To support the implementation of the changes arising out of the revised Working Together 2018 guidance.	An INEL CDR Transformation Group has been developed with partners from across the INEL footprint attend this meeting. A project lead is in place and an implementation plan for the changes to be completed by end of September 2019. The CCG, with the police and the Local Authority and the current safeguarding children board have agreed the new City and Hackney Safeguarding Children Partnership arrangements which will be operational by Sept 30 th 2020.	
3. To support the design and implementation of the new health of LAC contract.	The new health of LAC contract which is now placed with the Homerton is to become operational on 01.09.19	
4. To continue to monitor and embed learning from health contribution to Serious Case Reviews.	Delivery of Level 3 safeguarding children training for GPs included learning from local reviews.	
5. To continue to hold and support the reflective learning forum for GP safeguarding leads.	Four sessions were held in the last twelve months. This is a forum where GP safeguarding leads can bring cases of concern. We highlight the <i>“Things You Should Know”</i> briefings from the safeguarding children board and can raise practice specific areas of concern or celebration.	

*RAG Rating: Red: not completed / Amber: partially completed or require further work / Green: Completed

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	