

**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 12 March 2020, 10.00 – 12.00  
Committee Room 4, Guildhall, City of London EC2V 7HH**

Item no.	Item	Lead and purpose	Documentation type	Page No.	Time
1.	<b>Welcome, introductions and apologies</b>	Chair	Verbal	-	10.00
2.	<b>Declarations of Interests</b>	Chair <i>For noting</i>	Paper	3-8	
3.	<b>Questions from the Public</b>	Chair	Verbal	-	
4.	<b>Minutes of the Previous Meeting and Action Log</b>	Chair <i>For approval</i>	Paper	9-18	
<b>Strategies &amp; Transformation</b>					
5.	<b>Mental Health Detailed Review</b>	Dan Burningham <i>For noting</i>	Paper	19-58	10.05
6.	<b>Primary Care Detailed Review</b>	Richard Bull <i>For noting</i>	Paper	59-130	10.30
7.	<b>Integrated Commissioning Programme Plan</b>	Carolyn Kus <i>For sign-off / confirmation</i>	Paper	131-168	11.00
8.	<b>Social Prescribing and Community Navigation Service</b>	Jayne Taylor / Timothy Lee <i>For approval</i>	Paper	169-184	11.20
<b>Governance</b>					
9.	<b>Integrated Commissioning Finance Report</b>	Sunil Thakker / Ian Williams / Mark Jarvis <i>For noting</i>	Paper	185-197	11.45



City and Hackney  
Clinical Commissioning Group

10.	<b>Integrated Commissioning Risk Register</b>	Carolyn Kus <i>For noting</i>	Paper	198-202	11.50
11.	<b>AOB &amp; Reflections</b>	Chair <i>For discussion</i>	Verbal	-	11.55
<b>For information items</b>					
-	<b>S75 Agreement</b>	Sunil Thakker <i>For information</i>	Paper	203-207	-
-	<b>Integrated Commissioning Glossary</b>	<i>For information</i>	IC Glossary	208-212	-

**Date of next meeting:**

**9 April 2019, Committee Room 2, Guildhall**

**Integrated Commissioning  
2020 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
				Providence Row	Trustee	Non-Pecuniary Interest
Sunil	Thakker	11/12/2018	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	07/11/2019	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 Member	Non-pecuniary interest
				Bury St. Edmund's Woman's Aid	Trustee	Non-pecuniary interest
				Housing the Homeless Central Fund	Trustee	Non-Pecuniary Interest
				Asian Women's Resource Centre	Trustee & Chairperson	Non-pecuniary interest
				Mark	Jarvis	02/03/2020
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
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				

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

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Anntoinette	Bramble	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
				Lower Clapton Group Practice	Registered Patient	Non-pecuniary interest
Marianne	Fredericks	26/02/2020	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
				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

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of 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	Transition Director	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
Mark	Rickets	24/10/2019	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	30/09/2019	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	02/03/2020	Attendee - Hackney Integrated Commissioning Board	Healthwatch Hackney	Director	Pecuniary Interest
					- CHCCG Neighbourhood Involvement Contract - CHCCG NHS Community Voice Contract - CHCCG Involvement Alliance Contract - CHCCG Coproduction and Engagement Grant - Hackney Council Core and Signposting Grant  Based in St. Leonard's Hospital	



**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 13 February 2020**  
**In Room 102 & 103, Hackney Town Hall**

**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 Anntoinette Bramble	Cabinet Member for Education, Young People and Children's Social Care	London Borough of Hackney
Philip Glanville	Mayor of Hackney	London Borough of Hackney

City & Hackney CCG Integrated Commissioning Committee

Dr. Mark Rickets	CCG Chair	City & Hackney CCG
Jane Milligan	Accountable Officer	City & Hackney CCG
Honor Rhodes	Governing Body Lay member	City & Hackney CCG

**City Integrated Commissioning Board**

City Integrated Commissioning Committee

Randall Anderson QC	Chairman, Community and Children's Services Committee (ICB Chair)	City of London Corporation
Mary Durcan	Member, Community & Children's Services Committee	City of London Corporation
Marianne Fredericks	Member, Community and Children's Services Committee	City of London Corporation

**In attendance**

Andrew Carter	Director, Community & Children's Services	City of London Corporation
Carolyn Kus	Director of Programme Delivery	London Borough of Hackney
Carol Beckford	Transition Director	City & Hackney CCG
Charlotte Painter	Long Term Conditions Director	London Borough of Hackney

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
Henry Black	CFO	NE London Commissioning Alliance
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Mark Jarvis	Head of Finance	City of London Corporation
Mark Golledge	Neighbourhoods Programme Lead	City & Hackney CCG
Miranda Eeles	Senior Public Health Strategist	City & Hackney CCG
Dr. Sandra Husbands	Director of Public Health	London Borough of Hackney
Sunil Thakker	Director of Finance	City & Hackney CCG
Dr. Stephanie Coughlin	Clinical Lead	Homerton Hospital
Stella Okonkwo	Integrated Commissioning Programme Manager	City & Hackney CCG
Simon Cribbens	Assistant Director Commissioning & Partnerships, Community & Children's Services	City of London Corporation
<b>Apologies – ICB members</b>		
Ruby Sayed	Deputy Chair, Children and Community Services Committee	City of London Corporation
Cllr Caroline Selman	Cabinet Member for Community Safety, Policy and Voluntary Sector	London Borough of Hackney
<b>Other Apologies</b>		
Ann Sanders	Lay member	City & Hackney CCG

## 1. WELCOME, INTRODUCTIONS AND APOLOGIES

- 1.1. The Chair, Randall Anderson, opened the meeting.
- 1.2. Apologies were noted as listed above.
- 1.3. Randall Anderson reminded attendees that the 19 March ICB development session was in addition to the 12 March regular ICB meeting.

## 2. DECLARATIONS OF INTERESTS

2.1. Jake Ferguson declared an interest in relation to the Neighbourhoods item. The Hackney Council for Voluntary Services were currently in discussions with the neighbourhoods teams about the next phase of the project.

### 2.2. The **City Integrated Commissioning Board**

- **NOTED** the Register of Interests.

### 2.3. The **Hackney Integrated Commissioning Board**

- **NOTED** the Register of Interests.

## 3. QUESTIONS FROM THE PUBLIC

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

3.2. Marianne Fredericks noted that there had been a lack of questions from the public at ICB meetings.

- **Carolyn Kus to work with the communications teams in partner organisations to publicise the ICB meetings and the right for members of the public to ask questions at these meetings**

## 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 16 January 2020.
- **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 16 January 2020.
- **NOTED** the updates on the action log.

## 5. Neighbourhoods Operating Model

5.1 Nina Griffith, Mark Golledge and Stephanie Coughlin introduced the item. In addition to there being a strong clinical case for change, the operating model was also about working better with our residents and communities. We also need to think about how we measure the impact of this and examine outcomes going forward. This was not just about structural change in the ways teams are conceptualised, but also a cultural change in the way staff work with each other and the communities in which they work.

5.2 It was acknowledged that it was often difficult to represent the degree of co-operation and collaboration on the Neighbourhood teams in a diagrammatic sense. The way that the teams are visualized in the report may give off the impression of organizational silos which do not exist.

5.3 Randall Anderson highlighted the need for re-ablement to be a part of the Core Integrated Neighbourhood Team. Nina Griffith responded that there was not currently the level of

demand to have a reablement team in every neighbourhood. All teams, however, should be encouraged to take a reablement approach.

5.4 Mayor Glanville stated that all services which impact on the wider determinants of health need to be looked at. If they are not looked at on a neighbourhood level then this work would prove challenging. We also need to involve community leaders in becoming part of our neighbourhood teams. Randall Anderson responded that this would not happen until health and social care had been integrated.

5.5 Honor Rhodes highlighted the importance of focusing on other council services such as parking which could impact on health by, for example, affecting the ability of family members to visit relatives. We need to therefore think about the level of our aspirations in fostering a sense of true neighbourliness.

5.6 Jane Milligan noted that the social care element of this work was essential to get right. Quite a lot of people's needs were not necessarily health-related, so we therefore need a place-based approach. We also need to recognize the amount of work required to recruit professionals.

5.7 Jake Ferguson raised several points:

- 1) It was not clear how the neighbourhood care alliance would feed into this work;
- 2) The "Margaret" case study contained in the report did not contain an explanation of how money would follow referrals – lunch clubs were currently struggling to adequately handle people with complex needs. We therefore need to think about how referral pathways work;
- 3) The ICB should consider doing a site visit to the Well Street ward as this was an advanced partnership adopting a multi-agency approach.

5.8 Nina Griffith responded to 1) stating that when this work had begun several years ago we were looking to embark on a on a journey of care closer to the patient. We eventually realized that the systems we initially set up did not fully enable the level of joined-up work. The provider alliance work would inevitably feed into this.

5.9 Mary Durcan commended this work – it is the direction we need to be heading towards and very inspiring.

5.10 Cllr Bramble also highlighted that our organizational structures influence our understanding of neighbourhoods; if we did not have business intelligence on what was happening in our communities then we would not have the fluidity required. Youth provision was also key and we need to enable the longevity of this. Finally, this should feed into the early preventive model that is provided via Young Hackney.

5.10 Andrew Carter stated that the case studies seemed to be mostly drawn from a Hackney cohort. It would therefore be useful to have more City case studies. We also need to acknowledge that there is a lot of very effective integrated work going on, as well as joint service delivery and co-production.

5.11 Mark Rickets added that we should consider the timescales in which people who were recipients of care would notice a difference. This was crucial from the perspective of organizational development.

5.12 Helen Fentiman stated that the neighbourhoods model was excellent however in planning we should think through any potential unintended consequences and the assurances in place to deal with these.

#### 5.13 The City Integrated Commissioning Board

- **APPROVED** the Neighbourhood Operating Model.

#### 5.14 The Hackney Integrated Commissioning Board

- **APPROVED** the Neighbourhood Operating Model.

### 6. Prevention Detailed Review

6.1 Jayne Taylor introduced the item. She noted that there was an error in some of the financial elements of the paper, and the forecasting in the finance report further down on the agenda was the most accurate.

6.2 Mayor Glanville stated that rough sleeping was a priority for everyone, and therefore asked how we make sure it is properly dealt with? Jayne Taylor noted that it was on the ICB risk register. Everyone was talking to each other but the challenge for us was to bring all of this together. We need a mechanism for this but we don't currently know what that would be.

6.3 Marianne Fredericks noted that we had been trialling the Doctors of the World scheme through our rough sleepers in the City of London. It was much easier to bring healthcare to rough sleepers rather than expecting them to travel long distances to receive care.

6.4 Councillor Kennedy noted that one of the emerging risks was a loss of inpatient detox beds. This was concerning. Jayne Taylor responded that we had a plan to address the loss of inpatient detox but this was emerging.

- **Jayne Taylor to come back to a future ICB on inpatient detox as part of a prevention detailed review.**

6.5 Councillor Kennedy also drew attention to the high rates of chlamydia detection. Jayne Taylor responded that this was a positive point as it was indicative of the fact that we were screening a high amount of people in a well-targeted way.

6.6 Jake Ferguson stated that the systems intentions for 2020/21 did not have a reference for serious youth violence and asked if this was going to be investigated further. Jayne Taylor responded that there were new things happening every year under this heading. Jake Ferguson stated that we need a specific section in the systems intentions on this as this is where the most radical change was occurring.

6.7 Gary Marlowe stated that the QIPP rate on smoking is inaccurate, and we should not be complacent about this. Furthermore, vaping was not a safe activity and we need to be clear about this.

## 6.8 The City Integrated Commissioning Board

- **NOTED** the report.

## 6.9 The Hackney Integrated Commissioning Board

- **NOTED** the report.

## 7. Making Every Contact Count Programme Update

7.1 The item was introduced by Jayne Taylor and Tamsin Briggs. The purpose of this program was about trying to get a step change in how we empower frontline staff, and motivate them to have different conversations on a day-to-day basis.

7.2 Randall Anderson stated that the Making Every Contact Count (MECC) work ran the risk of creating an organisational silo. The MECC work was being presented as something separate from the neighbourhoods work but would run closely alongside it. Jayne Taylor responded that there has been a lot of work already undertaken with the Neighbourhoods teams. We have been trialling training at the neighbourhood level and adopting a multi-disciplinary approach.

7.3 Councillor Kennedy stated that ICB members should enter into discussion with colleagues about what we can do or say to maximise the benefit of all our contacts.

7.4 David Maher noted it would be helpful to know how MECC was being utilised across the neighbourhood health and care alliance teams. He highlighted an example of the West Midlands Fire Service, who when called-out carry out checks of elderly peoples' homes to assess fall risk.

7.5 Mayor Glanville also added that safeguarding boards had done training in relation to housing. He suggested that ICB members themselves could also conduct training around MECC.

7.6 Mark Rickets added that staff were often busy and so we needed to communicate to them that MECC was not about doing anything additional but about approaching what they currently do in a different manner. Jayne Taylor responded that we have some workshops to design training to work on this; we also needed to give staff permission to work differently.

7.7 Tamsin Briggs responded to a question from Jon Williams, stating that scoping work we did on the first part of the programme had focused on innovation sites. The groups within that were already focused on MECC. The voluntary and community sector also wanted to test out training with the Lower Clapton GP Practice. There were many different staff groups in the system so we try and select a variety.

- **MECC to be brought back to the comms and engagement enabler group meeting.**

7.8 Randall Anderson stated that there was already quite a lot of integration around MECC because housing and social services currently sit under a single senior manager. Andrew Carter stated that in the City of London the task was slightly easier as the cohort was smaller. We also need to consider how we move from process to impact and how this translates to better outcomes.

7.9 Honor Rhodes also noted that we don't just need to give people advice and guidance, we also need to encourage radical kindness – without this it wouldn't be possible to truly change things.

7.10 Gary Marlowe also stated that we need to work on how we deal with things in a task-driven way to give professionals the ability to assess a situation and respond appropriately.

- **Jayne Taylor and Tamsin Briggs to contact ICB attendees and members directly by phone to discuss MECC.**

#### 7.11 The City Integrated Commissioning Board

- **NOTED** the progress that has been made since the start of the programme;
- **ENDORSED** the programme by acting as visible champions for embedding the principles of MECC across the local health and care system.

#### 7.12 The Hackney Integrated Commissioning Board

- **NOTED** the progress that has been made since the start of the programme;
- **ENDORSED** the programme by acting as visible champions for embedding the principles of MECC across the local health and care system.

### 8. Tobacco Control Update

8.1 The item was introduced by Jayne Taylor and Miranda Eeles. A number of challenges remain in relation to tobacco control in Hackney. One was a lack of effective co-ordination to monitor tobacco control work, another related to our specific at-risk groups. The City of London were not represented in this work as they were in the middle of a procurement exercise.

8.2 Councillor Kennedy noted that there was no mention of vaping in the paper. However, the risk register discusses vape control. Marianne Fredericks asked if we were offering vaping as an alternative to smoking; vaping came with its own risks and she therefore worried that we were just moving people from one risk to another.

8.3 Miranda Eeles stated that Public Health England (PHE) had reviewed vaping in 2015. They had encouraged it as a harm reduction tool. They were not saying that vaping was good, but the message was that it was 95% safer than smoking. They were also trying to tackle myths around it – for example, nicotine itself was not inherently harmful, but the smoking of tobacco was. E-cigarettes were helping smokers to transition to a less harmful form of nicotine delivery. There was also no evidence that vaping was a gateway to smoking.

8.4 Gary Marlowe expressed concern about the illicit market that was developing around vaping. As a system we also need to consider the fact that it was a very expensive hobby. Miranda Eeles stated that this is why enforcement was important – the illicit trade was not solely a police matter.

8.5 Jake Ferguson asked if we would resource the minority ethnic organisations to engage with their communities to make sure tobacco use was not normalised. Miranda Eeles responded that Turkish and Kurdish communities had been a focus for a while. There were Turkish and Kurdish TV channels, newspapers, radio stations, etc. which could be utilised to

reach these communities. Furthermore, we need to work with clinicians in these areas. Finally, many people did not consider themselves smokers as they were consuming cannabis but mixing it with tobacco; nonetheless they had developed a nicotine addiction through this.

8.6 Councillor Bramble added that we should not focus on “culture” when we discuss this, the issue was why people smoke any sort of substance and the underlying issues that cause people to smoke. The issue was about addiction and how we move people away from these addictions.

8.7 Mark Ricketts drew attention to the risk on the register that related to smoking. He noted that the paper did not seem to address the specific risk. Jayne Taylor responded that we need to make sure to change out services so people would want to use them.

8.8 Andrew Carter stated that our communities were not homogenous. He therefore asked how we were moving forward on sustainability of quitting smoking. Miranda Eeles responded that one of the latest studies done with e-cigarettes show that vaping has helped people quit more effectively in comparison to other forms of reduction. Most smokers take several times to quit but then eventually do quit. Andrew Carter said he supported harm reduction but we also need to give people an alternative.

8.9 Marianne Fredericks highlighted the need to track the prevalence of vape shops as these seemed to be opening up at an alarming rate.

#### 8.10 The City Integrated Commissioning Board

- **NOTED** the recent progress in tackling the harms from smoking as set out in this report.
- **ENDORSED** the establishment of the Hackney Tobacco Control Alliance and the priority areas identified for joint action .

#### 8.11 The Hackney Integrated Commissioning Board

- **NOTED** the recent progress in tackling the harms from smoking as set out in this report.
- **ENDORSED** the establishment of the Hackney Tobacco Control Alliance and the priority areas identified for joint action.

### 9. Integrated Commissioning Finance Report

9.1 Ian Williams introduced the item. There were no comments from the Board.

#### 9.2 The City Integrated Commissioning Board

- **NOTED** the report.

#### 9.3 The Hackney Integrated Commissioning Board

- **NOTED** the report.

### 10. Integrated Commissioning Register of Escalated Risks



10.1 Carolyn Kus introduced the item. There were no comments from the Board.

10.2 The **City Integrated Commissioning Board**

- **NOTED** the report.

10.3 The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

**11. Integrated Commissioning Progress Report**

11.1 Carolyn Kus introduced the item. There would be a more complete programme plan brought back to the next meeting.

11.2 The **City Integrated Commissioning Board**

- **NOTED** the report.

11.3 The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

**12. AOB & Reflections**

12.1 Councillor Kennedy stated that it was very positive that the Board signed up to the principles of MECC and how to promote it.

12.2 Honor Rhodes added that this was a positive meeting. In particular, we had talked about who our neighbours were. We should also stop calling people “patients” and refer to them as “people”.

12.3 Andrew Carter stated that the meeting was very positive; this was a reminder to us that we need to go back to our equality impact assessments and reflect on how we talk about communities.

**Date and time of next meeting**

The next meeting will be held on 12 March, 10:00-12:00, Committee Room 4, West Wing, Guildhall, London EC2V 7HH

### City and Hackney Integrated Commissioning Programme Action Tracker

Ref No	Action	Assigned to	Assigned from	Assigned date	Due date	Status	Update
ICBSep-8	Anne Canning to produce a paper on the <b>Transitional SEND work</b> 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.
ICBJan-2	More complete local <b>data on confidence levels in midwives</b> to be compiled.	Amy Wilkinson	City & Hackney Integrated Commissioning Board	16/01/2020	Feb-20	Open	Data has been received this week and shows an improvement. To be shared with the ICB after it has been analysed.
ICBJan-3	The workstream will develop a <b>plan for improving the inclusion of co-parents and families for the workstream.</b>	Amy Wilkinson	City & Hackney Integrated Commissioning Board	16/01/2020	Feb-20	Closed	To be brought back to ICB in spring.
ICBFeb-1	Comms team to be notified of the need for members of the public to be made more aware of the <b>ability of members of the public to ask questions at ICB meetings.</b>	Carolyn Kus	City & Hackney Integrated Commissioning Board	13/02/2020	Mar-20	Open	A notification to be sent out along with the ICB papers to request that websites host a more prominent notification regarding the right to ask questions at ICB meetings.
ICBFeb-2	<b>Inpatient detox</b> to be included as part of a future Prevention detailed review.	Jayne Taylor	City & Hackney Integrated Commissioning Board	13/02/2020	Mar-20	Closed	To be brought back as part of the next Prevention Detailed Review.
ICBFeb-3	<b>Making Every Contact Count</b> to be brought back to the comms & engagement enabler group.	Tamsin Briggs	City & Hackney Integrated Commissioning Board	13/02/2020	Mar-20	Closed	On the forward planner for April.
ICBFeb-4	Jayne Taylor & Tamsin Briggs to <b>discuss MECC with ICB members</b> via phone.	Jayne Taylor / Tamsin Briggs	City & Hackney Integrated Commissioning Board	13/02/2020	Mar-20	Closed	This is in progress.

<b>Title of report:</b>	Mental Health Detailed Review
<b>Date of meeting:</b>	12/03/2020
<b>Lead Officer:</b>	Dan Burningham, Mental Health Programme Director
<b>Author:</b>	Dan Burningham, Mental Health Programme Director
<b>Committee(s):</b>	FPC - 22 <sup>nd</sup> January 2020 CEC - 15 <sup>th</sup> January 2020
<b>Public / Non-public</b>	Public

### Executive Summary:

Summary of progress and achievements from July 2019:

1. Executive Summary
  - 1.a National NHSE Retrospective performance: summary
  - 1.b Prospective challenges for the coming year
  - 1.c Prospective opportunities for the coming year
  - 1.d Strategy: Key Strands
  - 1.e NHSE Mental Health LTP Trajectories
  - 1.f Transformation Plans – Key 19-20 Deliverables
  - 1.g Transformation Plans – integrated delivery
  - 1.h Transformation Plans – in detail
  - 1.i Transformation Pilots – in detail
2. Finance Summary: cost pressures against available investment income: 2019/20+
3. Mental Health Investment Standard 2019-24
4. Current performance position
5. Local Alignment and progress towards STP plan
6. Current QIPPS plans
7. CQUINs
8. Co-production and resident and patient engagement
  - 8.a Activities undertaken

### Prospective Challenges

- **LTC.** Mental health prevalence rates are estimated at 30% yet many are not engaged with MH services. c500 have poor control diabetes. The target is 15% of IAPT caseload will be LTC, and we are currently achieving 11%.
- **High rates of Homelessness/Accommodation difficulties** often coupled with chaotic lifestyles is exacerbating mental health problems. Housing First Pilot funding secured for a 1 year pilot to support and help secure housing tenure for people who are homeless and often have multiple and complex needs.
- **CYP school exclusions and self-harm** remain high. Hackney has significantly higher numbers of children in Social Emotional and Mental Health and Pupil Referral Units. It has higher proportion of children with Special Education Needs (SEN).
- **BME under-representation.** Some communities and groups remain under-represented in community services but over represented in acute mental health services e.g. young black men. We want to develop networks aimed at the Black and

Asian community to develop better referral pathways but also brings together different communities.

- **Funding and delivering the Long Term Plan.** The CAMHS Crisis Services and the Ambulance Model need greater clarity.
- **Acute wards.** We are seeing a rise in admissions rates, SUIs, an increase use of s136 and poor facilities.
- **Dementia Diagnosis rates.** There has been a steady decline in diagnostic rates in 2019/20. At the end of Q4 18/19 our diagnostic rates were 70.3% and have fallen to in 67.5%. The national target is 66.67%.

### Recommendations:

[Recommendations should be clear and not open to interpretation, should always describe the recommended option, including reference to any financial commitment, and, where appropriate, should be split into separately numbered recommendations.]

e.g. The **City Integrated Commissioning Board** is asked:

- To **NOTE** the report;

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

- To **NOTE** the report;

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

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	<input checked="" type="checkbox"/>	Paper sets out Transformation Plans related to prevention and addressing health inequalities.
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input checked="" type="checkbox"/>	Paper sets out opportunity and plans to shifting the balance of care towards neighbourhoods/communities
Ensure we maintain financial balance as a system and achieve our financial plans	<input checked="" type="checkbox"/>	Paper set out current financial position including cost pressures against available investment income.
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	We will be focussing on reaching the needs of the whole person in an integrative approach that places a greater emphasis the key components of mental health recovery: employment, accommodation, social networks, wellbeing, and autonomy.
Empower patients and residents	<input checked="" type="checkbox"/>	The Advocacy Project is commissioned to host a mental health user-led involvement service to support the CCG in the commissioning of services for

		people with mental health needs. Members are represented on the Mental Health Coordinating Committee.
--	--	---

**Specific implications for City**

N/A

**Specific implications for Hackney**

N/A

**Patient and Public Involvement and Impact:**

A summary of our co-production and resident engagement work is outlined in the attached report.

**Clinical/practitioner input and engagement:**

Our Mental Health clinical lead continues to lead on key priorities across the workstreams. Clinical Leads also shape wider programme work through membership of the Mental Health Coordinating Committee.

A number of clinicians/practitioners from partner organisations oversee key programmes of work through membership of the Mental Health Alliances.

**Communications and engagement:**

We work closely with the Communications and Engagement team. More recently this has included work around the new joint strategy.

Engagement Leaders across the system are also working closely with the Mental Health CCG commissioned service user group to shape and inform delivery of key activities and transformation plans.

**Equalities implications and impact on priority groups:**

Areas of work have been informed by the JSNA and the Joint Mental Health Strategy EQIA Assessment.

There are no specific equalities issues addressed through this report. Our EQIA will inform programme activities in 2020/21.

**Safeguarding implications:**

No specific safeguarding issues arising from the report.

**Impact on / Overlap with Existing Services:**

A number of programme areas overlap with existing services. Details included in attached report.

# Mental Health Detailed Review

ICB

March 2020

# Contents

## 1. Executive Summary

1.a National NHSE Retrospective performance: summary

1.b Prospective challenges for the coming year

1.c Prospective opportunities for the coming year

1.d Strategy: Key Strands

1.e NHSE Mental Health LTP Trajectories

1.f Transformation Plans – Key 19-20 Deliverables

1.g Transformation Plans – integrated delivery

1.h Transformation Plans – in detail

1.i Transformation Pilots – in detail

2. Finance Summary: cost pressures against available investment income: 2019/20+

3. Mental Health Investment Standard 2019-24



# Contents

- 4. Current performance position
- 5. Local Alignment and progress towards STP plan
- 6. Current QIPPS plans
- 7. CQUINs
- 8. Co-production and resident and patient engagement
  - 8.a Activities undertaken

# 1. Executive Summary

## 1.a National NHSE Retrospective performance: summary

City and Hackney achieved full compliance and exceeded national targets in most areas:

NHSE performance	NHSE Target	CH Q2 19/20 performance	Comment
IAPT Recovery rates	50%	58.7%	City and Hackney recovery rate was 58.7 % in 2019-20 Q2 (ranked 1 <sup>st</sup> across London)
BAME IAPT Recovery rates	50%	80% (Bikur Cholim)	Bikur Cholim recovery rate 80% in 2019-20 Q2 (ranked 1 <sup>st</sup> ) across London.
IAPT Access rates	4.75%	6.5%	City and Hackney IAPT Access rate at the end of 2019-20 Q2 was 6.5% (ranked 1 <sup>st</sup> across NEL)
IAPT Waiting times	75%	98%	Our waiting times at 6 week was 98% at the end of 2019-20 Q3 (November), against a target of 75%
CYP Access rates	32%	c40% (locally reported)	We are one of the highest performing CCGs in the region.
CYP Eating Disorder waiting times	Waiting times target currently not in effect.		Against the 2021 CYP Eating disorder waiting times target (currently not in effect) we had a breach. This is being addressed as part of INEL consortium business case awaiting approval.
SMI Physical Health checks	50%	64%	We achieved 64% at the end of Q2 2019-20 against a target of 50%, ranking 1 <sup>st</sup> in England.
Dementia Diagnosis rates	66.67%	67.5%	We achieved 67.5% at the end of Q3 2019-20 (November) against a national target of 66.7%

**Financial targets:** we are on track to achieve the Mental Health Investment Standard in 2019-20. Our planned programme of investment will ensure that we achieve the mental health investment standard in 2018-19 whilst staying within our envelope of affordability. This is supported through the delivery in 2018-19 of £249,000 in CYP mental health QIPP savings. Planned QIPP savings for 2019-20 are £1,080,948.

# 1. Executive Summary

## 1.b Prospective Challenges

- **LTC.** Mental health prevalence rates are estimated at 30% yet many are not engaged with MH services. c500 have poor control diabetes. The target is 15% of IAPT caseload will be LTC, and we are currently achieving 11%.
- **High rates of Homelessness/Accommodation difficulties** often coupled with chaotic lifestyles is exacerbating mental health problems. Housing First Pilot funding secured for a 1 year pilot to support and help secure housing tenure for people who are homeless and often have multiple and complex needs.
- **CYP school exclusions and self-harm** remain high. Hackney has significantly higher numbers of children in Social Emotional and Mental Health and Pupil Referral Units. It has higher proportion of children with Special Education Needs (SEN).
- **BME under-representation.** Some communities and groups remain under-represented in community services but over represented in acute mental health services e.g. young black men. We want to develop networks aimed at the Black and Asian community to develop better referral pathways but also brings together different communities.
- **Funding and delivering the Long Term Plan.** The CAMHS Crisis Services and the Ambulance Model need greater clarity.
- **Acute wards.** We are seeing a rise in admissions rates, SUIs, an increase use of s136 and poor facilities.
- **Dementia Diagnosis rates.** There has been a steady decline in diagnostic rates in 2019/20. At the end of Q4 18/19 our diagnostic rates were 70.3% and have fallen to in 67.5%. The national target is 66.67%.

# 1. Executive Summary

## 1.c Prospective opportunities

### Primary Care Networks

As part of the community transformation programme we will be integrating ELFT's primary care facing teams: EPC, CHAMRAS and PCL into a single PCN based MH teams capable of assessment, step down, step up and on-going support. We will also be shifting resources from ELFT Community teams and outpatients in neighbourhoods.

### The Digital Offer

We are currently piloting the use of online therapies both within IAPT and beyond IAPT with Silver Cloud. We want to build on the use of online care plans such as CMC, self referral and self booking systems and online support networks (like our Dementia Discussions online offer) and access to resources.

### Dementia Diagnosis

We are currently developing an action plan with our providers and the Dementia Alliance. This will be reported on by Q1 20/21. Activities include but not limited to:

- The new Community Dementia Service keeping a Memory Cognitive Impairment (MCI) register. MCI patients who have been discharged will be recalled every 6-12 months for a review.
- Our Dementia Clinical Lead is leading on work with GPs to improve dementia coding.
- The CCG commissioned BAME Dementia Outreach Project delivered by the Hackney Caribbean Elderly Organisation will be holding a series of local community events/sessions in Q4 (19/20) and Q1 (19/20) to raise awareness and encourage residents, their carers and families to seek advice and support.
- Engaging care homes and delivering training in care homes to pick up unidentified people with dementia.

### Expansion of IAPT

City and Hackney has agreed an access rate target in its LTP submission, which increases IAPT access by 4,109 (55%) over a four year period up to 2023-24.

### Expansion of 24/7 CYP Crisis Services

In phase 3 we are aiming to provide children and young people presenting in crisis with timely access to specialist CAMHS assessments and interventions at times of highest demand.

### Expansion of Ambulance response service

Discussions taking place with local provider(s) with investment allocated as part of the local NHS LTP.

### Frequent attenders

The pilot started in April 2019 with the aim to reduce attendance to A&E by 50% from a baseline of 400 Frequent Attenders. A detailed analysis of provider activity, level of need and outcomes will be available in Q4 19/20. Based on the outcome of the pilot we would be looking to commission the service recurrently.

# 1. Executive Summary

## 1.d Strategy: Key Strands

In response to the challenges and opportunities we face our strategy is focused on a number of key strands:

### 1. Recovery and Co-production

We will focus on reaching the needs of the whole person in an integrative approach that places a greater emphasis the key components of mental health recovery: employment, accommodation, social networks, wellbeing, autonomy. We will increase recovery planning centered on the needs, aims and choices of the service user. There will be a move towards digital plans in 2020 with a CQIN on the use of of recovery plans at point of discharge from ELFT. We will also be monitoring the use of recovery plans for Frequent Attenders.

### 2. Access and Moving beyond diagnosis

We will aim to move beyond formal mental health diagnosis to offer wider access to mental health services e.g. frequent attenders, school exclusions, people in crisis, substance misuse. We will increase opportunities for self referral. Increase in IAPT

### 3. Shifting the balance of care towards neighbourhoods/communities

We aim to shift the focus of care towards a stronger more comprehensive offer in PCN and communities e.g. schools that reduces the need for secondary care. We aim to pilot the Mental Health PCN offer by Q1 20/21, which will be fully operational by Q4 20/21.

# 1. Executive Summary

## 1.e City and Hackney: NHSE LTP Mental Health Trajectories

<i>Improve access to Children and Young People's Mental Health Services (CYPMH)</i>			2017/18 (Baseline)	2018/19 (Baseline)	2019/20	2020/21	2021/22	2022/23	2023/24
NHS CITY AND HACKNEY CCG	Count	Number of CYP aged under 18 receiving treatment by NHS funded community mental health services		2,395	1,993	2230	2280	2408	2619
<i>IAPT roll-out</i>			2017/18 (Baseline)	2018/19 (Baseline)	2019/20	2020/21	2021/22	2022/23	2023/24
NHS CITY AND HACKNEY CCG	Count	Number of people who receiving psychological therapies.		6,905	7394	8503	9503	10503	11503
<i>Perinatal Mental Health: Number of women accessing specialist perinatal mental health service</i>			2017/18 (Baseline)	2018/19 (Baseline)	2019/20	2020/21	2021/22	2022/23	2023/24
NHS CITY AND HACKNEY CCG	Numerator	Number of women accessing specialist community PMH service in the reporting period	-	15	203	320	387	449	449
	Denominator	2016 ONS birth data	-	4,501	4501	4501	4501	4501	4501
	Rate	%		0.3%	4.5%	7.1%	8.6%	10.0%	10.0%
<i>EIP Services achieving Level 3 NICE concordance</i>			2017/18 (Baseline)	2018/19 (Baseline)	2019/20	2020/21	2021/22	2022/23	2023/24
NHS CITY AND HACKNEY CCG	Numerator	Number of EIP services graded at level 3 or above in the reporting period.	-	1	1	1	1	1	1
	Denominator	Number of EIP services in the reporting period.	-	1	1	1	1	1	1
	Rate	%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
<i>Number of people receiving care from new models of integrated primary and community care for adults and older adults with severe mental illness</i>			2017/18 (Baseline)	2018/19 (Baseline)	2019/20	2020/21	2021/22	2022/23	2023/24
NHS CITY AND HACKNEY CCG	Count	Total number of people seen by relevant services in the financial year			667	1454	1163	1328	1909

# 1. Executive Summary

## 1.e City and Hackney: NHSE LTP Mental Health Trajectories

<b>Number of people accessing Individual Placement and Support (IPS)</b>			2017/18 (Baseline)	2018/19 (Baseline)	2019/20	2020/21	2021/22	2022/23	2023/24
NHS CITY AND HACKNEY CCG	Count	Number of people accessing IPS services			164	164	165	227	284
<b>People with severe mental illness receiving a full annual physical health check and follow up interventions</b>			2017/18 (Baseline)	2018/19 (Baseline)	2019/20	2020/21	2021/22	2022/23	2023/24
NHS CITY AND HACKNEY CCG	Numerator	Number of people on the General Practice SMI registers who have received a physical health assessment in the 12 months up to the end of the period	-	1,679	2806	3118	3200	3300	3400
	Denominator	Total number of people on the General Practice SMI registers	-	3,897	3989	3989	3989	3989	3989
	Rate	%		43.1%	57.4%	57.4%	61.9%	71.0%	80.0%
<b>Reliance on inpatient care for people with a learning disability and/or autism - adults - CCG Commissioned</b>			2017/18 (Baseline)	2018/19 (Baseline)	2019/20	2020/21	2021/22	2022/23	2023/24
NHS CITY AND HACKNEY CCG	Numerator	The number of adults aged 18 or over from the CCG who have a learning disability and/or autistic spectrum disorder that are in inpatient care for mental and/or behavioural healthcare needs, and whose bed is commissioned by a CCG. This will include adults in inpatient wards that are not classified as low-, medium- or high-secure.	-		2	2	2	2	2
	Denominator	Resident Population	-	219,281	219,281	219281	219281	219281	219281
	Rate	Inpatient rate per million population		0.0	9.1	9.1	9.1	9.1	9.1

# 1. Executive Summary

## 1.e City and Hackney: NHSE LTP Mental Health Trajectories

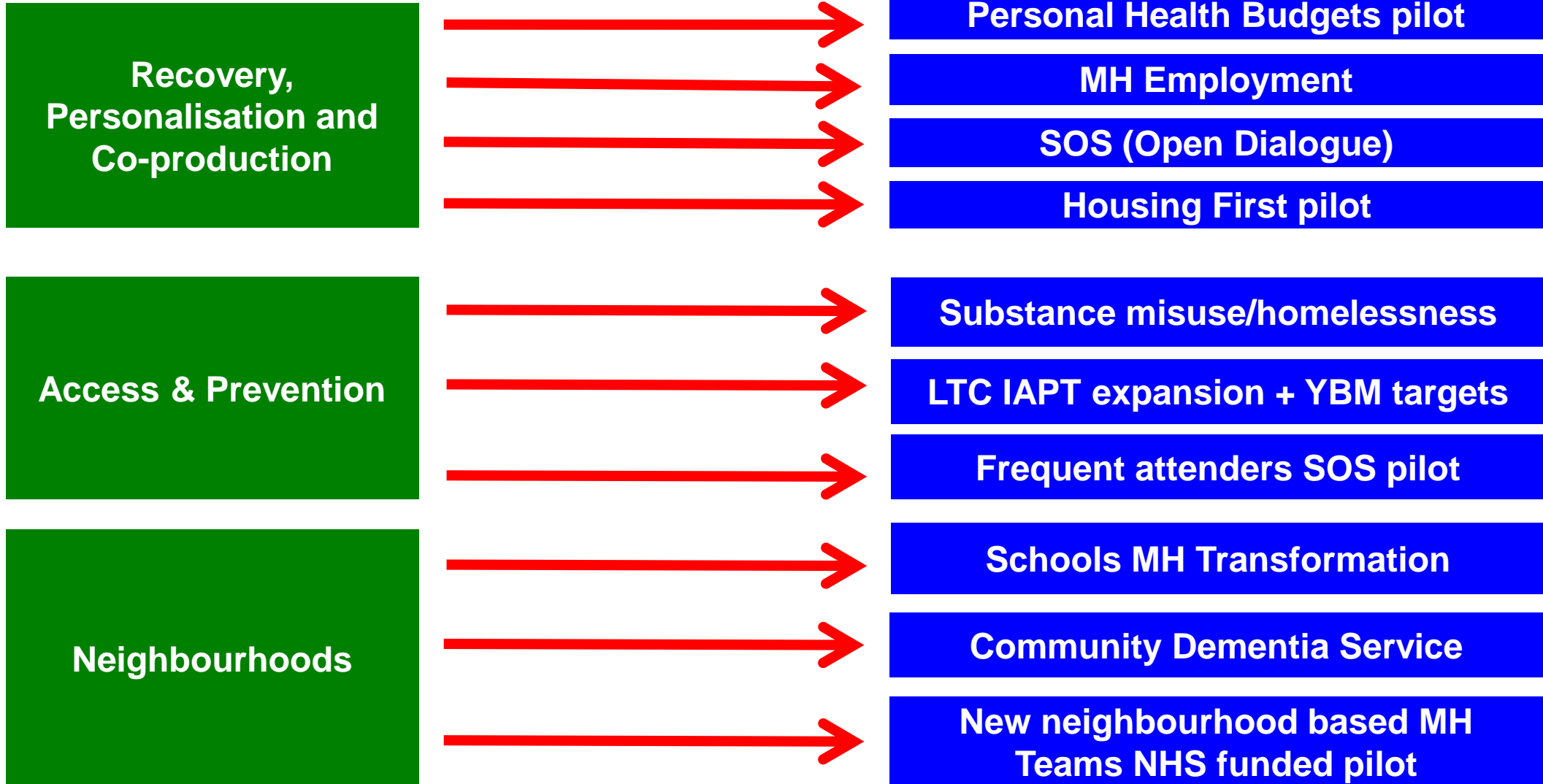
<b>Reliance on inpatient care for people with a learning disability and/or autism - adults - Spec Com commissioned</b>			2017/18 (Baseline)	2018/19 (Baseline)	2019/20	2020/21	2021/22	2022/23	2023/24
NHS CITY AND HACKNEY CCG	Numerator	The number of adults aged 18 or over from the CCG who have a learning disability and/or autistic spectrum disorder that are in inpatient care for mental and/or behavioural healthcare needs, and whose bed is commissioned by a CCG. This will include adults in inpatient wards that are not classified as low-, medium- or high-secure.	-	-	4	4	4	4	4
	Denominator	Resident Population	-	219,281	219,281	219,281	219,281	219,281	219,281
	Rate	Inpatient rate per million population		0.0	18.2	18.2	18.2	18.2	18.2
<b>Inappropriate adult acute mental health Out of Area Placement (OAP) bed days</b>				2018/19 Q4 (Baseline)	2019/20 Q4	2020/21 Q4	2021/22 Q4	2022/23 Q4	2023/24 Q4
EAST LONDON NHS FOUNDATION TRUST	Count (Part A)	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days for adults requiring non-specialist acute mental health inpatient care. Note: for many areas the numbers for E.H.12a and E.H.12b will be identical	-	5	90	0	0	0	0
	Count (Part B)	Number of inappropriate OAP bed days for adults by quarter four of each year that are either 'internal' or 'external' to the sending provider.		5					
<b>Coverage of 24/7 crisis provision for children and young people (CYP) that combine crisis assessment, brief response and intensive home treatment functions.</b> <b>Key: Fully comprehensive service: 1 Partially comprehensive service: 0.5 No comprehensive service: 0 No data available: -</b>			2017/18 (Baseline)	2018/19 (Baseline)	2019/20	2020/21	2021/22	2022/23	2023/24
NHS CITY AND HACKNEY CCG	CCG Assessment	Reported level of CCG progress towards fully comprehensive CYP crisis service provision		-	-	0.5	0.5	0.5	1



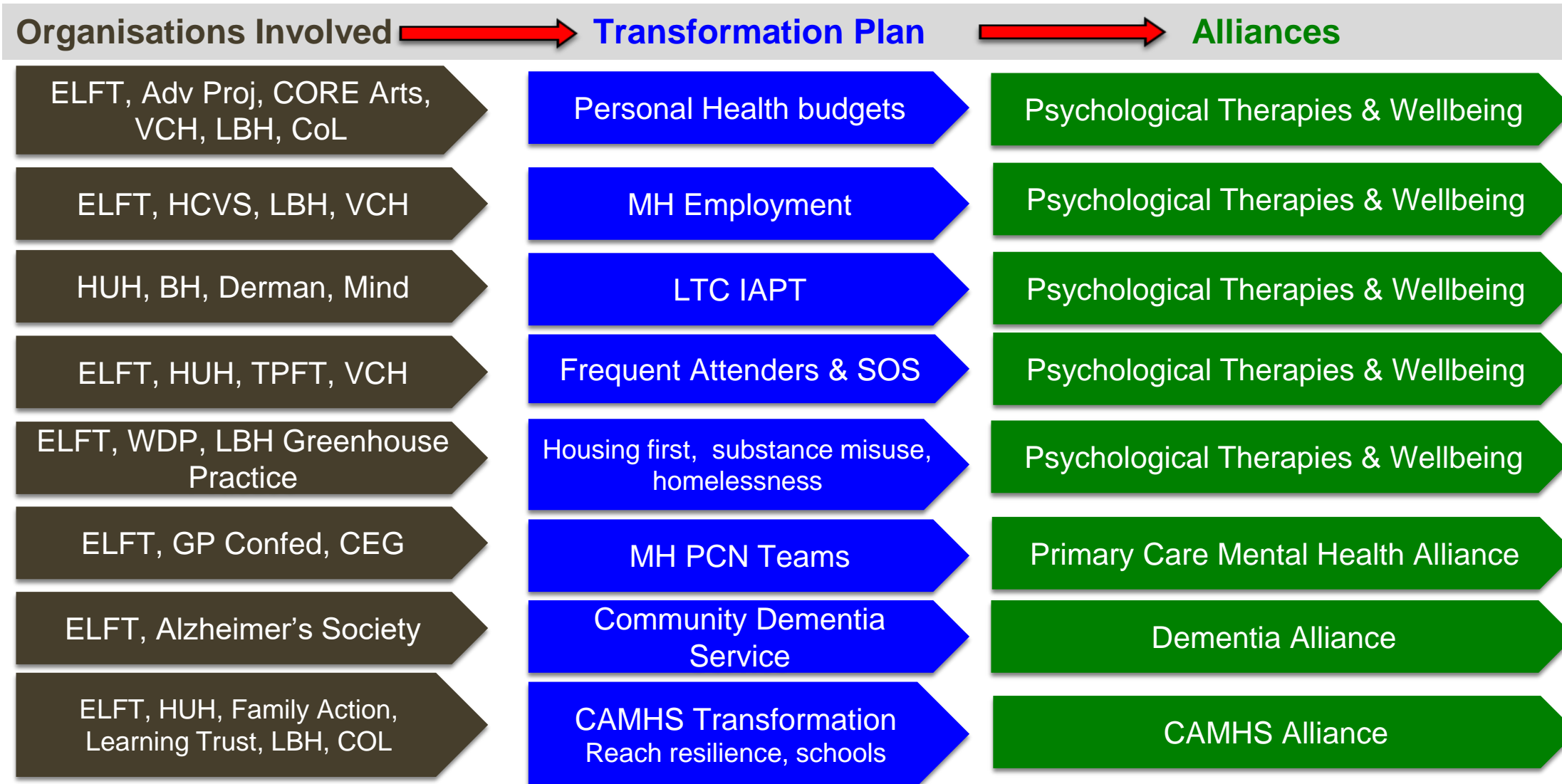
# 1.f Transformation Plans – Key 19-20 Deliverables

## MH Coordinating Committee: Strategy

## Alliance/Workstream Deliverables



# 1.g Transformation Plans – integrated delivery



# 1.g Transformation Plans – integrated delivery



# 1.h Community Transformation Programme

- The establishment of blended mental health teams, containing East London Foundation Trust and VCSE staff co-located in each PCN/neighbourhood. The teams will be capable of conducting non-urgent assessments and providing care planning, navigation, treatment and support. They will also be integrated within the PCN/neighbourhood with physical health, social care and local community resources. We will review East London Foundation Trusts existing resources
- The provision of a neighbourhood based interventions for people with Personality Disorder and Trauma.
- This will involve additional resources and a review of East London Foundation Trust's existing psychological therapy and allied health professional resources to understand what could be better aligned to a neighbourhood model.
- Through more systematic joint working between GPs and psychiatrists we aim to improve the on-going monitoring of medication for those on SMI QOF and/or on anti-psychotics.
- Co-produced recovery care plans and an enhanced digital offer will support personalisation. This may include the use of online therapy packages which are currently being piloted by East London Foundation Trust working with Silver Cloud. We will also explore online care plans and online access and booking systems. Mental health teams will have full access to EMIS and relevant information will be accessible on the EMIS system.
- The programme will shift care from secondary care community teams to the integrated mental health teams in PCNs/ neighbourhoods. Patient flows will be monitored and resources will be transferred from East London Foundation Trust community teams in line with this and the agreed programme plan.
- Both GP and psychiatrists will have responsibility for population based health supported by a neighbourhood level dashboard provided by the Clinical Effectiveness Group.

**Progress to date:** Q1 20/21 pilot to commence in Hackney Marshes and whole model rolled out to all PCNs by Q4 20/21. VCSEs tender to be release in the end of Q4 19/20 with provider(s) appointed by Q2 20/21.

**Expected outcome:** Support for personalisation, greater self management and improved access.

**Providers:** East London Foundation Trust, GP Practices, GP Confed, VCSEs.

# 1.h Transformation Plans: CAMHS

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
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

# 1.h Transformation Plans: CAMHS

## CAMHS Transformation Phase 3 - Key Highlights

- **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.

## 1.i MH Pilots: SMI Physical Health Checks and Support

- City and Hackney continues to have one of the highest levels of Serious Mental Illness (SMI) per capita. It is now widely recognised that people with Severe Mental Illness have poorer physical health and face reduced life expectancy of between 10 and 15 years.
- We will build on our programme of physical health reviews for people with SMI by increasing their frequency and strengthening the support offer for those at risk of physical illness.
- We are piloting a sport and healthy eating programmes for people with SMIs. The service aims to engage 150 people during the 12 month period of the pilot. Service users will be offered a programme of physical activity and diet related activities such as cooking, healthy eating and diet planning based on Recovery Goals set by the service user. In October 2019 140 service users were referred to the service with 51 participating in a programme of their choice.

# 1.i MH Pilots: Personal Health Budgets

- The Mental Health Personal Health Budgets (PHB) Pilot will run for a 12 months period beginning in **June 2019 working with 180 individuals** to provide a package of stepdown recovery support in, or from, secondary care. To date 54 services users have accessed a PHB. We are on track to meet this target.
- By offering early intervention, motivational activities, peer support, social inclusion and creative education opportunities, the aim of the pilot will be to improve quality of life and wellbeing, enhance communication between patients and their care team and potentially to reduce the need or use for secondary services.
- The pilot will provide a robust evaluation of recovery service support within City and Hackney and will be evaluated in line with the national NHSE evaluation framework.
- In 2020-21 we want to extend the pilot to expand the number of PHBs and increase the proportion of direct payments.
- We want to develop patient access to online recovery care plans which will benefit a large number of service users beyond the PHB cohort.
- We hope to bring together Personal Health Budgets and social care direct payments to increase flexibility to build care and support packages around the needs and goals of individuals.
- We are also interested in expanding the use of personal budgets to people receiving 'step up' support in neighbourhoods.



# 1.i MH Pilots: MH Accommodation, Substance Misuse & Homelessness

- This transformation strand is aimed at providing addressing the need for accommodation and psychological support for those who experience chaotic lifestyles including substance misuse
- We currently reviewing existing medium and high need mental health accommodation contracts as part of a joint accommodation strategy with LBH. Our joint approach will embody the principles of recovery, autonomy and value for money.
- Pilot with Greenhouse practice, WDP and ELFT to provide secondary care psychological to support to people who are homeless and/or have substance misuse problems.
- Piloting a Housing First pilot aimed at people with multiple complex needs and homeless.

# 1.i MH Pilot: Digital Therapies

- **Silver Cloud.** Pilot with Silver Cloud to develop digital therapies for service users with more severe and complex mental health problems who are not appropriate for IAPT services e.g. PTSD, bi-polar. Both ELFT and Mind are currently engaged in the pilot.
- **Dementia Discussions** is an innovative pilot which provides carers with relevant and timely information, crisis management training, future planning and social support; all delivered online. The three areas of support include (i) Online Q&A with experts (ii) Carer Crisis Toolkit and (iii) Online Learning and Support Group. To date the project has delivered 8 Online Q&A sessions and has partnered with local organisations including Talk Changes, ELFT's Community Mental Health team and Homerton Hospital.

# 2. Finance Summary: cost pressures against available investment income: 2019/20+

2019/20 +

2021/22+

### Pilot cost pressures

- PHB: £382k (SMI Transformation Fund)
- SOS: £143k (SMI Transformation Fund)
- Core Sports: £180k (SMI Transformation Fund)
- Our Place: £85k (SMI Transformation Fund)
- Step Up Plus: £88k (SMI Transformation Fund)
- Enhanced Well Family: £50k (SMI Transformation Fund)
- HIUS/Frequent attender: £275k (Crisis Transformation Fund)
- CAMHS: £380k (CAMHS Transformation Fund)
- Other schemes: £217k (CCG funding)

**SMI TF: £928k**  
**Crisis TF: £275k**  
**CAMHS TF: £380k**  
**CCG: £217k**

**TOTAL: £1,800k**

**Available recurrent  
funding**  
**£800k**

**Available non-recurrent  
funding**  
**£1,000k**

**Total:**  
**£1,800k**

### Available Transformational Funding:

SMI TF: £1,016k  
 Crisis TF: £263k  
 CAMHS TF: £382k

**TOTAL: £1,661k**

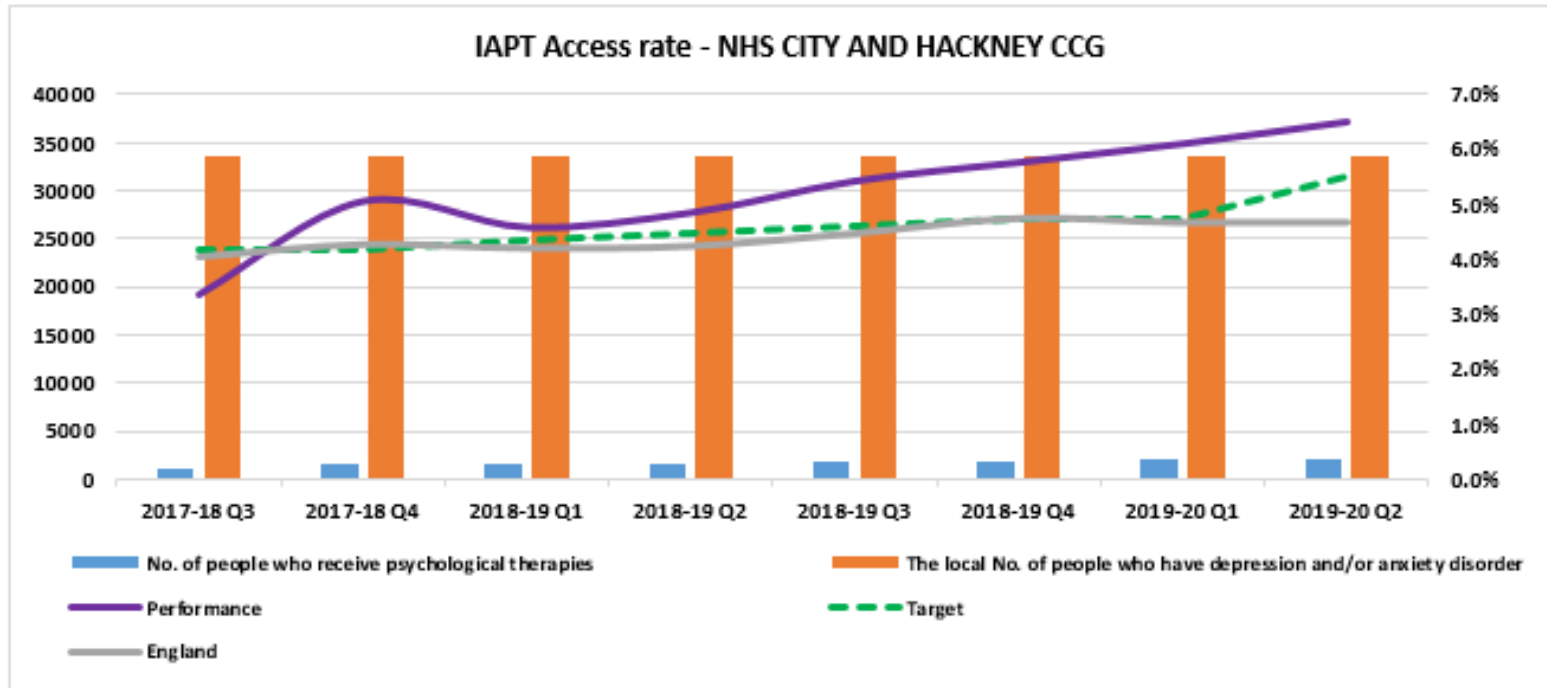


# 3. Mental Health Investment Standard 2019 - 2024

Mental Health Investment Standard 2019-2024	Units	Plan	Plan	Plan	Plan	Plan
		2019/20	2020/21	2021/22	2022/23	2023/24
Children & Young People's Mental Health (excluding LD)	£000s	6,935	7,967	8,982	9,429	9,904
Children & Young People's Eating Disorders	£000s	207	226	236	246	255
Perinatal Mental Health (Community)	£000s	577	1,237	1,253	1,375	1,497
Improved access to psychological therapies (adult and older adult)	£000s	6,032	6,744	6,895	7,785	8,767
A and E and Ward Liaison mental health services (adult and older adult)	£000s	1,716	1,739	1,762	1,778	1,795
Early intervention in psychosis 'EIP' team (14 - 65)	£000s	2,049	2,076	2,104	2,123	2,143
Adult Community Crisis (adult and older adult)	£000s	3,595	3,643	3,993	3,920	3,848
Ambulance response services	£000s	0,000	123	188	255	360
Community mental health, including new integrated models (adult and older adult, excluding dementia)	£000s	15,168	14,958	15,479	16,046	16,325
Acute inpatient services (adult and older adult)	£000s	18,724	11,454	11,607	11,715	11,824
Other adult and older adult - inpatient mental health (excluding dementia)	£000s		8,546	8,896	9,236	9,528
Mental health prescribing	£000s	1,386	1,420	1,453	1,479	1,504
Mental health in continuing care	£000s	1,794	1,838	1,881	1,915	1,947
Sub-total - MH Services (exc LD & Dementia)		58,182	61,973	64,730	67,303	69,695

# 4. Current performance position against indicators and clinical priority areas

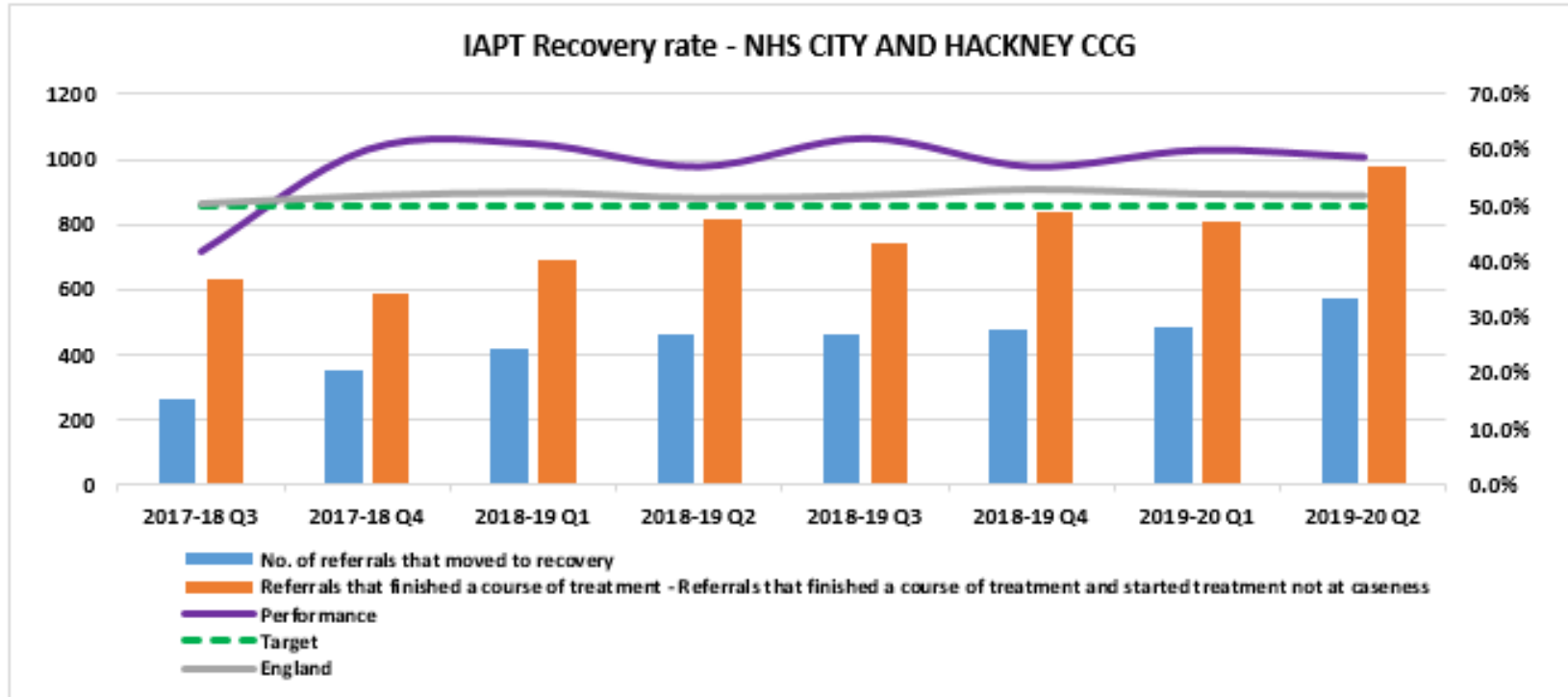
## IAPT Access Rate (FY17/18 Quarter 3 - FY19/20 Quarter 2)



**City and Hackney IAPT Access rate at Q2 19/20 was 6.52%, this is above the national target of 4.75%. We ranked 1<sup>st</sup> across North East London.**

## 4. Current performance position against indicators and clinical priority areas

### IAPT Recovery Rate (FY17/18 Quarter 3 - FY19/20 Quarter 2)



The recovery rate for City and Hackney CCG service users was 58.7% in 2019-20 Q2, above the 50% target. We ranked 1<sup>st</sup> in London.

## 4. Current performance position against indicators and clinical priority areas

		Dementia												
			Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Estimated Diagnosis Rate	Numerator		925	927	934	933	949	948	952	952	945	945	920	925
	Denominator		1336.8	1337.2	1337.1	1340.1	1343.9	1348.1	1354.7	1359.4	1364.1	1368	1370	1369.5
	Performance	66.7%	69.2%	69.3%	69.9%	69.6%	70.6%	70.3%	70.3%	70.0%	69.3%	69.1%	67.2%	67.5%
	Target		66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%
	Variance to Plan													

### Monthly Update

The CCG Dementia – Estimated Diagnosis rate trend was reported as 67.5% in November 2019 against the target of 66.70%. The CCG meet the target but did not meet the plan for this standard. Local plans are now in place to improve local rates; this includes GP communications drive, quarterly reconciliation of all dementia registers across City and Hackney, care home staff training, and GP training practice visits led by Dementia Clinical Lead.

The Dementia Register – Over 65 Years was reported as 925 in November 2019, an increase on the previous month.

## 4. Current performance position against indicators and clinical priority areas

Crisis Resolution Home Team					
		2018-19 Q3	2018-19 Q4	2019-20 Q1	2019-20 Q2
Numerator	95%	200	170	214	224
Denominator		200	170	215	224
Performance		100.0%	100.0%	99.5%	100.0%
Target		95.0%	95.0%	95.0%	95.0%
Variance to Plan		5.0%	5.0%	4.5%	5.0%

CPA 7 Day Follow Up					
		2018-19 Q3	2018-19 Q4	2019-20 Q1	2019-20 Q2
Numerator	95%	234	194	232	225
Denominator		273	220	274	268
Performance		85.7%	88.2%	84.7%	84.0%
Target		95.0%	95.0%	95.0%	95.0%
Variance to Plan		-9.3%	-6.8%	-10.3%	-11.0%

### Crisis Resolution Home Team

The proportion of admissions to acute wards that were gate kept by the CRHT teams achieved 100.% in 2019-20 Q2. There was an increase from previous quarter.

### CPA 7 day Follow Up

The CPA followed up within 7 days was reported at 84% in 2019-20 Q2 against the target of 95.00% a decrease in performance compared to previous quarter.

ELFT has an recovery plan in place, which has been updated and shared with local commissioners to review how best to support the Trust to return to compliance of the 95% standard. The trust have also reported that it is working to improve internal systems to support timely follow-up of patients. This includes obtaining contact details for all patients on admission, and initiating liaison with out of area teams as early as possible.



## 4. Current performance position against indicators and clinical priority areas

		Early Intervention Psychosis												
			Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
EIP - Percentage within 2 weeks - Started Treatment	Numerator	56%	10	14	10	6	13	11	9	16	9	10	5	10
	Denominator		12	16	15	6	14	12	9	19	10	11	5	11
	Performance		83.3%	87.5%	66.7%	100.0%	92.9%	91.7%	100.0%	84.2%	90.0%	90.9%	100.0%	90.9%
	Target		53.0%	53.0%	53.0%	53.0%	53.0%	53.0%	56.0%	56.0%	56.0%	56.0%	56.0%	56.0%
	Variance to Plan													
EIP - Percentage within 2 weeks - Incomplete Pathways	Numerator	56%	2	6	2	2	9	2	6	7	1	6	3	4
	Denominator		2	6	3	3	10	2	9	8	1	7	4	7
	Performance		100.0%	100.0%	66.7%	66.7%	90.0%	100.0%	66.7%	87.5%	100.0%	85.7%	75.0%	57.1%
	Target		53.0%	53.0%	53.0%	53.0%	53.0%	53.0%	56.0%	56.0%	56.0%	56.0%	56.0%	56.0%
	Variance to Plan													

Early Intervention in Psychosis (Patients started treatment) percentage within 2 weeks was reported as 90.9% in September 2019 against the national target of 56%.

EIP Incomplete Pathways: Percentage within 2 weeks was reported as 57.1% for September 2019 against the national target of 56%.

# 4. Current performance position against indicators and clinical priority areas

## Physical health checks for people with a severe mental illness

	2019/20 technical guidance ref.	Number of patients	Percentage of patients receiving check	Time period
The number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' (Denominator):	1.2.1	4,072		at period end
Of the above, patients who have had (Numerators):				
1. measurement of weight (BMI or BMI + Waist circumference)	1.4.1	3,205	78.7%	in 12 months to period end
2. blood pressure and pulse check (diastolic and systolic blood pressure recording or diastolic and systolic blood pressure + pulse rate)	1.4.2	3,450	84.7%	
3. blood lipid including cholesterol test (cholesterol measurement or QRISK measurement)	1.4.3	3,215	79.0%	
4. blood glucose test (blood glucose or HbA1c measurement)	1.4.4	2,935	72.1%	
5. assessment of alcohol consumption	1.4.5	3,366	82.7%	
6. assessment of smoking status	1.4.6	3,632	89.2%	
All six physical health checks - note this cannot be greater than the minimum figure reported in 1 to 6 above.	1.2.1	2,591	63.6%	

Note that an individual who has received all six physical health checks should also be reported against each physical health check, 1 to 6.

The number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' (Denominator):		4,072		at period end
Of the denominator above, patients who have had (Numerators):				
7. assessment of nutritional status/diet and level of physical activity	1.6.1	1,572	38.6%	in 12 months to period end
8. assessment of use of illicit substance/non-prescribed drugs	1.6.2	2,936	72.1%	
9. medicines reconciliation or review	1.6.3	2,894	71.1%	

The current target for SMI physical health checks is 50%. We achieved 63.6% at the end of Q2 19/20, ranking first in England. We expect an increase in Q3 19/20.

## 4. Current performance position against indicators and clinical priority areas

### CAMHS

NHS-England Self Reported Monthly Performance for CYP MH – Access (Currently above target (25.8%) at 16%)

			Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
CYP Access rate (Cumulative YTD values for each month)	Numerator		1465	1670	1785	1955	2085	2255	420	795	1040	1210	1345	1510
	Denominator		5861	5861	5861	5861	5861	5861	5861	5861	5861	5861	5861	5861
	Performance	16%	25.0%	28.5%	30.5%	33.4%	35.6%	38.5%	7.2%	13.6%	17.7%	20.6%	22.9%	25.8%
	Target		18.7%	21.3%	24.0%	26.7%	29.3%	32.0%	2.7%	5.3%	8.0%	10.7%	13.3%	16.0%
	Variance to Plan													

Local joint commissioner/provider recovery plans are in place to support delivery of the CYP Access target during 2019/20. Plans are reviewed and signed off through the NEL 5YFV Mental Health Assurance Group; performance is monitored through the MH assurance group, as well as by individual CCGs.

# 4. Current performance position against indicators and clinical priority areas

## CAMHS: NHS-England Self Reported Monthly Performance for CYP MH – waiting times

- 97% individual children and young people are seen under 18 weeks from referral to first contact.
- 100% individual children and young people are seen under 18 weeks from referral to second contact.

CCG total number of individual children and young people waiting from referral to first contact		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
NB. CCG totals automatically calculated from provider totals inputted below	Total number of individual children and young people aged 0-18 that waited up to 4 weeks from referral to first contact in the reporting period	80	92	78	47	20	41	44	43
	Total number of individual children and young people aged 0-18 that waited between 5 to 18 weeks from referral to first contact in the reporting period	9	10	11	3	15	16	7	20
	Total number of individual children and young people aged 0-18 that waited more than 18 weeks from referral to first contact in the reporting period	2	0	0	0	1	1	4	7
CCG total number of individual children and young people waiting from referral to second contact		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
NB. CCG totals automatically calculated from provider totals inputted below	Total number of individual children and young people aged 0-18 that waited up to 4 weeks from referral to second contact in the reporting period	20	17	13	16	12	29	29	27
	Total number of individual children and young people aged 0-18 that waited between 5 to 18 weeks from referral to second contact in the reporting period	43	40	35	26	33	32	18	31
	Total number of individual children and young people aged 0-18 that waited more than 18 weeks from referral to second contact in the reporting period	0	0	0	0	0	0	0	0

## 5. Local Alignment and progress towards STP plan

Our plans are aligned to the ELHCP and the North East London Commissioning Alliance strategy (2018/19-20/21) which:

- **Prioritises the development of ‘integrated care systems** through commissioners and providers working together’ and which sets out the expectation that ‘we commission pathways and packages of care that transcend provider organisations and supports alliance arrangements and integration of care’. As is evident from this presentation the mental health alliances are delivering a number of cross organisational services and pathways and that will deliver integrated care packages to the service user.
- **Focus on preventable disease** including smoking, obesity, poor diet and inactivity and on the ‘high number of local people who have a long term condition and a mental health condition’. Our plans to deliver improved and expanded SMI physical health checks, expand the frequent attenders pathway and expand LTC IAPT will improve strengthen the link between mental health and preventable physical health problems.

## 6. 2019-20 QIPP plans

FY	QIPP	Saving Type	Provider	Workstream	Scheme start date	Value	Mitigated Value	Progress
19/20	Specialist CAMHS( ELFT CAMHS)– Increase in CYP receiving treatment	Productivity	ELFT	CYP	Apr-19	£662,369	£442,000	On track
19/20	Mental Health Frequent Attender Reduction	Acute systems saving	ELFT	Unplanned Care	Apr-19	£118,125	£82,687	Service operational first review of savings Sept 2019
19/20	City & Hackney Dementia Service Efficiency	Re-source re-investment	ELFT	Unplanned Care	Apr-19	£102,769	£102,769	Fully achieved
19/20	First Steps( HUH CAMHS)– Contractual increase in number of Clinical contact hours / backlog clearance / maintenance. Sustained Quality and Outcomes	Productivity	HUH	CYP	Apr-19	£189,000	£189,000	On track
19/20	Out of Area - BEH	Cash releasing	BEH	Unplanned Care	Apr-19	£140,794	£140,794	Fully achieved
19/20	SOS Crisis Therapy Service	Systems saving	ELFT	Unplanned Care	Apr-19	£100,000	£70,000	On track report due January 2020.
19/20	LTC IAPT (admission avoided)	Systems saving	HUH	Unplanned Care	Apr-19	£89,496	£53,698	Service reported in September 2019. Second report due in January 2020.
	<b>QIPP VALUE</b>					<b>£1,402,553</b>	<b>£1,080,948</b>	

## 7. Mental Health 19/20 CQUINs

### **72hr follow up post discharge**

Achieving 80% of adult mental health inpatients receiving a follow-up within 72 hours of discharge from a CCG commissioned service in Q3-Q4 2019/20. Minimum payment level: 50%

Target met: ELFT will start reporting on this in Q3.

### **Mental Health Data Quality**

MHSDS Data Quality Maturity Index Achieving a score of 95% in the MHSDS Data Quality Maturity Index (DQMI) in Q2-Q4 2019/20. Minimum payment level: 90%

Target met: ELFT achieved 92% in Q2 2019/20 and is on track to achieve some payment for this CQUIN.

## 7. Mental Health 19/20 CQUINs

### **Mental Health Data Quality: Interventions**

Achieving 70% of referrals where the second attended contact takes place between Q3-Q4 2019/20 with at least one intervention (SNOMED CT procedure code) recorded between the referral start date and the end of the reporting period. Minimum payment level: 15%

**ELFT will start reporting on this in Q4 19/20.**

### **Use of Anxiety Disorder Specific Measures in IAPT**

Achieving 65% of referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the specified Anxiety Disorder Specific Measure (ADSM) in Q2-Q4 2019/20. Minimum payment level: 30%

**Target met: Homerton achieved 73% in Q2 2019/20 and is on track to meet this CQUIN.**

**Local CQUIN - Improving discharge from acute care - Care Plans for adult inpatients discharged to a community or care home setting in Q2-Q4 2019/20.**

**Target met: ELFT achieved this CQUIN in Q2 in 19/20.**



## 8. Co-production and resident and patient engagement

### Summary

- The Advocacy Voice Project is commissioned to host a mental health user-led involvement service to support the CCG in the commissioning of services for people with mental health needs.

### 8.a Activities undertaken

Mental Health Voice (MHV) committee:

- Reps from the group have attended the Patient & Public Involvement (PPI) Committee meetings. The aim is to explore how the MHV committee can link into the mental health programme of the various PPI groups across the system.
- Feedback/ideas on ELFT's BAME Commissioning for Quality and Innovation (CQUIN) response.
- Feedback on the Mental Health strand of the Young Black Men's Programme.

Page intentionally left blank.

<b>Title of report:</b>	<i>C&amp;H Primary Care Enabler Group – Detailed Review for Primary Care</i>
<b>Date of meeting:</b>	12/3/20
<b>Lead Officer:</b>	R Bull
<b>Author:</b>	M Rickets, T Clark, A Hedge and R Bull
<b>Committee(s):</b>	<i>Clinical Executive Cttee: 12/2/20 Primary Care Enabler Board: 12/2/20 Finance and Performance Cttee: 19/2/20 PPI Cttee: 12/3/20</i>
<b>Public / Non-public</b>	Public

### Executive Summary:

This is the scheduled detailed review from the Primary care Enabler Group. The Board is particularly invited to note the refreshed primary care strategy.

Summary of progress and achievements since Aug/Sep 2019:

- Produced first draft and commenced consultation on local PC strategy action plan
- Finalised and agreed plan for spending 19/20 PC budgetary headroom; now entirely committed
- Support to local PCNs:
  - Agreed baseline for additional roles
  - Provided headroom funding for CD to come into post 6-weeks early (£26k)
  - Provided headroom funding for extra management support from family Action for social prescribing link workers (£93k)
  - Provided headroom funding for support and development of clinical pharmacists (£55k)
  - Agreed PCN development plans utilising £222k national allocation
- Agreed and commenced ambitious programme for Volunteering in General Practice with the Hackney Volunteers Centre
- Agreed new GPFV funded contracts with the GPC:
  - Training and development programme for receptionists, clerical staff, supervisors and deputy or assistant managers (including motivational interviewing training)
  - Supporting GP Retention – GP Mentoring
  - Mentoring for Primary Care Staff
- Following a successful pilot have agreed a contract with Egton for the digitisation of LG notes for the entire CCG area
- Progressed project to migrate primary care services to HSCN connectivity. Remaining sites subject to delay with HUHFT migration and appropriate permissions from NHS PS
- Carried out CCE midyear reviews and approx. 70% of core contract reviews
- Issued two variations to the CCE contract equating to £720K of additional investment
- Developed a 'Flu Uptake pilot in collaboration with PCN CDs
- Successfully dispersed Abney House patient list following closure
- Worked with Charlotte Painter and the ILDS team to develop and fund a mini-personal health budget pilot
- Discussed long list of idea to be funded from 2020/21 headroom with GP Forum

### Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report.

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report.

**Strategic Objectives this paper supports:**

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	<input type="checkbox"/>	Primary care is an enabler for this to happen
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input type="checkbox"/>	Primary care is an enabler for this to happen
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"/>	Primary care is an enabler for this to happen
Empower patients and residents	<input type="checkbox"/>	The aim is for the new primary care strategy to empower residents and patients – the CCG is producing a patient facing version of the strategy to further this aim

**Specific implications for City**

Nil

**Specific implications for Hackney**

Nil

**Patient and Public Involvement and Impact:**

There was significant PPI involvement in the refreshed primary care strategy – set out in the relevant section.

**Clinical/practitioner input and engagement:**

There was significant clinical involvement in the refreshed primary care strategy – set out in the relevant section.

**Communications and engagement:**

The CCG is drafting a comms plan on the primary care strategy.

**Equalities implications and impact on priority groups:**

There was significant focus on this in the engagement work on the primary care. There is further work to do in engaging patients of working age.

**Safeguarding implications:**

Nil

**Impact on / Overlap with Existing Services:**

NA

# City & Hackney CCG Primary Care Enabler Group

Detailed Review for ICB

4<sup>th</sup> March 2020



# Contents

1. Primary care strategy
2. 19/20 PCEG budget
3. 19/20 PCEG financial position M9
4. Delegated commissioning of primary care:
  - a) 19/20 headroom utilisation M9
  - b) 19/20 headroom utilisation – project status
  - c) 20/21 headroom draft plan
5. Last 6 months / Next 6 months
6. NHS Long Term Plan and PCNs – local progress
7. GP Forward View
  - a) Improved Access to General Practice
  - b) Demand Management in Primary Care
8. Work with Estates Enabler Group
9. CCG Improvement and Assessment Framework (CCG IAF) 2019/20
10. GPPS – STP data packs
11. City & Hackney PC workforce
12. GP IT
  - a) Infrastructural issues
  - b) Projects



# C&H Primary Care Strategy 2019-24

## CONTENTS

- Foreword by CCG Chair and Clinical Lead for Primary Care Mark Ricketts
- Primary care strategy: approach to development, coproduction and consultation
- Patient and resident involvement: summary of the outcomes of the engagement work
- Primary care in C&H – an overview
- Local strategic principles
- Local strategic aims 2019-24
- Principles for investment
- NEL primary care strategy
- Primary care under one NEL CCG from 1/4/21
- NHS Long Term Plan and PCNs (nationally Directed Enhanced Service - DES)
- Primary care as an enabler in an Integrated Care System
- Workstream and enabler interfaces with primary care:
  - Prevention
  - Planned care
  - Unplanned care
  - Children, young people and maternity
  - Mental health
  - Estates
  - Workforce
  - IT/digital
- Sustainability and resilience
- Principles for investment
- Action plan 2019-24



# Foreword by CCG Chair and Clinical Lead for Primary Care Mark Rickets

This strategy for the future development of Primary Care 2019 to 2024 addresses its role as a central bedrock for the delivery of high quality, effective and safe health and care services. It sets out a programme of improvements working, with the nationally agreed core GP contract, as part of the overall City and Hackney Integrated Care Partnership and provides a framework for how we plan to modernise and increase the breadth of services we offer to our residents that use primary care services.

As part of the NHS Long Term Plan, new investments including in mental health, medicines and social prescribing give primary care professionals a much wider set of tools to help our people live their best lives, with services locally structured around their needs as part of new Primary Care Networks. This is an exciting time for City and Hackney.

We also know that primary care services are at their best when they are most human. Listening to our patients and residents' aspirations for primary care, this document has been developed with patient and resident input via a Coproduction Steering Group. As a result of extensive consultation and co-production we are confident that people and patients, stakeholders and service providers will feel a collective ownership of its contents.

Our successful partnerships (including the Neighbourhood Health and Care Alliance) with community organisations, local authorities, acute and mental health providers means we are now better placed than ever to truly integrate services around people, and closer to their homes.

This means:

There will be more healthcare staff working in and with GP practices, which will mean people will be able to get an appointment with the right professional depending on their needs. This will include GPs, nurses, pharmacists, physiotherapists, paramedics, physician associates and social prescribing link workers

These new community health teams will provide support to people in their own homes to help keep them well and out of hospital

There will be an expansion in the number of services available in local GP practices some of which have previously only been available in hospital

A single easy-to-use NHS App and 'digital' GP consultations will make services more convenient including advice to help people stay well and manage their own health

The strategy does not describe specific ambitions or targets for particular groups of people with particular health and care needs. These are described by the City and Hackney System's (C&H ICS) Workstreams and the other Enabler Groups and are captured collectively in C&H ICS's response to NHSE's Long Term Plan and the system's commissioning intentions that flow from this response.

The actions that are required for the strategy's delivery will continue to be reviewed and amended in the light of emergent challenges and new evidence of best practice. In this way and by continuing to work with people and partners, we wish to keep it relevant and facilitative in achieving our collective aims and ambitions.

## Primary care strategy: approach to development, coproduction and consultation

- The strategy has been developed by the Primary Care Enabler Board with patient and resident input via a Coproduction Steering Group with membership drawn from Hackney CVS, Healthwatch and patient representatives. An initial coproduction engagement event was held 28 Aug 2019 with members of the steering group doing subsequent engagement work with patient and resident groups encompassing the protected characteristics as well as lesser heard voices such as adults of a working age, as well as drawing out themes from existing engagement. The focus of the engagement was on how patients and residents currently see primary care in City and Hackney, what is good about it, what needs to change and their vision for great primary care. A summary of the findings from the engagement work is on the following slide. A plain English patient facing version of the strategy will be produced.
- The LMC and the GP Forum have both been consulted on the strategy and have approved it with no suggested changes. CEC was consulted at its Feb 2020 meeting where it was supported. The final draft was signed off at the Primary Care Quality Board on 13th Feb 2020. The CCG Governing Body will be recommended to approve the strategy at its March 2020 sitting.
- The Primary Care Enabler Board has drafted a comprehensive action plan to progress the aims of the strategy. A high level summary of the actions that are being reported to the City and Hackney Accountable Officers' Group is to be found at the end of the strategy. The action plan is a live document and will be refreshed annually.

## Patient and resident involvement: summary of the outcomes of the engagement work

- Approach: initial engagement event followed by an analysis of existing feedback about GP services to identify key themes by protected characteristic group and seldom heard voices, followed up by a bespoke survey.
- The three things that people rated as good about the current service is the GPs, reception staff and nurses.
- The three things that people rated as most important was having the option of phone/online consultation, being able to see ones preferred GP/nurse/professional and a choice of referral.
- The top digital preference was being able to book GP appointments online or through an app.
- Appointment systems were identified as most in need of improvement.
- Further engagement work is needed with younger working age people.



## Primary care in City and Hackney – an overview (1)

- There are 39 practices in Hackney and 1 practice in the City; the average list is 8,349 patients (excluding The Greenhouse); the average number of full-time equivalent GPs per practice is 5.3
- Primary care in C&H is productive – with circa 1.6 million consultations in 18/19; 84% of consultations are face to face and 16% telephone. 62% of consultations are with a GP
- Primary care in C&H is comparatively well staffed – there are 66 FTE GPs per 100,000 patients; this is the second highest ratio of GPs to pts for London CCGs; put C&H in the top 10 per cent for GP staffing in the country; is more than 50% higher than Barking and Dagenham CCG; is increasing over time
- Primary care in C&H is high quality – as of 2<sup>nd</sup> Jan 2020 38 practice are CQC GOOD, one OUTSTANDING and one REQUIRES IMPROVEMENT; practices perform well on quality measures e.g. on the local quality dashboard and the national quality and outcomes framework (QOF) (the CCG is ranked 1st or 2nd out of 194 CCGs in England in 42% of the QOF clinical attainment measures such as control of blood pressure, cholesterol, lung disease and asthma); C&H performs well on PC related measures in the Improvement and Assessment Framework; C&H practices also perform well (relative to London) on measures of patient satisfaction and overall pt satisfaction is relatively good
- Primary care in C&H is efficient – C&H has one of the lowest referral rates for a first outpatient appointment and A&E/unplanned attendance rates/1000 patients in London which means that local practices are (safely) managing patients when other practices might refer; this helps keep the local health economy in financial balance
- Primary care in C&H is accessible – half (51%) of C&H appointments take place on the same day of booking which is the highest proportion in London (London average 43%); 80% of all C&H appointments take place within a week of being booked, compared to 75% for the STP and 74% for London; all C&H practices have a Duty Doctor service for managing urgent activity; all C&H networks offer routine appointments outside the core contract hours of 8-6.30 Mon-Fri (mostly evening appointments from 6.30-8); all practices can refer their patients to weekend 8am to 8 pm primary care hubs

## Primary Care in City and Hackney – an overview (2)

Practices in C&H collaborate with each other (work at scale) – all practices are part of the local GP Confederation and all practices are part of a neighbourhood and Primary Care Network (PCN)

**The CCG invests in extra services from its practices, mostly through the GP Confederation, to the tune of £10.9m p.a.; lower levels of GP referred activity, unplanned admissions and A&E attendances, relative to NEL CCGs, were estimated to benefit City & Hackney by £11.2m in 2018/19**

Practices in C&H are under similar pressures from increasing demand as practices in the rest of London and the country – this is largely due to a combination of the following factors

- Practices are being asked to do more to shift activity out of hospitals (secondary care) to primary care
- People are living longer, with more long term conditions and increasing complexity
- Rising expectations from patients and the public in general
- National shortage of GPs and nurses and other practice roles
- National under-investment in premises
- Underdeveloped use of IT – GP practices have been told they must use IT to help change the way they work

More local challenges:

- C&H patients have a higher than average consultation rate – an average of 5 consultations a year (compared to 4 for north-east london)
- National funding formula does not adequately take account of deprivation
- Population growth
- Two practice closures in the past year (both unavoidable)



# Local strategic principles

**These are the strategic principles for supporting high quality primary care from our 2015-18 primary care strategy, reviewed and ranked in Sep 2019 following public involvement - most important first:**

- Health inequalities are monitored and reduced
- High-quality services are delivered to patients
- The morale of clinical and support staff is good
- Patient care and experience is always considered
- The quality of care is consistent
- GP practices are treated fairly and funded equally
- Decisions for funding are made using up-to-date information
- Collaborative working is encouraged and supported
- Well-designed IT is used to support patient care, including self-care
- Contracted services are useful and not a burden
- GPs are supported to function as expert generalists
- Planning considers NHS England/CCG strategic plans
- Saving patient time is a guiding principle for all (new principle so not ranked)



# Local strategic aims 2019-24 (1)

## Outcomes for patients and the public

- Clinical outcomes (being addressed through the workstreams)
- Patients satisfied by their experience of care (selected GPPS measures including overall satisfaction, continuity, etc)
- Access to services is equitable and designed to meet need
- Everyone's health and wellbeing is seen to be equally important (equality)
- Work to support and improve continuity of care for patients for whom continuity is an important element to the quality and outcomes of their care (relationships at 1to1 level and with micro-teams)
- Experience care that is safe and, for the vulnerable, appropriately safeguarded
- Continue to have local, sensitive measures of quality as demonstrated in the C&H PC quality dashboard (functioning, in areas of commonality, with the North East London quality dashboard)
- Continue to develop and refine outcome dashboards with changing evidence and with evolution in models of care (eg enhanced Neighbourhood and Primary Care Network (PCN) working)
- Patients and residents own this primary care strategy and feel empowered by it

# Local strategic aims 2019-24 (2)

## Outcomes for staff

- Properly staffed Primary Care (adequate numbers, appropriate skill mix) with strong teams and leaders (within practices and collectively in PCNs)
- Healthy Primary Care workforce – satisfaction/enjoyment, retention, resilient, staff managed with kindness respecting issues of equality, diversity and sustainability
- Competent Primary Care workforce – supported to work at their top of their license/abilities; able to demonstrate kindness; CPD, education and training
- Locally representative Primary Care workforce



# Local strategic aims 2019-24 (3)

## Organisation of Primary Care

- Practices working together to become stronger (by being more resilient, sustainable, flexible, collaborative)
- Practices working together with partner organisations and local people across Neighbourhoods (and where appropriate across larger geographical footprints)
- Thriving primary care networks – with strong leaders, operating at the right level, with the optimum level of support and development opportunities (represented at scale by the GP Confederation)
- Patients and residents are involved in the practice (including as volunteers) and in all aspects of their care (personalisation)
- Practices have the skills, ability and time/headspace to constantly reflect, learn and improve quality and organisation of care
- Practices have the skills and tools at its disposal to help manage demand, to be as productive as possible and to embed change to make it business as usual
- Support all practices to develop the culture (and skill) to become expert learning organisations through the continuous use of Quality Improvement (QI) methods
- Deliver the aspirations of the NEL primary care strategy; help shape the future direction of the North East London strategy for primary care
- Deliver the aspirations of the Long Term Plan and, in appropriate areas, the work happening at the London level
- All practices are CQC rated Good or Outstanding; increase proportion rated Outstanding

# Principles for investment

- Pilots and service developments requiring investment have been coproduced
- Maintains or improves baseline patient satisfaction
- Maintains or improves baseline staff satisfaction and morale (baseline to be established)
- Maintains or improves baseline GP to patient ratio (ref baseline)
- Maintains or improves baseline Practice Nurse to patient ratio (ref baseline)
- Maintains or improves baseline continuity (baseline to be established)
- Maintains or improves baseline quality measures (PC dashboard)
- Reduces known or new inequalities
- Maintains or improves financial balance of the system
- Improves digital infrastructure
- Improves digital access offer (to consultations, to notes, for repeat prescriptions etc)
- Addresses recognised shortfalls in the Carr-Hill formula (atypicality; churn; deprivation)
- Investment in primary care will be on a recurrent basis in order to help make practice sustainable and resilient (pilots will be funded on a non-recurrent basis)
- Maintain sufficient local flexibility in the way finances are deployed to be able to respond to unexpected events (eg 2018-19 measles outbreak in North Hackney)
- Local responsibility for managing the primary care NHS England delegated budget for the City and Hackney system (including deciding on how headroom is spent)

# NEL Primary Care Strategy

In June 2019 the East London Health & Care Partnership (ELHCP) Primary Care Transformation Team finalised their primary care strategy for NEL. The strategy set out three key workstreams (Quality, New Models, Workforce) with five aspirations to be delivered by each by 2021 on top of the Long Term Plan must-dos. Link to strategy and appendix: <https://www.eastlondonhcp.nhs.uk/ourplans/primary-care.htm>

## NEL additional aspirations:

### Our 5 quality aspirations to be delivered by 2021;

- We will aim to achieve a CQC rating of good or outstanding for 95% of practices in each borough.
- We will aim to have at least one QI expert per network
- We will ensure workflow optimisation in each practice across NEL
- We will develop a NEL wide QI methodology to ensure consistent quality across the STP
- We will aim to standardise at least 5 care pathways across NEL to ensure consistent access and quality of services

### Our 5 new models aspirations to be delivered by 2021;

- We will have mature federations in each borough delivering population based outcomes via networks
- Each network will have evidence of their response to their population demographics and needs
- Network Clinical Directors will be represented at appropriate system levels to reduce unwarranted inequalities
- We will have standard policies and procedures for all federations, so that all staff are treated and supported equally
- In addition to online consultations, we will have at least one more digital tool (e.g. online referrals) in each practice

### Our 5 workforce aspirations to be delivered by 2021;

- We will aim to implement a local salaried portfolio scheme for new and existing GPs across all boroughs
- We will ensure continuous professional development opportunities for each professional category across NEL
- HEE and local CEPNs will develop an STP primary care workforce training hubs at locality level to support the development and realisation of educational programmes for primary and community care workforce at scale
- We will model our future primary care workforce requirement to ensure proactive recruitment.
- We will develop innovative primary care employment models via workforce modelling tool.



# Primary care under one NEL CCG from 1/4/21

## **NEL should be responsible for (NB in partnership/shared responsibility with local [integrated care] systems):**

- PC strategy, primary care digital strategy and primary care estates strategy including refresh to NEL PC strategy as a joint primary and community care strategy
- Assurance and reporting upwards
- Directed Enhanced Services inc Primary Care Networks: development and evaluation framework and plans; tools for population health management; maturity assessments; needs assessments; leadership programmes; DES interpretation (to ensure consistency); alignment with community services
- Workforce training hub board and workforce plan
- Dashboard development (based on what already exists locally)
- Communications (as they relate to primary care)
- Programme level evaluation including PC strategy, PCN

## **Within City & Hackney we should be responsible for:**

- Primary care as an enabler to the local integrated care system
- Delivery of NEL and local PC strategy and action plan
- Local relationships, oversight, development and contract management for practices, networks of practices (PCNs) and practices at-scale (GP Confederation)
- PCNs: recruitment of additional roles; presentation at appropriate system level; response to local needs; local enhanced services added to network contracts by 2021; shared savings scheme
- Local exploration and commissioning of new models
- Local primary care estates including local solutions
- Local primary care quality improvement including formal Quality Improvement programmes
- Local evaluation
- Local headroom plans
- Local finance

## NHS Long Term Plan and PCNs (nationally Directed Enhanced Service - DES) (1)

### Summary of the requirements:

- Practices will come together to form Primary Care Networks (“Networks”) that serve natural communities of 30-50,000 patients
- Networks will be led by “Clinical Directors”
- Networks are expected to plan on a population health basis
- Networks are expected to address workload issues resulting from workforce shortfall by recruiting new workforce roles such as clinical pharmacists, social prescribers, physician associates, first contact physiotherapists and first contact community paramedics
- Networks will be expected to deliver nationally defined service specifications to their patients, such as “Anticipatory Care”
- From Apr 2021 Networks will provide a new access model; data on activity and waiting times will be published; new measures of patient-reported experience of access to start
- All patients will have the right to digital-first primary care, including web and video consultations by April 2021

## NHS Long Term Plan and PCNs (nationally Directed Enhanced Service - DES) (2)

### Local progress:

- All 8 C&H PCNs established which map directly onto Neighbourhoods; clinical directors appointed
- PCNs are delivering the extended access DES and have recruited social prescriber link workers (SPLW) and clinical pharmacists; local PCN workforce baseline agreed and submitted
- PCNs are receiving DES payments paid via the GP Confederation
- C&H CCG is providing additional funding to recruit SPLW on 12-month contract, funding to cover Family Action's management costs and funding for clinical pharmacists support and development; CCG intends to pick up costs of management overheads on these posts incurred by Family Action; further financial support potentially available via headroom on delegated primary care budget
- PCNS are self-assessing their maturity against a national index and working out their development needs – with national funding to support this coming via the STP (£1.5m pa for 5 years; £222k for C&H in 2019/20) and additional money locally via Unplanned Care/Neighbourhoods
- Unplanned care workstream (UCW)/Neighbourhood programme is leading on supporting PCNs to become a key player within the local integrated care system; workshops and an introduction to systems leaders event have been held; UCW clinical lead has met with national leads to help shape development of national anticipatory care specification; UCW has also presented at NEL level on patient involvement within Neighbourhoods
- C&H Public Health Dept. (Sandy Miller) has provided all PCNs in NEL with a network profile
- “Innovate UK” are funding development of a local population growth planning tool to incorporate PCN profiling
- With publication on 23<sup>rd</sup> Dec 2019 of draft national DES service specifications the CCG and local system partners will work with PCNs to integrate and enable their successful delivery

# PC as an enabler in an Integrated Care System

The Primary Care Enabler Group (PCEG) is established by the C&H Accountable Officer Group with the following purpose:

- Support work undertaken by the Part One of the CCG's Local GP Provider Contracts Committee (LGPPCC). This committee has responsibility delegated from NHSE for accountability of the core (GMS, PMS and APMS) Primary Care contract and management of the core Primary Care budget.
- Accountable for commissioning quality improvement programmes of work and support initiatives to:
  - Improve patient experiences and outcomes
  - Support and develop primary care provision
- Work with workstreams and other stakeholders to support realisation of shared aims and objectives across the integrated care system.

In 2020 the intention is to establish a new Primary Care Enabler Group which will be accountable to the C&H Integrated Care Board and the C&H Accountable Officer Group and the ELHCP PC Transformation Board.

The C&H CCG Primary Care Strategy deals principally with issues that enable primary care to successfully address patient care. Therefore, for example, clinical ambitions and outcome targets do not feature in this plan per se. Workstream plans as they interface with primary care are described below.



## Workstream and enabler interfaces with primary care: Prevention

Making every contact count:

- We intend to embed MECC principles in health and care service provision through appropriate contractual levers, to support the sustainability of our approach to system-wide action on prevention

Supporting people to take control of their own health and wellbeing:

- We will re-commission the existing Social Prescribing service to integrate fully with new PCN provision (funded SP link workers) and align with the new Neighbourhood care navigation model as it emerges
- We will use the learning from two digital pilot projects (Digital Social Prescribing Platform and Directory of Services) to improve access to, and awareness of, local prevention services

Long-term conditions (LTCs) - earlier intervention:

- Primary care in City and Hackney has an excellent track record in identifying and managing patients who are at increased risk, or living with, a range of long-term conditions. However, premature mortality from preventable conditions (including cardiovascular and respiratory disease) remains higher than average locally, and there is more we can do to tackle inequalities through a more comprehensive preventative approach
- We intend to start work to refocus the LTC contract with the GP Confederation to have a stronger emphasis on incentivising prevention
- We will review current indicators in the contract, with potential to include/enhance incentives for: alcohol screening and brief advice; reducing variation in referral rates to stop smoking services; COPD and asthma prevalence/case finding; group consultations and self-management; identifying and improving access to support for carers (including linking in to new carer support services in Hackney and the City); implementing annual reviews for other conditions (epilepsy, sickle cell)
- We will also integrate the NHS Health Check contract (also delivered by the GP Confederation) with the LTC contract to optimise and align incentives for CVD prevention in primary care

Including prevention as a new focus in the practice improvement budget





# Workstream and enabler interfaces with primary care: Planned Care

Neighbourhood Health and Care (NHC) Service within City and Hackney as the fundamental approach to “out of hospital” services. This service alliance will provide the framework for a whole range of community services to be transformed to offer integrated, personalised care and support to local residents within the neighbourhood arrangements.

## **Outpatient transformation programme**

Transforming the patient journey to outpatient care, reducing unnecessary follow-ups, building on the use of advice and guidance to support primary care and focus the role of secondary care services on those most in need of specialist support.

In 2020/21 we want to work with our partners in the alliance to build on these developments to redesign our community services to provide increased support within a multidisciplinary context for people with long term conditions. This model will combine psychosocial and medical approaches as well as ensuring links to access to community and voluntary sector services. These services will be an alternative to traditional models of outpatient care; will focus on delivering a proactive and preventative service to people with long-term conditions such as respiratory disease, diabetes, chronic kidney disease and dialysis and be delivered closer to people at the neighbourhood/network level.

Other benefits for our residents are that the new community services will be responsive and will simplify the patient journey either by the use of digital technology or by services coming together to reduce the duplication of time and effort for both for the patient and for professionals.

## **Personalisation**

We will also work with our partners to strengthen the personalisation of our services and embed approaches to ensure that our residents are in control of their care, supported to make informed choices and decisions, provide digital tools to aide self- management for people with a long-term condition and provide the choice of a personal budget if preferred.

## **Cancer**

Our focus for people with cancer will be to ensure that people are diagnosed early by their GP and treated promptly on the 62- day cancer treatment pathway. We will also work with partners in primary and secondary care in implementing the Faster Diagnosis Standard by April 2020.

## **Learning disabilities**

We are also ensuring that our provision of physical health checks and action plans for people with a learning disability in primary care is widely available and fully implemented. We would also ask the support of health and social care partners in making reasonable adjustments within their mainstream services so that people with learning disabilities and autism are able to access them.

## **Clinical Commissioning and Engagement Contract**

Peer review and audit of referrals by practices.



# Workstream and enabler interfaces with primary care: Unplanned Care

The **neighbourhoods** programme is a cross cutting system wide transformation that sits across the workstreams. The areas of neighbourhoods' development that will be driven by the unplanned care workstream are as follows:

- Working with the primary care enabler to support the development of PCNs; recognising that PCNs are the fundamental primary care building block of each neighbourhood
- Ongoing transformation of community health and care services to deliver neighbourhood services. Priorities for transformation are: adult community nursing, adult community therapies, adult social care, community mental health services, and dementia
- Implementation of an anticipatory care service, which will build on the proactive care services in primary care and will also include wider community partners
- Working with voluntary sector and borough partners to ensure that neighbourhoods provide the platform for addressing the wider determinants of health through a place based approach. This includes working with prevention workstream to implement an effective model of navigation

## **Integrated urgent care**

- Ensuring a direct referral route from 111 and/or 999 into all of our community based rapid response services including Paradoc, Integrated Independence Team (IIT) and Duty Doctor
- Work with the Homerton to continue to realise benefits from being the single Provider for both the Primary Urgent Care Centre and GP Out of hours' services
- Working with partners across Inner North East London (INEL) to scope the potential benefit for cross-borough provision of primary care out of hours' home visiting services
- Work with partners to continue to realise benefits from effective use of Co-ordinate My Care

## **Discharge**

- Continue to deliver effective primary care services to our nursing home residents, and consider whether the new PCN contract provides an opportunity to strengthen this

## Workstream and enabler interfaces with primary care: Children, young people and maternity

### **Maternity**

- We want to agree clear long-term pathways to support women to access Over The Counter (OTC) and prescription medicines throughout the antenatal and post-natal periods, working with Primary Care and Pharmacy
- We will continue to work through Primary Care and our VCS partners to ensure there is focussed early support, and a clear pathway for our most vulnerable women in their pregnancies, through enhanced checks and education
- We will work closely with our service users through our Maternity Voices Partnership, and wider mechanisms to focus on improving women's experiences of maternity care. This includes work with Primary Care around promoting choice

### **Children and young people**

- With Primary Care, we will recommission the Early Years' service recognising the reduction in available funding, and work to develop the coding of CYP with complex needs and including autism, ASD, and LD
- Linked to our wider City and Hackney Immunisations Plan, we will continue to work with the GPC and system partners to improve childhood immunisation coverage and childhood flu, utilizing the developing neighbourhood and Primary Care network structures

## Workstream and enabler interfaces with primary care: Mental Health

### IAPT

Will be expanding IAPT services in line with the NHSE increased access target of 25% by Q4 2020-21. We will continue to develop our IAPT specialist offer including LTC, autism, perinatal. We would like greater alignment between long term conditions psychology who currently sit outside the IAPT service and the IAPT services to ensure an integrated pathway. As a primary care based service IAPT will be a central part of the neighbourhood mental health offer for people with common mental health problems. The IAPT service will therefore need to be aligned to neighbourhoods and the new neighbourhood teams which are being funded through the NHSE Community Transformation funding. Neighbourhood working offers an opportunity for the service to develop greater links between physical health and the wider determinates of mental health wellbeing.

# Workstream and enabler interfaces with primary care: IT/Digital

- The CH Digital Enabler Board is responsible for a system-wide digital programme which includes the East London Patient Record (previously known as the Health Information Exchange) and a local Directory of Services (DoS)
- The CCG is responsible for the following core GP IT provision (outlined in a national PC Digital Services Operating Model):
  - clinical record system (locally EMIS web)
  - hardware (desktop PCs, printers)
  - software (eg Windows 10; Windows Server 2016; MS Office)
  - secure connectivity including Wifi
  - Patient online services including individual access to the patient record, ordering repeat prescriptions and making an appointment
  - NELCSU is the CCG's GP IT delivery partner (providing strategic advice, support services such as a service desk, engineers, etc)
  - Capital funding for GP IT is made available through NHS E
- The local GP IT Steering Group has oversight of the above and is also there to:
  - Facilitate high quality care
  - Improve safety/ risk management
  - Improve efficiency
  - Improve provider and patient satisfaction with services
- The STP is in the process of developing a digital strategy for primary care, informed by the local digital accelerator, to include remote consultations (phone, online/email and video), support required to embed remote consultations to become business as usual, primary care network infrastructure, etc. Publication date TBC. Local approach to development of remote consultations to be informed by local evaluation (expected Feb 2020)

# Workstream and enabler interfaces with primary care: Workforce

- The Workforce Enabler Board was established to integrate workforce planning across health and social care in City and Hackney. Its locus of work is currently around a number of programmes and initiatives funded mainly by the HEE but with some investment by the CCG. These activities include training sessions, mentoring and supervision programmes and the management of apprenticeships. The activities cover GPs, nurses, pharmacy assistants, HCAs and administrative staff associated with work within primary care. The activities are delivered through the Training Hub and have followed two tranches of funding.
- The planning landscape for people and talent is evolving across London and within North East London. There will be a People Board for both geographies. There is a need over the next few months to clarify and agree what is sensibly undertaken at the NE London level as opposed to the more local system level. In future monies will come from the HEE to the NEL STP and then to local training Hubs. There is an overriding need to improve collective sight of the current workforce as well as the more systematic planning of development.
- Each of the local systems have training hubs and they are constituted and operate differently. The training hub in Tower Hamlets is most developed with significant investment in its infrastructure by the sponsoring local stakeholders.
- Workforce data show local strengths in terms of numbers of GPs but there are distinct issues to do with the availability of local nurses and social care staff. City and Hackney shared some of the common characteristics of London for workforce pressures, which in turn are more intense than found outside London.
- There are important qualitative issues and these relate to how staff need to work differently within the emerging neighbourhoods on a multi-disciplinary basis to secure the effective integration of services and management of local population health and well being. This is less to do with staff numbers and more to do with culture and style of working across organisation boundaries.

## Workstream and enabler interfaces with primary care: Estates

- The aim is to own as much of the local primary care estate as possible
- Encourage LBH/CoL to acquire partner owned premises as these become available and work with the Council to maximise the use of their estate for primary care (ref London Councils recently published commitment to supporting the local primary care estate)
- Align local PC estates strategy with NEL estates strategy and emerging PCN estates plans
- Make full use of the PC estate by digitising all paper patient records
- Secure a fair share of CIL and S106 for PC estates
- Work with NHSPS to improve their service offer
- Support practices to apply for improvement grants (particularly now that from 1/4/20 100% grants are permissible)
- Plan for population growth
- Evaluate the impact of the PC digital strategy on the PC estate
- Support PCNs with their estates needs in relation to their developing plans as far as practicable
- Consider any new opportunities e.g. D1 space licensed for clinics, health centres etc, as they becomes available

# Sustainability and resilience

- The CCG is committed to maintaining C&H's 40 practices. It wants no unplanned closures of any of the 39 GP practices in Hackney and the one GP practice in the City. It does support the concept of practices mergers to further the aim of sustainability and resilience
- The CCG is committed to helping prevent unplanned closures by a commissioning a practice sustainability and resilience programme from the local GP Confederation (GPC). This is a continuation of the programme that was established under GP Forward View funding. The GPC will identify practices' need for resilience support and either delivery that support in-house or procure externally. Potential areas for support include:
  - Succession planning
  - Estates/lease issues
  - Workforce issues
  - Delivery of enhanced services
  - Responding to practice identified issues
- As primary care networks develop there is the potential scope for individual practices to share more back office functions and work collaboratively in more creative ways
- The CCG is committed to affording practices the headspace they need for internal planning and development. Currently practices can close for up to four half-days a year (cover provided by Duty Doctor contract) and will keep this under review



# Action plan 2019-24

The C&H CCG Primary Care Strategy action plan deals principally with issues that enable primary care to successfully address patient care. Therefore, for example, clinical ambitions and outcome targets do not feature in this plan per se.

Progress on the action plan will be updated annually and amended when necessary to respond to emergent challenges and developments in the evidence base that underpins its design.

Action plan domains:

- Primary care quality
- Workforce
- Public and patient involvement
- IT and Digital
- Estates
- Finance
- Education and training

### Primary Care Quality

Action	Start	Finish
New QI plan with refreshed QI contract and KPIs with the aim that all practices are supported to embed formal QI methods in their everyday work	01/12/19	30/06/20
One QI expert in place in each PCN	1/7/20	31/12/20
Practice e-declaration confirms ratio of WTE number of practice nurses per 100,000 patients is above London average	1/12/19	31/3/21
Practice e-declaration confirms ratio of WTE number of GPs per 100,000 patients is above London average	1/12/19	31/3/21
Overall patient overall experience of GP practice as measured by the GPPS is the same or above the national average	1/10/19	31/3/21
NEL or CCG level staff satisfaction tool in place	1/4/20	30/9/20
Undertake local staff satisfaction survey to establish baseline	1/10/20	31/12/20
Support PCN development – full utilisation of ARR allocation 2020/21	1/2/20	31/3/21
Support GP Confederation development - (measured against Federation Maturity Matrix) – agree plan for at scale provider development funding 2020/21	1/2/20	31/12/20
Work to support and improve continuity of care: establish a continuity working group to produce an agreed continuity improvement plan	1/4/20	31/12/20
Palace holder - Support in place for new PCN DES specs as they are introduced	TBC	TBC



### Workforce

Action	Start	Finish
Primary care workforce requirements and pipelines for recruitment and retention of primary care workforce in place (Metrics aligned with Workforce Enabler Group)	1/4/19	31/3/21
Practice-based and Neighbourhood volunteers programme pilot started – progress to first review point	1/11/19	31/12/20
Support in place for PCN physiotherapists – HUH employment model	1/2/20	31/03/21
Support in place for PCN pharmacists - CCG support and development programme	1/10/19	31/03/21
Support in place for PCN social prescribers - Family Action	1/10/19	31/03/21
Pace holder - Support in place for other roles as they emerge - recently agreed permitted roles include: -pharmacy technicians -care co-ordinators -health and wellbeing coaches -dietitians -podiatrists -occupational therapists	TBC	TBC

### Patient & Public Involvement

Action	Start	Finish
Work to support well-functioning practice PPG groups: PPG re-energisation pilot – progress to next review point	1/7/19	30/6/20
Patient feedback via e-platform (Care Opinion) - GP Confederation pilot evaluated	1/6/18	23/4/20
Further engagement work with adults of working age re access to primary care to inform future actions	TBC	TBC





IT and Digital		
Action	Start	Finish
2% of adults using the NHS App	30/09/20	30/09/20
5% of adults using the NHS App	31/03/21	31/03/21
All practices offering online consultation	1/4/19	30/6/20
Core primary IT provision – establish practitioner’s satisfaction benchmark	1/4/20	30/6/20
Measures practitioner satisfaction	1/7/20	31/3/21
All practices to have digitised and embedded patient’s paper records into EMIS	01/06/19	31/12/20

Estates		
Action	Start	Finish
Project and design team appointed for new build at Belfast Road for Spring Hill practice and renovation of The Portico for Lower Clapton Group Practice	01/7/19	30/4/20
Designs agreed for both practices	1/2/20	31/7/20

Finance		
Action	Start	Finish
Address unwarranted variation of core funding between GMS, PMS & APMS – establish task and finish group to review options	1/4/20	30/09/20
Progress APMS to GMS equalization plan with procurement of Trowbridge surgery on GMS equalized terms	1/4/20	31/03/21

Education & Training		
Action	Start	Finish
Continue to support the development and maintenance of high quality best practice through the clinical commissioning and engagement contract through annual refresh	1/9/20	31/3/21

# 2019/20 Budget

Service Area	Contract/Service Description	18/19 Forecast Outturn	19/20 Draft Plan	Comments
LOCAL ENHANCED SERVICES	CCE	1,232,211	1,232,211	Recurrent from CCG commissioning budget
	GPFV enhanced access*	1,094,837	1,634,720	Funding allocation confirmed by ELHCP
	Clinical Effectiveness Group (CEG)	176,000	176,000	Recurrent from CCG commissioning budget
	Quality Improvement	243,245	0	Non-recurrent from CCG commissioning budget
	Resilience	109,000	0	Non-recurrent from CCG commissioning budget
	Innovation Fund	58,594	0	Non-recurrent from CCG commissioning budget
	Practice Transformation support	41,755	0	Non-recurrent from CCG commissioning budget
	Practice Resilience - Lot 1	29,250	0	No local Resilience funding allocation in 19/20
	GP Retention Fund*	41,000	44,222	Funding allocation confirmed by ELHCP
	Tranche 1 & 2 Transformation Funding*	271,785	261,000	Funding allocation confirmed by ELHCP
	Practice Resilience - Lot 2	9,750	0	No local Resilience funding allocation in 19/20
<b>LOCAL ENHANCED SERVICES Total</b>		<b>3,145,642</b>	<b>3,348,153</b>	
GP FORWARD VIEW	Training Care Navigators and Medical Assistants*	53,949	53,199	Funding allocation confirmed by ELHCP
	GPFV extended access	164,000	0	
	On-Line Consultations Funding*	105,623	83,386	Funding allocation confirmed by ELHCP
	Optimisation and Engagement in GP Demand Management**	625,000		
<b>GP FORWARD VIEW Total</b>		<b>948,572</b>	<b>136,585</b>	
PC NETWORK DES	PC Network DES - £1.50 per head	0	485,279	Requirement five year GP contractual framework
<b>PC NETWORK DES Total</b>		<b>0</b>	<b>485,279</b>	
PRIMARY CARE IT	Primary Care IT - charges from CSU	820,000	820,000	Recurrent from CCG commissioning budget
	Data Hosting payable to CSU	10,000	10,000	Recurrent from CCG commissioning budget
	PCES services	58,000	58,000	Recurrent funding devolved from NHSE for commissioning PCES
	NHS WiFi maintenance	21,000	25,000	2018/19 In Year NHSE Allocation
	TQUEST	12,768	12,768	Recurrent from CCG commissioning budget
	EE Charges	72,000	74,974	Recurrent from CCG commissioning budget
<b>PRIMARY CARE IT Total</b>		<b>993,768</b>	<b>1,000,742</b>	
PRC DELEGATED CO-COMMISSIONING		46,282,335	49,506,000	6.97% uplift
<b>PRC DELEGATED CO-COMMISSIONING TOTAL</b>		<b>46,282,335</b>	<b>49,506,000</b>	
<b>Grand Total</b>		<b>51,370,317</b>	<b>54,476,759</b>	

\* Funding allocations confirmed by ELHCP but yet to be received by CCG

\*\* The CCG expects to receive a further £930,640 from NHSE via IAT in 2019/20.

## 2019/20 Primary Care Enabler Financial Position M9

Cost Centre Name	Contract/Service Description	Annual Budget	YTD Budget	YTD Actual Revised	YTD Variance	FOT Revised	FOT Variance
LOCAL ENHANCED SERVICES	CCE - LES GP Incentive	97,952	73,458	73,458	0	97,952	0
	CCE - LES GP Incentive	873,435	655,060	655,060	0	873,435	0
	CCE - LES GP Incentive	258,391	193,787	193,787	0	258,391	0
	Clinical Effectiveness Group (CEG)	176,000	132,003	132,003	0	176,000	0
	CCE - LES GP Incentive	2,433	1,822	1,822	0	2,433	0
	Primary Care Networks	485,279	363,438	363,438	0	485,279	0
<b>LOCAL ENHANCED SERVICES Total</b>		<b>1,893,490</b>	<b>1,419,568</b>	<b>1,419,568</b>	<b>0</b>	<b>1,893,490</b>	<b>0</b>
PRIMARY CARE IT	Primary Care IT - charges from CSU	533,000	399,739	399,739	0	533,000	0
	PCES services	58,000	43,499	43,499	0	58,000	0
	Data Hosting payable to CSU	10,000	7,500	7,500	0	10,000	0
	NHS WiFi maintenance	25,000	18,747	18,747	0	25,000	0
	Enhanced GP IT infrastructure and resilience arrangements	81,000	0	0	0	81,000	0
	TQUEST	12,768	9,576	9,576	0	12,768	0
	BT and EE Charges	74,974	56,231	56,231	0	74,974	0
	BT COIN contract	287,000	215,254	215,254	0	287,000	0
<b>PRIMARY CARE IT Total</b>		<b>1,081,742</b>	<b>750,546</b>	<b>750,546</b>	<b>0</b>	<b>1,081,742</b>	<b>0</b>
GP FORWARD VIEW	Optimisation and Engagement in GP Demand Management	22,000	12,778	12,778	0	22,000	0
	GPFV - Reception & Clerical - STP Funding	65,000	0	0	0	65,000	0
	GPFV - Practice Resilience - STP Funding	53,000	0	0	0	53,000	0
	GPFV - Online Consultation - STP Funding	101,000	0	0	0	101,000	0
	GPFV - GP Retention - STP Funding	44,000	0	0	0	44,000	0
	GPFV - At Scale Funding	244,000	59,167	59,167	0	244,000	0
	GP Demand Management	729,000	423,410	423,410	0	729,000	0
	GPFV - Access	1,635,000	1,226,250	1,226,250	0	1,635,000	0
	GPFV - Primary Care Networks-STP Funding	222,000	53,833	53,833	0	222,000	0
<b>GP FORWARD VIEW Total</b>		<b>3,115,000</b>	<b>1,775,438</b>	<b>1,775,438</b>	<b>0</b>	<b>3,115,000</b>	<b>0</b>
<b>Grand Total</b>		<b>6,090,232</b>	<b>3,945,552</b>	<b>3,945,552</b>	<b>0</b>	<b>6,090,232</b>	<b>0</b>



## Delegated commissioning of primary care: 19/20 headroom utilisation M9

### 2019/20 PCCC Headroom and Utilisations

	Total	Time line	Utilisation				Balance
	£		Q1	Q2	Q3	Q4	
<b>Headroom</b>	<b>4,099,660</b>		0	(25,519)	(1,311,332)	(2,750,264)	4,099,660
<b>Less: Repeated non-recurrent investments</b>							
Year 2 of the CCG's Lloyd George notes' digitisation programme	(1,000,000)	Q4			1,000,000		0
Atypical practices: additional workload in relation to patients whose first language is not English (same level of investment as 18/19)	(375,000)	Q4				375,000	0
Practice improvements budget - to be spent on improvements as identified by patients (maintain the level of investment as 18/19)	(275,000)	Q4				275,000	0
Local seasonal flu improvement programme	(120,000)	Q4				120,000	0
Salaried GP scheme	(182,743)	Q3			182,743		0
PCN pharmacists	(54,975)	Q4				54,975	0
PCN social prescribing link workers	(92,585)	Q3			46,293	46,293	0
Provision and support for PCTI Solutions Docman in City and Hackney	(26,400)	Q4				26,400	0
PPG re-energisation pilot	(139,666)	Q3 & Q4			62,722	64,400	(12,544)
Miscellaneous: Sorsby & Abney Dispersals	(100,000)				19,575	80,425	0
PCN Clinical Directors in shadow form from 20 May 2019	(25,519)	Q2		25,519			0
Volunteers in Primary Care	(450,749)	Q4				450,749	0
Proactive Care - GP Based	(330,108)	Q4				330,108	0
LD mini personal health budget pilot	(53,500)	Q4				53,500	0
Primary Care - Digital First (Risk assessed)	(255,570)					255,570	0
Primary Care - Digital First (In year mitigation)	255,570					(255,570)	0
<b>Total Repeated non-recurrent investments</b>	<b>(3,226,245)</b>		<b>0</b>	<b>25,519</b>	<b>1,311,332</b>	<b>1,876,849</b>	<b>(12,544)</b>
<b>Less: Headline proposals for new non-recurrent investments</b>							
Workforce/education proposal from PCN(s)	(168,000)	Q4				168,000	0
Quality Improvement Programme	(300,000)	Q4				300,000	0
Sustainability and resilience programme (MPIG and PMS Premium) (£466,000 in 18/19)	(405,415)	Q4				405,415	0
<b>Total Headline proposals for new non-recurrent investments</b>	<b>(873,415)</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>873,415</b>	<b>0</b>
<b>Headroom Forecast Outturn</b>	<b>0</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,087,116</b>

#### Notes:

Primary Care - Digital First transfer to H&F CCG by an IAT deduction £1,217k at M9. The majority relating to other program areas (Acute, Prescribing, Mental Health, NCA's), with only 21% relating to PC.

Two proposals – First Contact Physio (£262k) and PCN Resilience (£160k) – are going to February's PCEG for endorsement to be funded from the workforce/education (£168k) and QI/resilience (£300k) budget lines.

# NHS Long Term Plan and PCNs – local progress

- All 8 C&H PCNs established which map directly onto Neighbourhoods; clinical directors appointed
- PCNs are delivering the extended access DES
- PCNS have recruited 8 social prescriber link workers (SPLW) and 7 clinical pharmacists
- Local PCN workforce baseline agreed and submitted
- PCNs are already receiving DES payments paid via the GP Confederation
- CCG providing additional funding to recruit SPLW on 12-month contract; costs of management overheads on these posts incurred by Family Action also funded from headroom
- Headroom funding support and development package for clinical pharmacists
- Further financial support potentially available via headroom for First Contact Physios – paper going to Feb 2020 PCCC for approval (led by Planned Care)
- PCNs have self-assessed their maturity against a national index and have worked out their development needs – with national funding of £222k to support this
- Unplanned care workstream (UCW)/Neighbourhood programme is leading on supporting PCNs to establish themselves within the local integrated care system; workshop and introduction to systems leaders event held 25/9/19
- Mark Golledge led CCG system wide response to draft service specs
- STP PCN Expo held 22/1/22
- C&H Public Health Dept. (Sandy Miller) has provided all PCNs in NEL with a network profile; working with Coplug/SiDM to develop further



## Delegated commissioning of primary care: 19/20 headroom utilisation – Project status (1)

### Lloyd George notes digitisation

Following the successful completion of the pilot at Lower Clapton Group Practice, the CCG took the decision in December 2019 to contract with Egton for digitisation of records at all local practices.

However, feedback from the pilot and quality standards stipulated by NHSE&I in documentation to support Wave 2 of their London-wide pilot fed into a negotiation through which Egton agreed to improve their offering by:

- Agreeing a maximum eight week timeframe between collections of boxed medical records from the practice to return of digitised notes to the practice for quality checking. This is intended to minimise administrative pressure on practices arising from patient turnover and associated transfer of notes, and data requests/SARs during the period that the notes are off-site;
- Agreeing that scanned records will now have Optical Character Recognition (OCR) applied. This was not a feature previously offered by Egton but was stipulated as a minimum standard in documentation for Wave 2 of the NHSE&I London region pilot. This was agreed for an additional 10p per record. Egton have also agreed that this can be applied retrospectively to scanning already completed at Lower Clapton.

Communications sent out to all practices in Dec with several responding immediately. Weekly project calls are scheduled with Egton's digitisation PM (a project status summary is included on the following slide).

Two issues that have been raised by practices are the need for an ongoing service to scan the records of new registrants and licences for PDF editing software to allow the practice to extract specific clinical correspondence from the larger scanned LG file. The CCG are currently exploring how these needs can be met through use of the budget underspend.

Digitisation budget 18/19	£1,058,953
Digitisation budget 19/20	£1,000,000
<b>Total budget</b>	<b>£2,058,953</b>
Committed (Jan 2020)	£1,950,799
<b>Remaining budget</b>	<b>£108,154</b>

Practice Name	Current Status	RAG Status	Acknowledgement Form Received	Practice Specified Start Date	Forecasted Collection Month	Contact Notes
Hoxton Surgery	Boxes Ordered	Amber				05/02 - Ready for boxes to be ordered. Awaiting Acknowledgement Form submission. Chaser email sent. Delay in box orders.
Cranwich Road Surgery	Boxes Ordered	Amber	20/01/2020	13/02/2020	March	06/02 - Patient records are not summarised. Boxes ordered. To be delivered 11/02/2020.
Beechwood Medical Centre	Boxes Ordered	Amber	07/01/2020	27/01/2020	March	06/02 - Patient records are not summarised. Practice want to start the process on 27th Jan. Delay in box orders practice have been notified. Box's set to be delivered 07/02.
The Clapton Surgery	Boxes Ordered	Green	03/02/2020	23/04/2020	June	04/02 - Acknowledgement Form received. Boxes to be ordered for 23rd April.
Shoreditch Park Surgery	Boxes Ordered	Green	15/01/2020	10/02/2020	March	06/02 - Boxes ordered. Practice to start process 10/02. Boxes to be delivered on 11/02.
Sandringham Practice	Boxes Ordered	Amber	02/01/2020	15/01/2020	February	29/01 - Box delivery on 15th was delayed. Boxes have been reordered.
Greenhouse GP Surgery	Initial Engagement Made	Green				29/01 - Awaiting Acknowledgement Form submission. 2nd chaser email sent.
The Wick Health Centre	Initial Engagement Made	Green				29/01 - Awaiting Acknowledgement Form submission. 2nd chaser email sent.
The Riverside Practice	Initial Engagement Made	Green				29/01 - Awaiting Acknowledgement Form submission. 2nd chaser email sent. Practice contact currently on leave.
The Neaman Practice	Initial Engagement Made	Green	06/02/2020	01/07/2020	August	06/02 - Acknowledgement Form received. Practice happy with boxes
Barretts Grove Surgery	Initial Engagement Made	Green				29/01 - Awaiting Acknowledgement Form submission. 2nd chaser email sent.
The Lea Surgery	Initial Engagement Made	Green				29/01 - Practice reviewed Acknowledgement Form. Waiting on submission.
The Statham Grove Surgery	Initial Engagement Made	Green				29/01 - Awaiting Acknowledgement Form submission. 2nd chaser email sent. Practice working on plan.
Queensbridge Group Practice	Initial Engagement Made	Green				29/01 - Awaiting Acknowledgement Form submission. 2nd chaser email sent.
The Heron Practice	Initial Engagement Made	Green				29/01 - Awaiting Acknowledgement Form submission. 2nd chaser email sent.
Allerton Road Medical Centre	Initial Engagement Made	Green				29/01 - Awaiting Acknowledgement Form submission. 2nd chaser email sent.
Rosewood Practice	Initial Engagement Made	Amber	17/01/2020	28/02/2020	April	06/01 - Acknowledgement Form received. Waiting on confirmation of boxes. Practice indicated they are 'Not Sure' to Patient records being summarised. Boxes to be ordered 17/02
De Beauvoir Surgery	Initial Engagement Made	Amber	03/10/2019			27/01 - Aqueel advised he is waiting on a decision being made on when they can start
Athena Medical Centre	Initial Engagement Made	Green	06/02/2020	23/03/2020	May	06/02 - Acknowledgement Form received. Patient records not summarised. Box confirmation email sent.
Elm Practice	Initial Engagement Made	Green	16/01/2020	20/04/2020	May	22/01 - Maxine advised she is ready for boxes to be delivered in April.
Dalston Practice	Initial Engagement Made	Green				29/01 - Awaiting Acknowledgement Form submission. 2nd chaser email sent. Practice contact email showing as undeliverable for emails.
Well Street Surgery	Initial Engagement Made	Green				29/01 - Awaiting Acknowledgement Form submission. 2nd chaser email sent.
The Gadhvi Practice	Initial Engagement Made	Green				29/01 - Awaiting Acknowledgement Form submission. 2nd chaser email sent.
The Lawson Practice	Initial Engagement Made	Green				29/01 - Awaiting Acknowledgement Form submission. 2nd chaser email sent.
Barton House Group Practice	Initial Engagement Made	Green				29/01 - Instruction pack email sent 30th Dec. Awaiting Acknowledgement Form submission. Chaser email sent. Blessing would like to speak to the CCG in regards to purchasing PDF Adobe so she can edit previous misfiling
Stamford Hill Group Practice	Initial Engagement Made	Green				29/01 - Awaiting Acknowledgement Form submission. Patient files are stored off site with Restore Records Management. Restore happy to complete the manifest for practice. Restore Digital confirmed barcodes would work the same.
Kingsmead Healthcare	Initial Engagement Made	Green				29/01 - Awaiting Acknowledgement Form submission. 2nd chaser email sent. Practice contact on leave till 14th February
London Fields Medical Centre	Initial Engagement Made	Green				29/01 - Awaiting Acknowledgement Form submission. 2nd chaser email sent.
Spring Hill Practice	Initial Engagement Made	Green				29/01 - Awaiting Acknowledgement Form submission. 2nd chaser email sent.
Somerford Grove Practice	Initial Engagement Made	Green	14/01/2020	05/02/2020	March	04/02 - Acknowledgement Form received. Box Order placed.
Trowbridge Surgery	Initial Engagement Made	Green				29/01 - Awaiting Acknowledgement Form submission. 2nd chaser email sent.
Richmond Road Practice	Initial Engagement Made	Green	30/01/2020	20/04/2020	May	29/01 - Acknowledgement Form received. Awaiting box order confirmation
Healy Medical Centre	Initial Engagement Made	Green				29/01 - Awaiting Acknowledgement Form submission. 2nd chaser email sent.
Cedar Practice	Initial Engagement Made	Green	31/01/2020	01/04/2020	May	31/01 - Acknowledgement form received. Box confirmation sent.
Brooke Road Surgery	On Hold	Red	09/09/2019			31/01 - Unsure if the practice are wanting to proceed. Practice are going to see Lower Clapton to see how the digitisation process has worked for them.
Southgate Road Surgery	Packing In Progress	Amber	09/10/2019	13/11/2019	January	21/01 - 85 boxes were collected on 15/01
Elsdale Street Clinic	Packing In Progress	Green	31/12/2019	23/01/2020	March	06/02 - 230 boxes being delivered on 24th Jan so that the practice can start packing at the weekend and 'train' their teenage packers. Courtesy email sent to see how practice are getting on with packing.
Latimer Health Centre	Packing In Progress	Green	02/01/2020	12/01/2020	March	06/01 - Practice in process of packing. Courtesy email sent to see how practice are getting on with packing.

## Delegated commissioning of primary care: 19/20 headroom utilisation – Project status (3)

### **Atypical practices/practice improvement budgets variation**

- Contract variation documents issued to all practices in January 2020;
- 34/40 practices have returned the signed document and payments for the PPG allocation are now being processed.

### **Reenergise C&H PPGs by building capacity, confidence and trust**

- Initial four month phase of the project encompassing intensive support for practices in the Hackney Downs PCN now reaching completion;
- Discussions at first contract review meeting highlighted that new approaches to PPG meetings are just starting to become embedded. As such the PCEG has been asked to support continuation of the support to cohort one.

### **Local seasonal flu improvement programme**

- Specification agreed by PCCC in September 2019;
- All 40 practices participating;
- 'Flu uptake data currently indicates that measures incentivised in the specification have not been wholly successful but evaluation reports submitted by practices at the end of the 'flu season will help the CCG understand why this is.

### **Volunteers in Primary Care**

- Elsdale, Somerford Grove and Spring Hill practices chosen to take part in the first wave of the pilot which will start April; meanwhile Hackney Volunteer Centre is recruiting three volunteer coordinators

## Delegated commissioning of primary care: 20/21 headroom draft plan

- Core CCE Contract: £1,232k (£1,232 returned to CCG Commissioning Budget)
- Extra funding into ethnicity component of the CCE Contract: £375k
- Practice improvement budget – variation to CCEC (with the focus changed to practice improvement and prevention budget in line with prevention investment standard): £275k
- Salaried GP scheme with the GPC: £183k
- Underwrite PCN development monies £224k
- Misc (dispersals etc): £100k
- Sustainability and resilience (MPIG and PMS Premium rebate): fixed minimum of £300k
- Continuation of DPO service to practices - £55k
- PCN DES - new roles/other
- PCN DES “London weighting” for additional roles (where needed)
- Next phase of the PPG re-energisation work
- QI programme with the GPC and/or resilience with the GPC
- Children, young people and maternity workstream: childhood imms
- AccuRX inc additional functionality
- Voice recognition software
- Churn
- Redaction for SARs – ?iGPR?
- Training for lead GPs/IG leads/Caldicott Guardians to support/facilitate online access to medical records
- Needs identified in the patient voice section of the PC strategy
- Standardised websites
- Counselling
- Advocacy
- Continuity
- Safeguarding
- Pick up of GPFV funded programmes inc GP and other staff mentoring programmes
- Additional investment in the prevention domain of the CCEC
- Digital first primary care cost pressures from national review
- Fulltime safeguarding nurse (ref B&D nurse consultant role)
- **TOTAL = £4,355k (estimated)**



# Last 6 months

- Produced first draft and commenced consultation on local PC strategy action plan
- Finalised and agreed plan for spending 19/20 PC budgetary headroom; now entirely committed
- Support to local PCNs:
  - Agreed baseline for additional roles
  - Provided headroom funding for CD to come into post 6-weeks early (£26k)
  - Provided headroom funding for extra management support from family Action for social prescribing link workers (£93k)
  - Provided headroom funding for support and development of clinical pharmacists (£55k)
  - Agreed PCN development plans utilising £222k national allocation
- Agreed and commenced ambitious programme for Volunteering in General Practice with the Hackney Volunteers Centre
- Agreed new GPFV funded contracts with the GPC:
  - Training and development programme for receptionists, clerical staff, supervisors and deputy or assistant managers (including motivational interviewing training)
  - Supporting GP Retention – GP Mentoring
  - Mentoring for Primary Care Staff
- Following a successful pilot have agreed a contract with Egton for the digitisation of LG notes for the entire CCG area
- Progressed project to migrate primary care services to HSCN connectivity. Remaining sites subject to delay with HUHFT migration and appropriate permissions from NHS PS
- Carried out CCE midyear reviews and approx. 70% of core contract reviews
- Issued two variations to the CCE contract equating to £720K of additional investment
- Developed a 'Flu Uptake pilot in collaboration with PCN CDs
- Successfully dispersed Abney House patient list following closure
- Worked with Charlotte Painter and the ILDS team to develop and fund a mini-personal health budget pilot
- Discussed long list of idea to be funded from 2020/21 headroom with GP Forum

# Next 6 months

- Finalise PC strategy and action plan and commence implementation
- Continue to work with the Neighbourhood development sub-group of the Unplanned Care Workstream (via monthly meetings) to support the development of PCNs to ensure they are in a position to deliver enhanced services from April 2020
- Finalise specification for 20/21 CCE contract and issue to practices
- Undertake yearend assurance process for 19/20 CCE contract
- Complete core contract reviews with practices and report findings to the PCCC
- Hold NELCSU to account against plans for 19/20 capital deployment (inc additional capital from ETTF); ensure NHSE&I deadline for upgrades to Windows 10 (June 2020) is met
- Complete HSCN migration
- Test video consultations during extended access hours (collaborating with and sharing the learning with NEL colleagues)
- Finalise the 20/21 headroom spending plan and implement
- Develop a shadow primary care sub-committee of the ICB
- Start reprocurement process for Trowbridge APMS contract which expires 31/3/21



# GP Forward View (GPFV)

In April 2016, the General Practice Forward View (GPFV) set out NHS England's approach to strengthening general practice, including increased investment in a key areas such as practice resilience and efficiency, workforce, estates and technology. Over the subsequent two years, the CCG has overseen this investment locally.

## Resilience

City and Hackney GP Confederation (GPC) were commissioned by the CCG to deliver a programme of support to practices that, for a variety of reasons, are struggling. The initial two year contract has now expired but some of the budget remains and has been supplemented by a further £23K of GPFV funding in 19/20. The GPC's Audit Committee has developed principles to aid consistent decision making on the approval of resilience funding requests, aimed at ensuring that resources are distributed equitably across practices and that they don't duplicate funding from other sources (i.e. core contract or other local schemes).

Additionally, the GPC have now developed a standard MOU which all successful applicants for resilience monies are asked to sign ahead of funding being transferred.

There are currently 18 active schemes on the GPC resilience fund plan. For approved schemes the GPC has appointed a supplier, Primary Care Commissioning CIC, to help practices in a numbers of areas including support to agree long-term leases, retirement and succession planning, and deep-dives into back office functions.

In addition, some of this year's £23k is being used to work up a case for a CCG-wide PC staff bank. The CCG has communicated what the business case should include and the GPC have set up an internal steering group to oversee its development. A focus group containing six local practice managers was convened in December to discuss key topics and questions in relation to how the staff bank may work.

## Quality Improvement (QI)

The CCG and GPC continue to work together to develop a plan for the utilisation and expansion of local QI resource. This will involve using the existing team of ten QI trained local PC staff to support more local staff to develop and adopt a QI approach.

While the plan is being developed the GPC continue to:

- Offer training in a suite of AT Medics GP efficiency systems (EZ-Doc – clinical correspondence, EZ-Nav – active signposting, clinical buddying);
- Develop a QOF QI toolkit;
- Engagement with NHSE&I Time For Care programme.

## Workforce

GPC proposals for GPFV funding for reception and clerical training were approved by the PCEG in October 2019, covering a wide range of development opportunities and mentoring schemes for other (non-GP) PC staff.

Additionally, PC budgetary headroom funds continue to be used for workforce initiatives including continued funding of the salaried GP scheme, training and support for PCN clinical pharmacists, and meet excess management costs for PCN social prescribers provided via existing contract with Family Action.



# Improved Access to General Practice

The Neighbourhood based Enhanced Access 8-8 service commenced from April 2019. It is block contract with a budget £1,347,071 non-recurrent funding. HLP via the STP awarded the CCG £1,634,720 of non-recurrent funding. The additional £287,649 non recurrent funding will be used to fund additional capacity/service improvements as agreed by the local extended access steering group; the latter may include a video consultation pilot. KPI performance for Q1-Q3 can be found in the table below.

Ref	KPI	Threshold	Confederation achievement
15.1	Deliver additional primary care activity per annum to meet or exceed 30 minutes per 1,000 population (+ 3% to account for in-year growth) a week Registered population at 31/12/2018 is 322,712 (332,393 with 3% uplift for growth)	>518,533 minutes p.a. (126,633 per quarter)	Q1 – 27.7 minutes per 1000 patients Q2 – 29.9 Q3 – 30.4
15.2	Deliver minimum of 34,569 consultations p.a.	>34,569 consultations p.a. (8,642 per quarter)	Q1 – 7,733 consultations delivered Q2 – 8,461 Q3 – 8,673
15.3	At least 70% of appointments to be delivered by a GP	70%	Q1 – 79.5% delivered by a GP Q2 – 79% Q3 – 81%
15.4	GPC report evidencing that all appointments are open to all C&H registered patients (where clinically appropriate)	Practice level report evidencing 100% compliance; including proportion of appts used by patients of host practices and other practices/111 etc	In Q3 39 out of 40 practices used the service, the exception is the Greenhouse.
15.5	GPC report evidencing that all GP practices are aware of, are promoting and offering a referral into this service	Practice level report evidencing demonstrating 100% compliance; report to include evidence of practice awareness and practice promotion	In Q3 39 out of 40 practices used the service, the exception is the Greenhouse.
15.6	Practices are required to code offers of referrals into the service which have been declined by the patient as evidence that the practice is offering the service (code 'declined extended access appointment')	Practice level report evidencing demonstrating 100% compliance; report to include but not be limited to coded data	100% compliance Q1 – Q3
15.7	At least one hub staffed by a GP from 8am to 8pm each bank holiday in 2019/20 Q1: 19.04.2019, 22.04.2019, 06.05.2019,27.05.2019 Q2: 26.08.2019 Q3: 25.12.2019, 26.12.2019 Q4: 01.01.2020	100%	Q1 – 100% bank holidays covered Q2 – 0% Q3 – 75%
15.8	Utilisation of total number of appointments to meet or exceed 90%	90% (remedial action plans will be developed if standard not met)	Q1 – 80% utilisation Q2 – 77% Q3 – 70%



# Demand Management in Primary Care

Phase two of the CCG's demand management contract with the GP Confederation is now in its second year. This is the continuation of a programme of work to test a number of digital demand management interventions and is now funded through the Estates and Technology Transformation Fund (ETTF). The Confed offer to practices under the scheme include:

## Online Consultations

Funding continues to be available for practices to offer online consultations using one of three software platforms. Some practices are currently in the process of changing software platform, but when current deployments are complete 30 practices will be offering the service with 80% population coverage. The [new five year framework for GP contract reform](#) indicates that it will be a contractual requirement for practices to offer online consultations from April 2020.

An evaluation framework was agreed with the GPC in October 2019, but to date only two practices have signed up to participate, despite this being incentivised. It is extremely important that as many practices offering OC funded through this scheme participate so we can effectively evaluate the impact.

OC Platform	Live practices	In deployment	No. of OC submitted last 12m*
eConsult	7	0	1,901
Egton	16	5	1,684
AskMyGP	1	1	Data unavailable

\*Platforms offer slightly different services so figures are not necessarily comparable. Table is aimed at giving an overview of activity (which is low!)

## Telephone booking software

29 practices have now signed up for software which interfaces with EMIS and telephone systems to allow patients to book/amend/cancel appointments 24/7 through an automated system. Eight practices are live, a further 21 practices have orders placed and are various stages of deployment. The CCG has also agreed to pay some development costs for an expansion of management data items being reported in relation to telephone booking software which will improve our ability to evaluate the impact. This bespoke report will be available from February 2020.

## EMIS Programme Lead

The EMIS integration role has been in post since August 2019. She has carried out an initial meeting with 75% of local practices and has delivered 35 training and support sessions to develop practice IT specialists, and help with integration of software into practice systems and ways working.

## Estates & Technology Transformation Funding

In early Q2 we were asked to input into an ETTF review of committed revenue funds, which involved confirming whether any agreed funding could be re-phased to be spent in the 2020/21 financial year. Around £400K of 19/20 funding was intended for business change and facilitation posts to help integrate systems to help improve the primary and secondary care interface, to be hosted by HUHFT. As the details of some of these roles are yet to be clearly defined and work is required on the infrastructure of the systems to which the roles pertain, the CCG indicated to the ETTF PMO that £166,786 could be re-phased to 20/21 without posing a significant risk to delivery.

As a result the CCG received a reduced IAT of £729,000 in September once the review was complete and a further £22,000 in November; at total of £751,000 in 19/20. The ETTF PMO have indicated that a further £202,000 has been re-phased to 20/21. This exceeds the initial approved amount so the PCEG will seek clarification.

Year	Approved Funding	Adjusted phasing
2018/19	£624,978.58	£625,000
2019/20	£930,640.03	£751,000
2020/21		£202,000*
<b>Total</b>	<b>£1,555,618.61</b>	<b>£1,578,000*</b>

# Work with Estates Enabler Group

Primary care are working closely with CCG estates leads and colleagues from LBH to both rationalise use of clinical space for which the CCG is responsible and address long-standing issues with the viability of specific primary care premises. The key areas of work are as follows:

- Progressing re-location of two practices to sites re-developed using LBH capital: The Portico for Lower Clapton Group Practice and Belfast Road for Spring Hill. LBH have set up a quarterly PC Capital Projects Board to oversee these projects and are currently seeking to recruit a project manager;
- Development of a business case for a Hoxton Surgery to open a branch in a new D1 build nearing completion at 167-169 Kingsland Road. Business cases funded from unallocated S106 monies;
- LBH are engaging the Tenants and Residents Association (TRA) and superior landlord at Trowbridge Practice with a view to extending the practice premises to provide four new rooms. This is still in the early stages with further engagement with the superior landlord required;
- New D1 space has become available in Woodberry Down, which is a potential new home for a practice or for wider PCN services. LBH are currently seeking to arrange a viewing with local PCN clinical director;

The HSJ recently reported that there is increasing interest in all London local authorities who are calling for a more collaborative approach to planning for GP premises and increased devolution of NHS capital funding.

The CCGs estates team is leading on working with Council planning colleagues to unlock CIL and S106 investment for primary care estates.

## CCG Improvement and Assessment Framework (CCG IAF) 2019/20

Area	Indicator	Data source	Time Period	Current position (C&H)	NEL	London	England
New service models	Patient experience of GP services	Ipsos-Mori GP patient Survey (GPPS)  <a href="https://gp-patient.co.uk/surveys-and-reports">https://gp-patient.co.uk/surveys-and-reports</a>	Current position Jul 2019	82.9%	76.7%	80.3%	82.9%
	Patient experience of getting an appropriate GP appointment – Placeholder 19/20	The work to develop the specific metric will be taken forward as part of the National Access Review	TBC				
	Utilisation of the NHS e-referral service to enable choice at first routine elective referral (joint responsibility with Planned Care)	e-RS reporting and HES data	July 2019	99.9%	99.9	99.9%	99.8%
Quality of care and outcomes	Provision of high quality care: primary medical services	CQC Ratings	Q1 2019/20	67	64	65	66
Leadership and workforce	Primary care workforce Number of GPs, practice nurses and direct patient care (FTE) per 1000 <u>weighted</u> patients by CCG	NHS Digital workforce statistics	As at 31 Mar 2019	1.01 P1000P	0.88 P1000P	0.90 P1000P	1.04 P1000P

NHS introduced the CCG IAF in 2016/17, replacing the CCG Assurance Framework to take an enhanced and more central place in the overall arrangements for public accountability of the NHS.

It aligns with key objectives and priorities in the NHS following the publication of the Five Year Forward View.

The table to right summarises latest C&H performance against indicators relating to primary care.

Indicators for primary care access associated with EA Hubs and relating to the £3 GPFV investment have been removed from the 19/20 framework

# GPPS – STP data packs (1)

Ipsos Mori recently produced several packs comparing GPPS responses for CCGs across STP footprints. The following two slides contain highlights from the ELHCP pack

## Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'

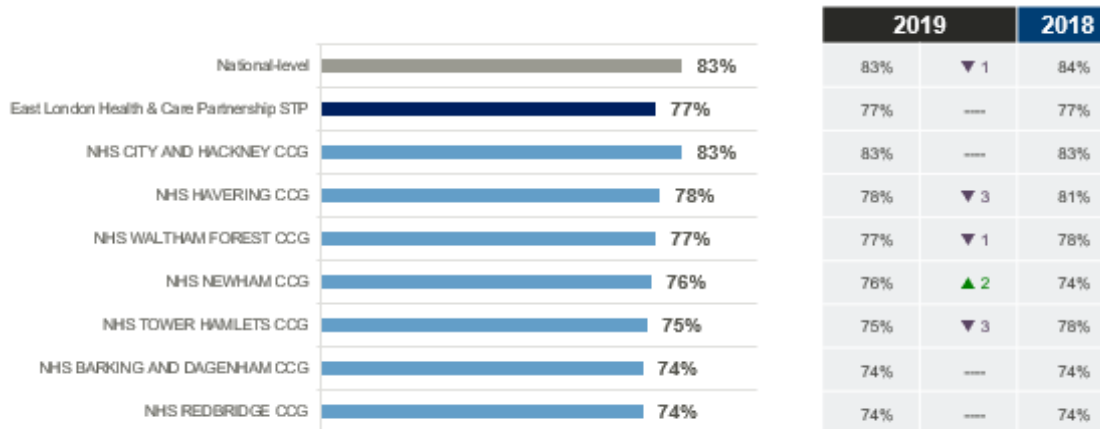


Overall experience of GP practice  
% Good



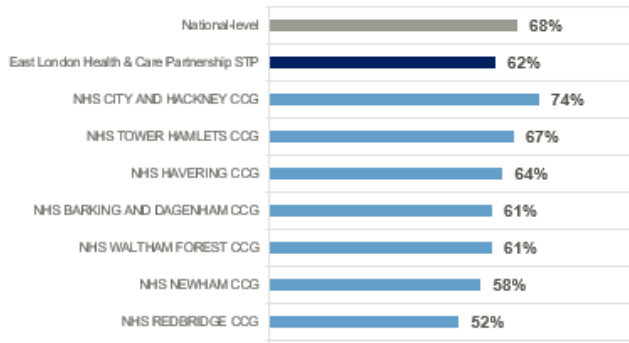
CCG results range from

**74%**  
to  
**83%**



**City and Hackney**  
Clinical Commissioning Group

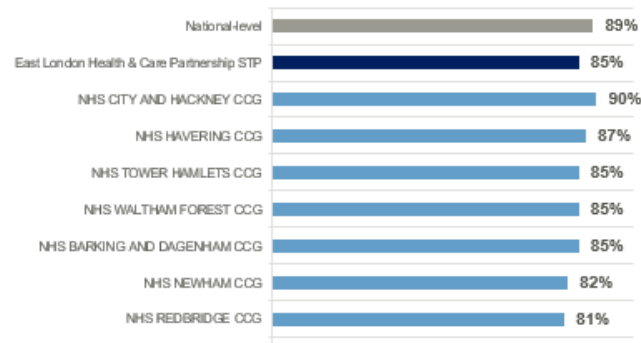
# GPPS – STP data packs (2)



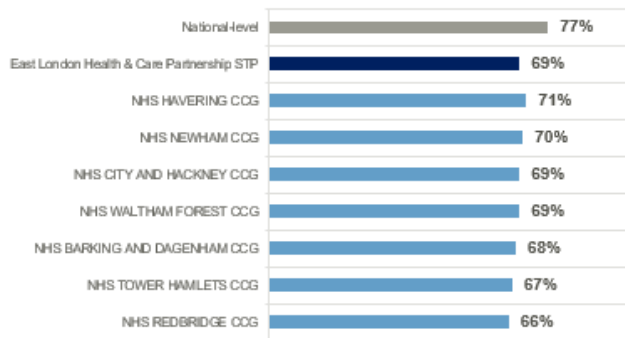
	2019		2018
National-level	68%	▼ 2	70%
East London Health & Care Partnership STP	62%	▼ 1	63%
NHS CITY AND HACKNEY CCG	74%	▼ 2	76%
NHS TOWER HAMLETS CCG	67%	▼ 4	71%
NHS HAVERING CCG	64%	▼ 2	66%
NHS BARKING AND DAGENHAM CCG	61%	▼ 3	64%
NHS WALTHAM FOREST CCG	61%	---	61%
NHS NEWHAM CCG	58%	▲ 2	56%
NHS REDBRIDGE CCG	52%	---	52%

Generally, how easy is it to get through to someone at your GP practice on the phone?

How helpful do you find the receptionists at your GP practice?



	2019		2018
National-level	89%	▼ 1	90%
East London Health & Care Partnership STP	85%	---	85%
NHS CITY AND HACKNEY CCG	90%	▼ 1	91%
NHS HAVERING CCG	87%	▼ 2	89%
NHS TOWER HAMLETS CCG	85%	---	85%
NHS WALTHAM FOREST CCG	85%	---	85%
NHS BARKING AND DAGENHAM CCG	85%	▲ 2	83%
NHS NEWHAM CCG	82%	▲ 1	81%
NHS REDBRIDGE CCG	81%	---	81%

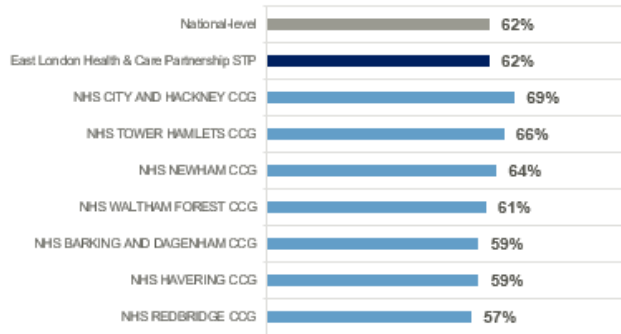


	2019		2018
National-level	77%	▼ 1	78%
East London Health & Care Partnership STP	69%	---	69%
NHS HAVERING CCG	71%	---	71%
NHS NEWHAM CCG	70%	▲ 1	69%
NHS CITY AND HACKNEY CCG	69%	▼ 4	73%
NHS WALTHAM FOREST CCG	69%	---	69%
NHS BARKING AND DAGENHAM CCG	68%	▼ 1	69%
NHS TOWER HAMLETS CCG	67%	▼ 2	69%
NHS REDBRIDGE CCG	66%	---	66%

How easy is it to use your GP practice's website to look for information or access services?



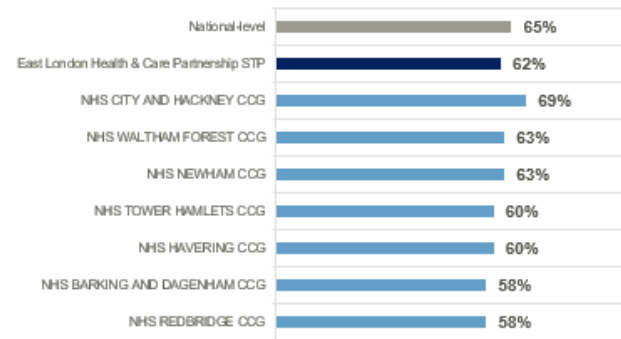
# GPPS – STP data packs (3)



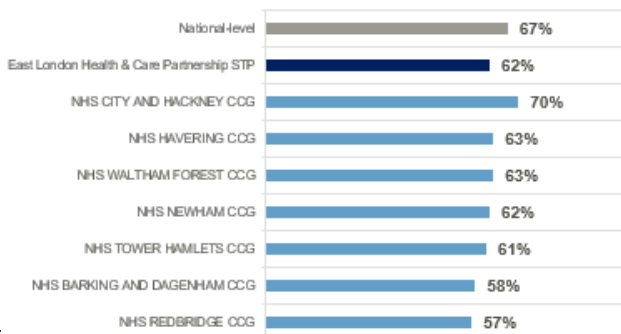
	2019		2018
National-level	62%	---	62%
East London Health & Care Partnership STP	62%	▼ 1	63%
NHS City and Hackney CCG	69%	▲ 2	67%
NHS Tower Hamlets CCG	66%	▼ 1	67%
NHS Newham CCG	64%	▲ 1	63%
NHS Waltham Forest CCG	61%	---	61%
NHS Barking and Dagenham CCG	59%	▼ 2	61%
NHS Havering CCG	59%	▼ 2	61%
NHS Redbridge CCG	57%	---	57%

On this occasion (when you last tried to make a general practice appointment), were you offered a choice of appointment?

How satisfied are you with the general practice appointment times that are available to you?



	2019		2018
National-level	65%	▼ 1	66%
East London Health & Care Partnership STP	62%	▼ 1	63%
NHS City and Hackney CCG	69%	▼ 1	70%
NHS Waltham Forest CCG	63%	▼ 2	65%
NHS Newham CCG	63%	▲ 1	62%
NHS Tower Hamlets CCG	60%	▼ 3	63%
NHS Havering CCG	60%	▼ 2	62%
NHS Barking and Dagenham CCG	58%	▼ 5	63%
NHS Redbridge CCG	58%	---	58%



	2019		2018
National-level	67%	▼ 2	69%
East London Health & Care Partnership STP	62%	▼ 2	64%
NHS City and Hackney CCG	70%	▼ 3	73%
NHS Havering CCG	63%	▼ 2	65%
NHS Waltham Forest CCG	63%	▼ 1	64%
NHS Newham CCG	62%	▲ 2	60%
NHS Tower Hamlets CCG	61%	▼ 4	65%
NHS Barking and Dagenham CCG	58%	▼ 3	61%
NHS Redbridge CCG	57%	▼ 1	58%

Overall, how would you describe your experience of making an appointment?



City and Hackney  
Clinical Commissioning Group

# Care Quality Commission (CQC)

The current inspection model gives practices an overall rating, but also rates them against five key questions: Is the practice Safe? Effective? Caring? Responsive? Well-led?

Full reports published on the CQC website also give ratings for practice management of specific patient cohorts such as people with long-term conditions or people experiencing poor mental health. From April 2019 the CQC have made slight changes to how they monitor GP practices. For practices rated good or outstanding they intend to inspect at least every five years. Every year they will carry out an annual regulatory review (ARR) of information they hold about a practice to assess whether the quality of care at a practice has changed. ARR's will highlight areas for more focused inspections (covering one or two of the key questions listed above) where necessary.

**All but one C&H practice are rated at least GOOD. Greenhouse is rated OUTSTANDING.** Most recent NEL ratings are shown below:

CCG	Inadequate	Requires improvement	Good	Outstanding	Total	% below Good
NHS Barking and Dagenham CCG			4	30	34	12%
NHS City and Hackney CCG			1	38	40	3%
NHS Havering CCG	2			40	42	5%
NHS Newham CCG	4		4	36	45	18%
NHS Redbridge CCG			3	37	40	8%
NHS Tower Hamlets CCG				31	34	0%
NHS Waltham Forest CCG	1		4	34	39	13%
<b>Total</b>	<b>7</b>	<b>16</b>	<b>246</b>	<b>5</b>	<b>274</b>	<b>8%</b>



# C&H PC Workforce: headlines

**GPs:** In top decile of England CCGs with 66 FTE/100k pop; ranked second in London; FTE rates have been steadily increasing since 2015; 21% aged >55yrs (bottom 4<sup>th</sup> quartile nationally)

**Admin/nonclinical:** All London CCGs in bottom tertile (why?); CH rates increasing since 2015 to 94/100k pop but ranked 15 out of 100; 26% aged 55+ which is relatively good (ranked 6 out of 100)

**Direct patient care:** All London CCGs ranked in bottom half of country and absolute numbers are low; slight upward trend since 2015 to 15/100k pop; 18% aged <55yrs

**Nurses:** All London CCGs in bottom tertile; over half of London CCG in bottom decile; C&H 18 FTE/100k pop with numbers FALLING since 2015; 41% aged >55yrs which is top quartile nationally





## NHS City and Hackney CCG

### % of staff aged 55 or over by FTE

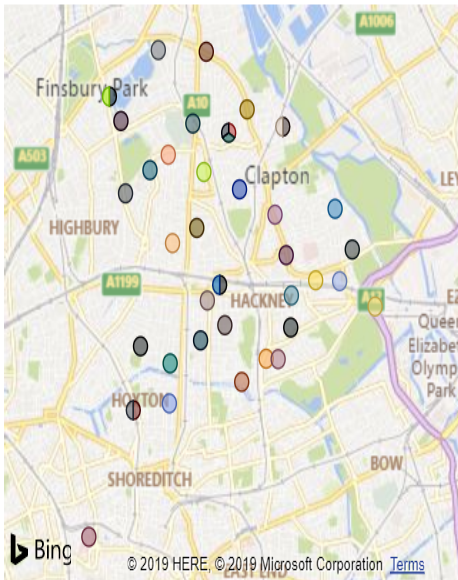
Number of patients

324,684

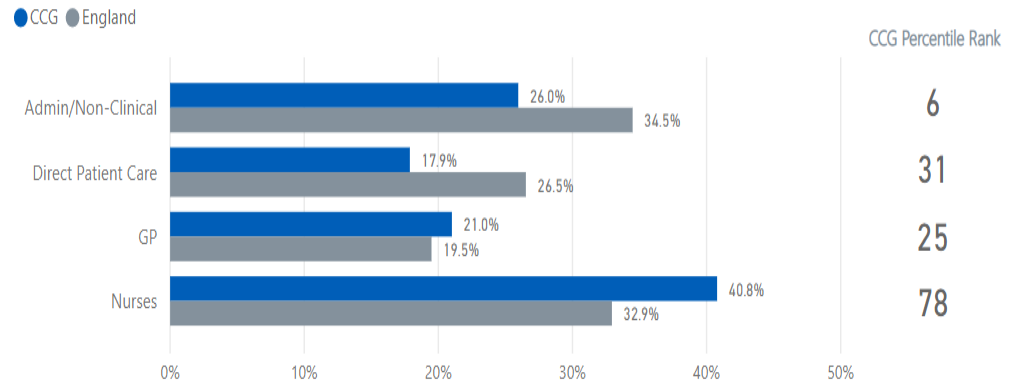
#### CCG

- NHS Central London (Westminster) CCG
- NHS Chorley and South Ribble CCG
- NHS City and Hackney CCG**
- NHS Coastal West Sussex CCG

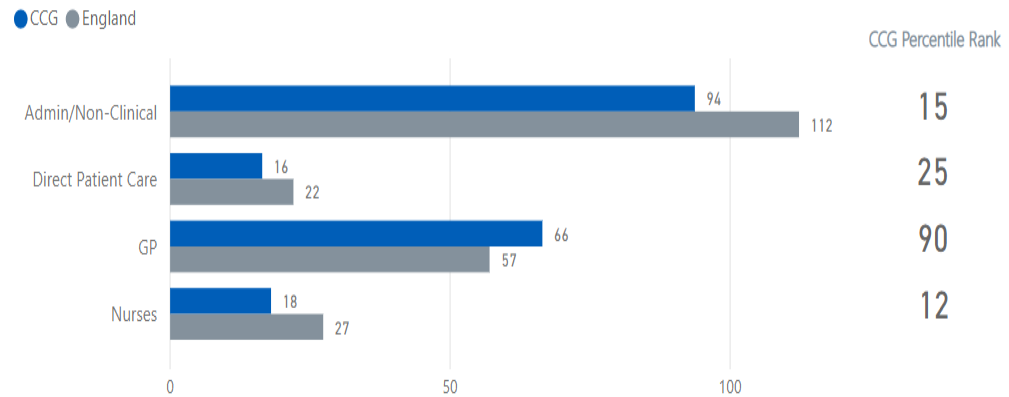
#### GP Practices



#### Percentage of Staff aged 55 or over, by FTE, CCG and England



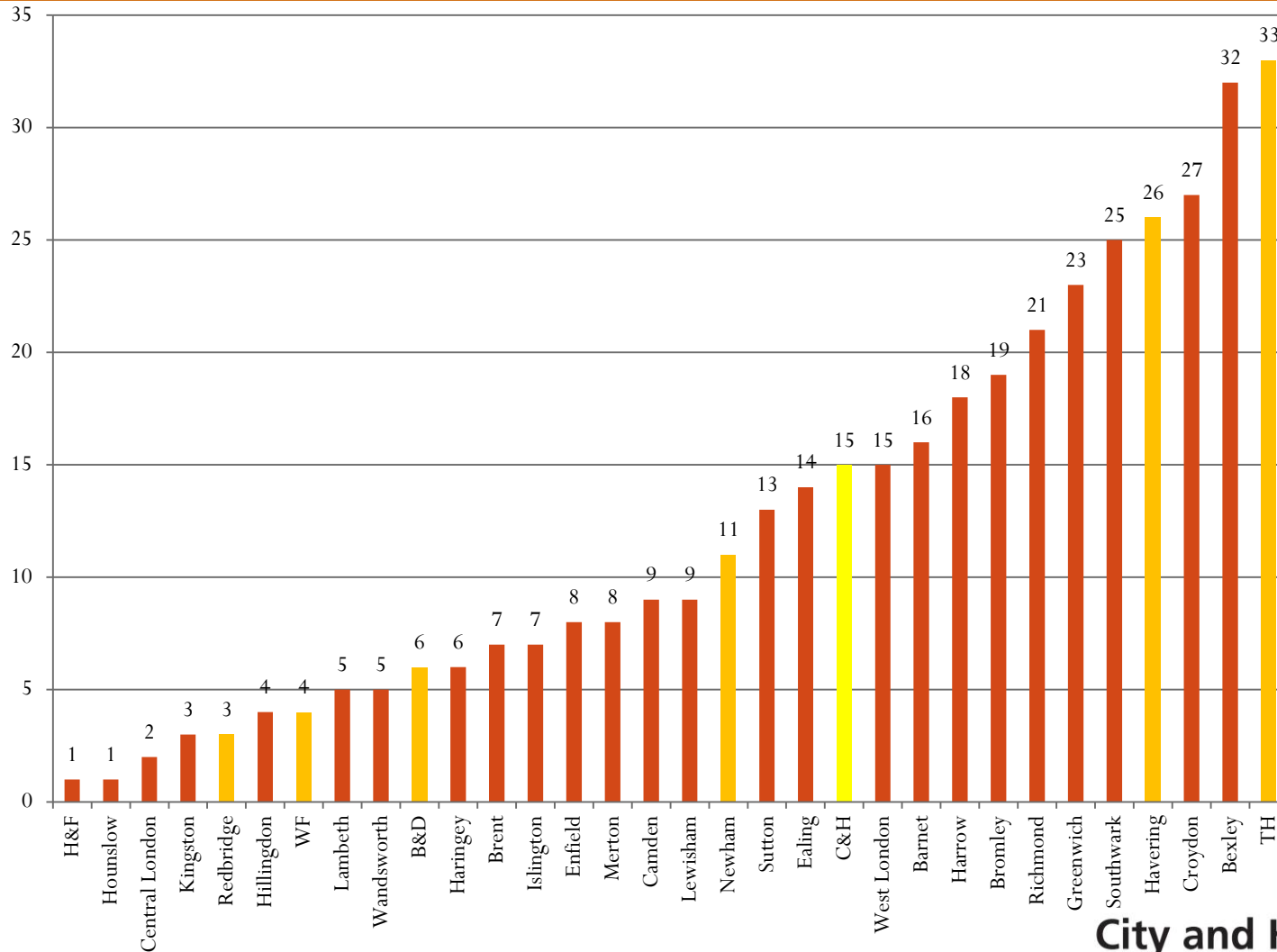
#### Staff FTE per 100,000 patients, CCG and England



Records extracted from Electronic Staff Record system are excluded from these figures to allow for fair comparison.

# Admin/non-clinical FTE/100,000 pop CCG rankings (showing London only)

London FTE range 76 to 106; C&H = 94



# General Practice Workforce

September 2015 to September 2019



Headcount and Full-Time Equivalent (FTE) Time Series  
All Staff Groups by Job Role and Gender

Staff Group ▼ 🗖

Admin/Non-Clinical    GP

Direct Patient Care    Nurses

NHS England Region (Local Office)

All ▼

Health Education England Region

All ▼

Sustainability and Transformation Partnership

All ▼

Clinical Commissioning Group

NHS City and Hackney CCG ▼

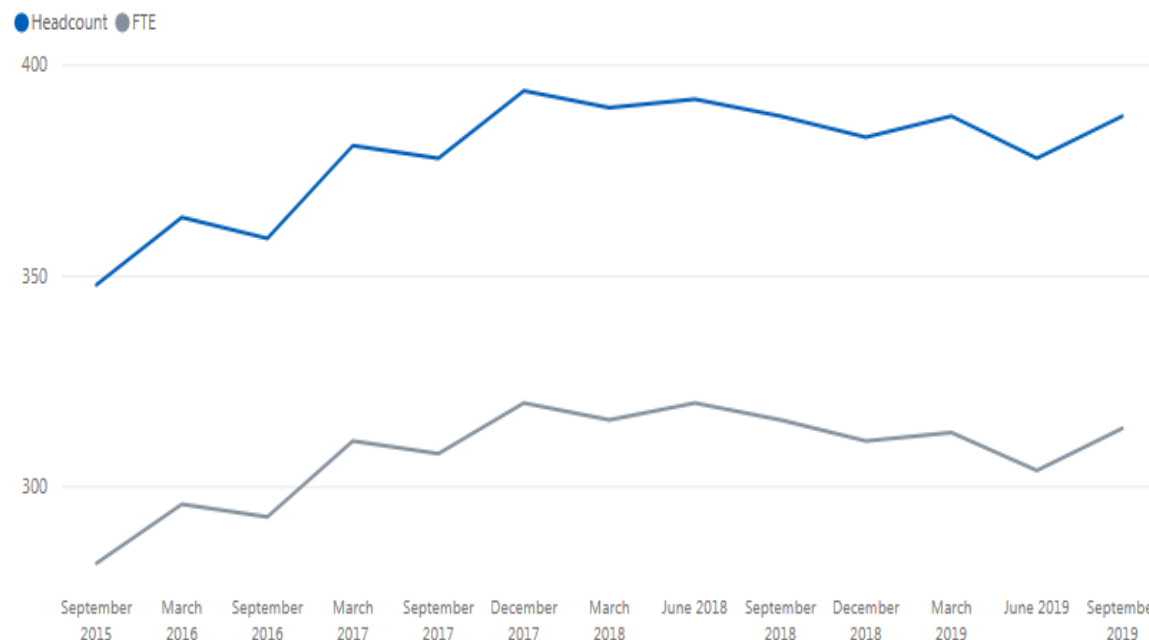
Job Role

All ▼

Gender

Female    Male    Other/Unknown

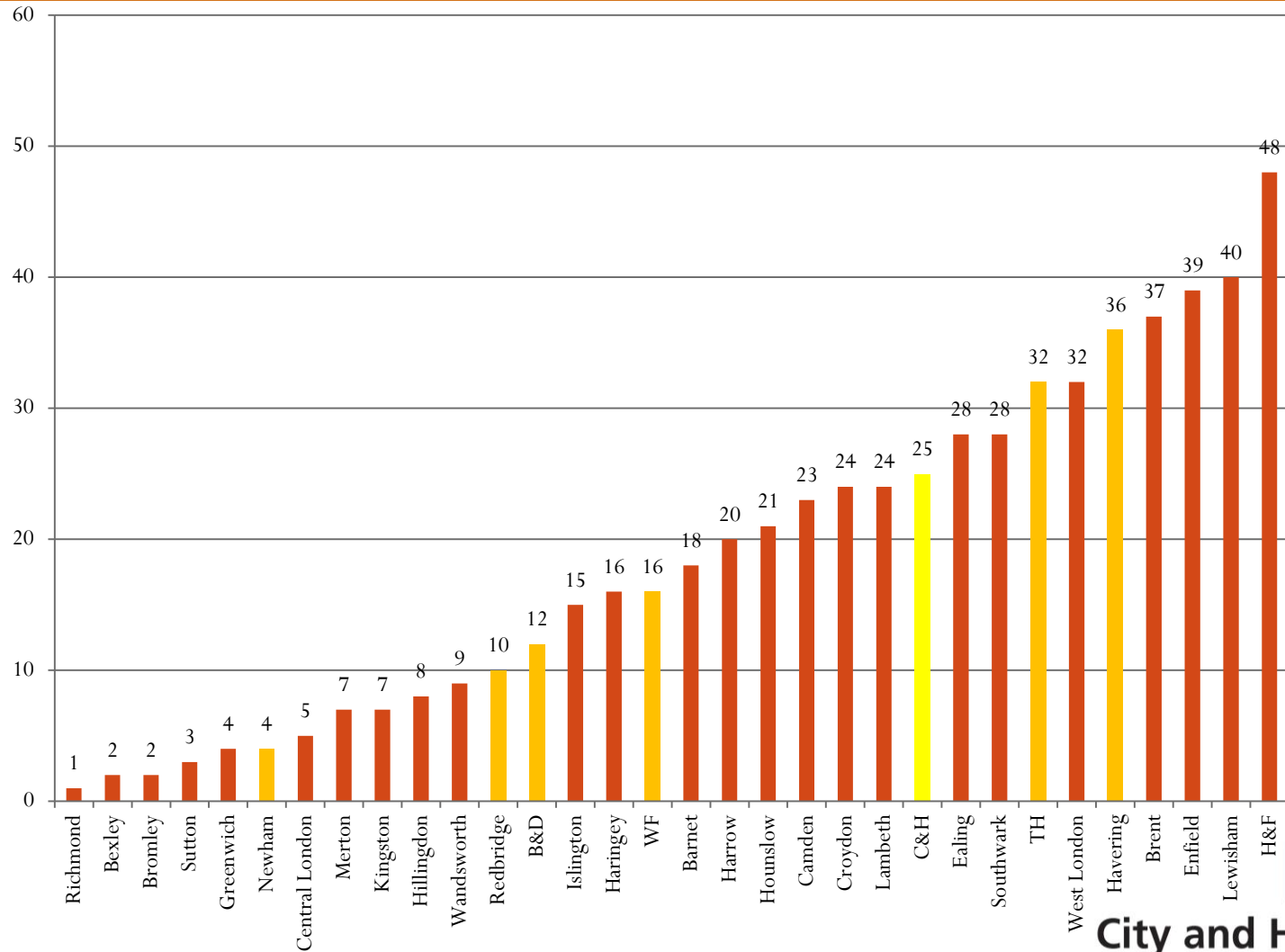
## Headcount and FTE by Census Date



For December 2016 and June 2017, only GP figures are available.

# Direct patient care FTE/100,000 pop CCG rankings (showing London only)

London FTE range to 12 to 19; C&H = 16



# General Practice Workforce

September 2015 to September 2019



Headcount and Full-Time Equivalent (FTE) Time Series  
All Staff Groups by Job Role and Gender

Staff Group ⌵ ⌵

- Admin/Non-Clinical
- GP
- Direct Patient Care
- Nurses

NHS England Region (Local Office)

All ⌵

Health Education England Region

All ⌵

Sustainability and Transformation Partnership

All ⌵

Clinical Commissioning Group

NHS City and Hackney CCG ⌵

Job Role

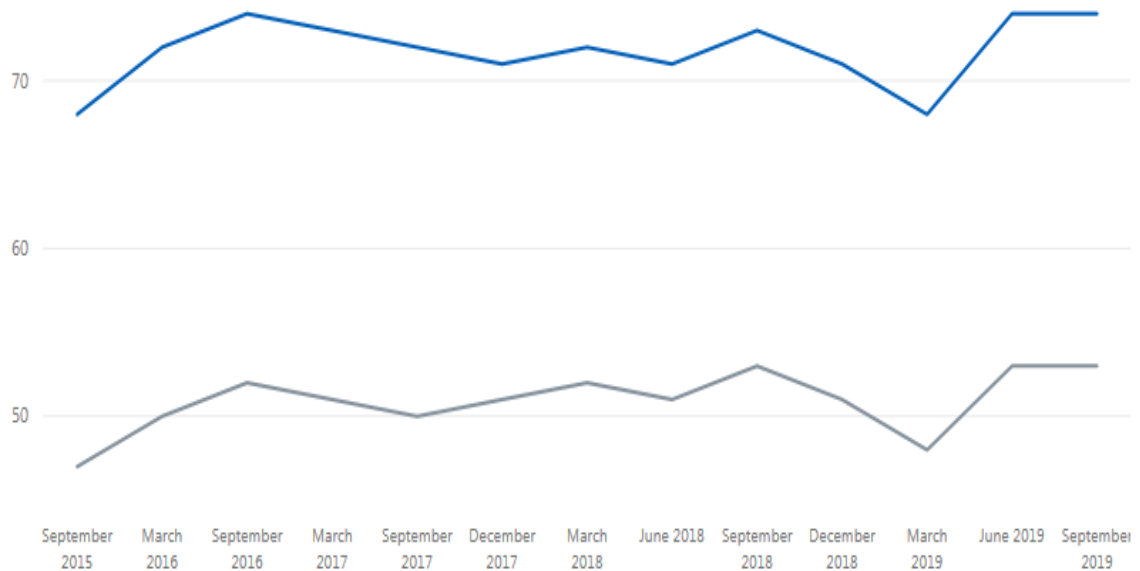
All ⌵

Gender

- Female
- Male
- Other/Unknown

## Headcount and FTE by Census Date

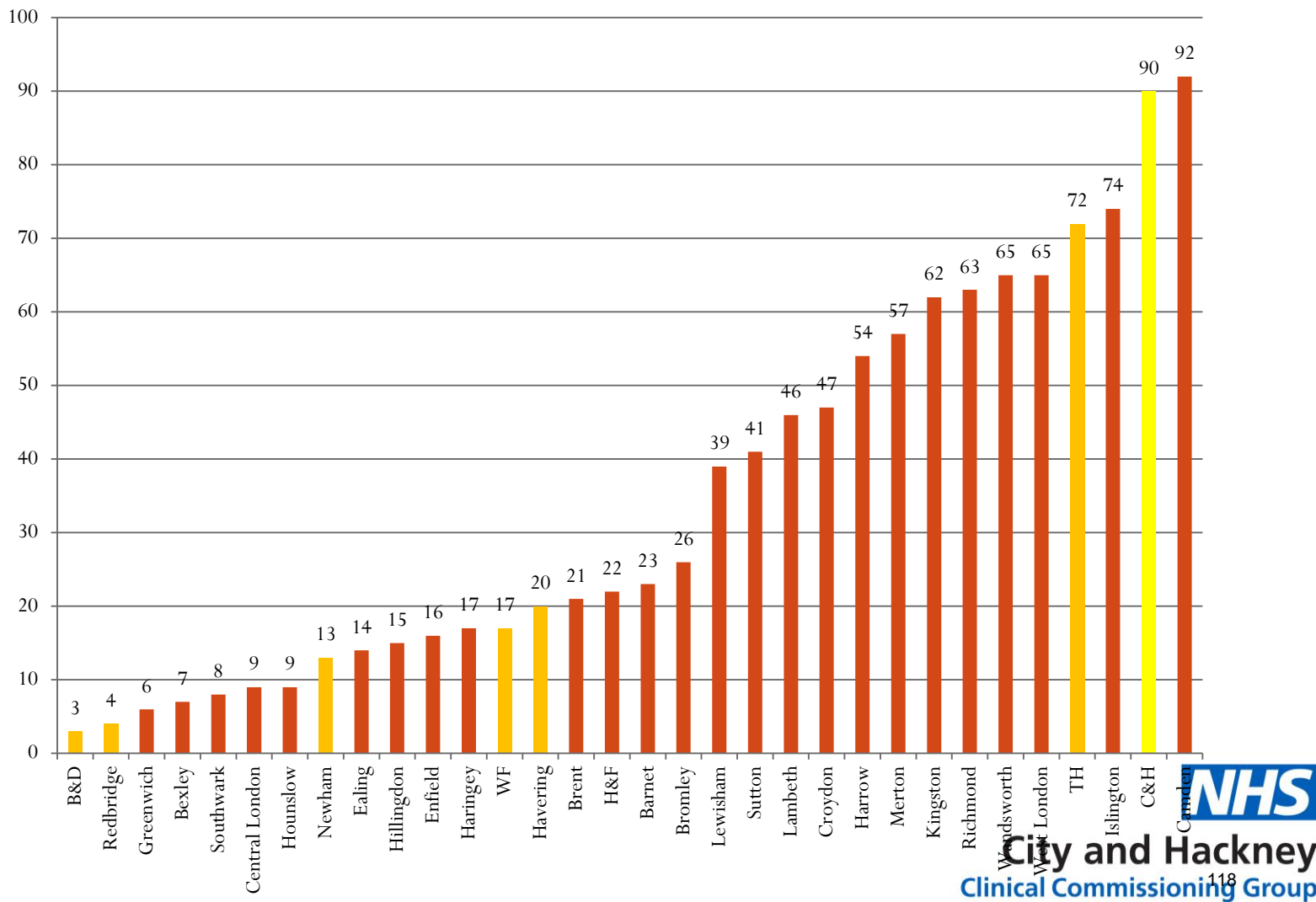
● Headcount ● FTE



For December 2016 and June 2017, only GP figures are available.

# GP FTE/100,000 pop CCG rankings (showing London only)

London FTE range 42 to 73; C&H = 66



# General Practice Workforce

September 2015 to September 2019



Headcount and Full-Time Equivalent (FTE) Time Series  
All Staff Groups by Job Role and Gender

**Staff Group**

Admin/Non-Clinical    GP

Direct Patient Care    Nurses

**NHS England Region (Local Office)**

All

- NHS Cambridgeshire and Peterborough CCG
  - NHS Camden CCG
  - NHS Cannock Chase CCG
  - NHS Canterbury and Coastal CCG
  - NHS Castle Point and Rochford CCG
  - NHS Central London (Westminster) CCG
  - NHS Chorley and South Ribble CCG
  - NHS City and Hackney CCG
  - NHS Coastal West Sussex CCG
  - NHS Corby CCG
  - NHS Coventry and Rugby CCG
- NHS City and Hackney CCG

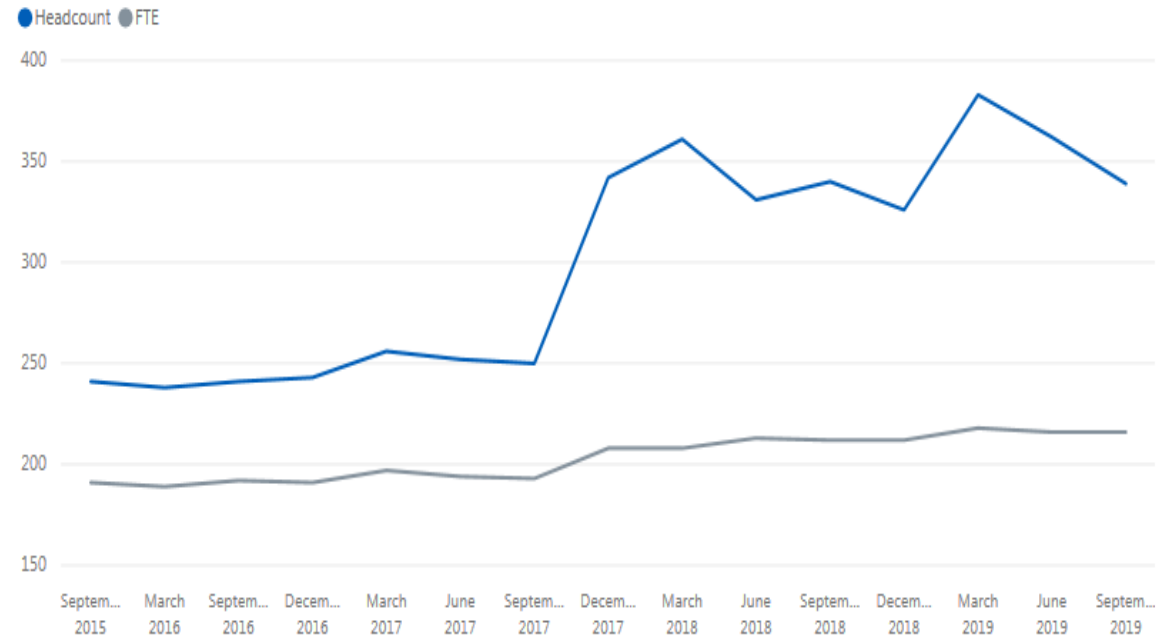
**Job Role**

All

**Gender**

Female    Male    Other/Unknown

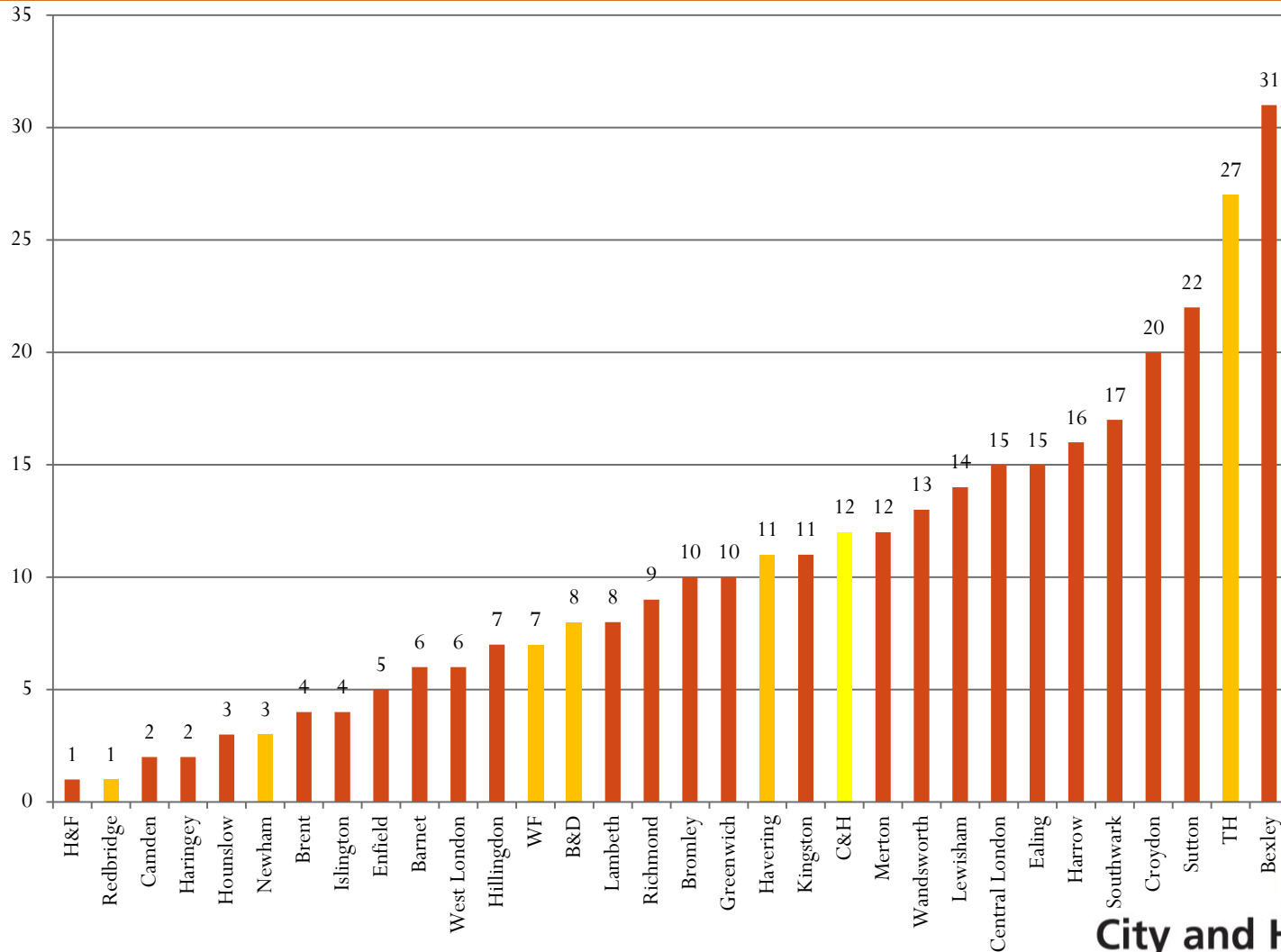
## Headcount and FTE by Census Date



For December 2016 and June 2017, only GP figures are available.

# Nurse FTE/100,000 pop CCG rankings (showing London only)

London FTE range 14 to 23; C&H = 18





# General Practice Workforce

September 2015 to September 2019



Headcount and Full-Time Equivalent (FTE) Time Series  
All Staff Groups by Job Role and Gender

Staff Group 🔍

Staff Group

Admin/Non-Clinical    GP

Direct Patient Care    **Nurses**

NHS England Region (Local Office)

All ▼

Health Education England Region

All ▼

Sustainability and Transformation Partnership 🔍

All ▼

Clinical Commissioning Group

NHS City and Hackney CCG ▼

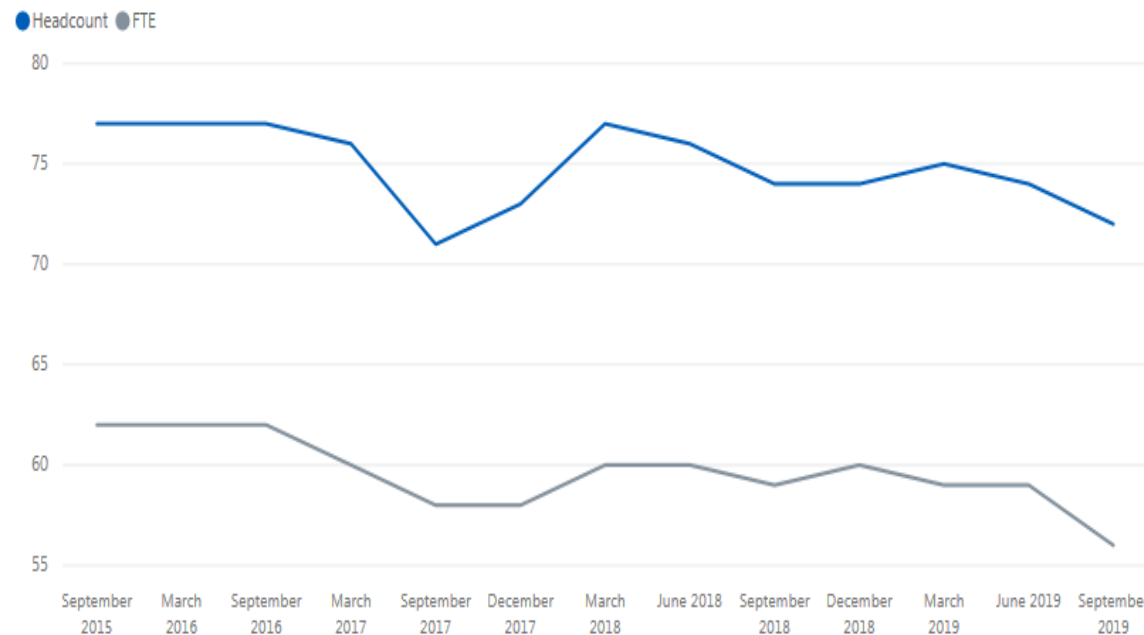
Job Role

All ▼

Gender

Female    Male    Other/Unknown

## Headcount and FTE by Census Date



For December 2016 and June 2017, only GP figures are available.

## NHS Barking and Dagenham CCG

### How to use this page

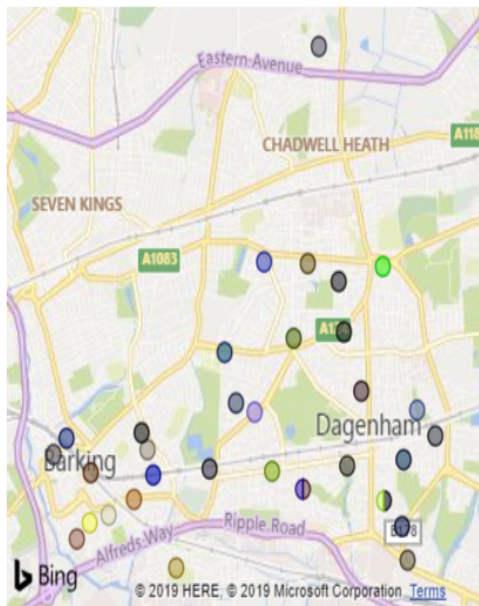
Firstly, select the Clinical Commissioning Group (CCG) you are interested in to view selected statistics, including comparisons against all-England figures, and percentile rankings compared against other CCGs.

Then, to view further practice information, right click on the CCG practice you are interested in on the map and select drillthrough option.

#### CCG

- NHS Airedale, Wharfedale and Craven CCG
- NHS Ashford CCG
- NHS Barking and Dagenham CCG**
- NHS Barnet CCG

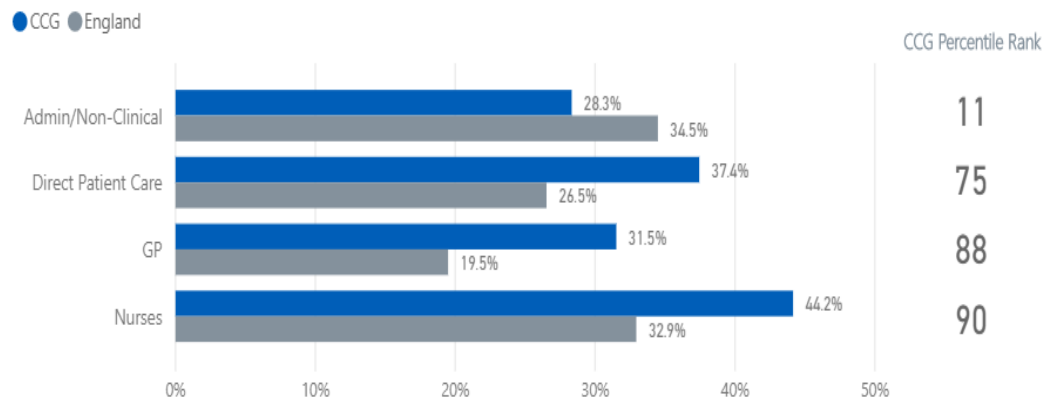
#### GP Practices



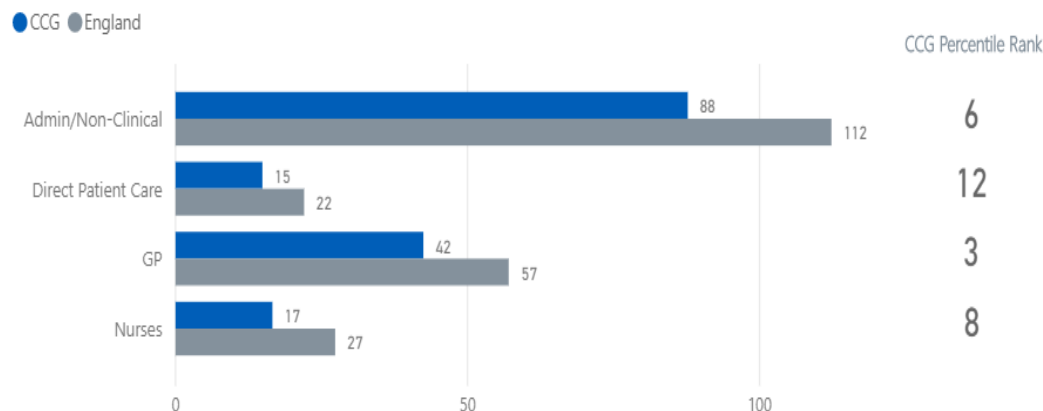
#### Number of patients

229,121

#### Percentage of Staff aged 55 or over, by FTE, CCG and England



#### Staff FTE per 100,000 patients, CCG and England



Records extracted from Electronic Staff Record system are excluded from these figures to allow for fair comparison.



## NHS Havering CCG

How to use this page

Firstly, select the Clinical Commissioning Group (CCG) you are interested in to view selected statistics, including comparisons against all-England figures, and percentile rankings compared against other CCGs.

Then, to view further practice information, right click on the CCG practice you are interested in on the map and select drillthrough option.

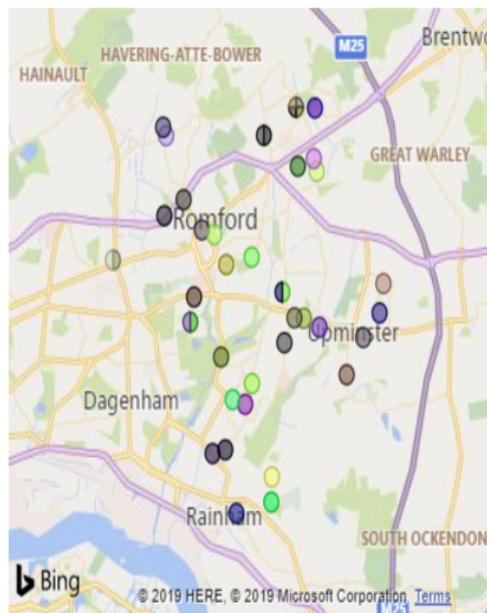
Number of patients

279,236

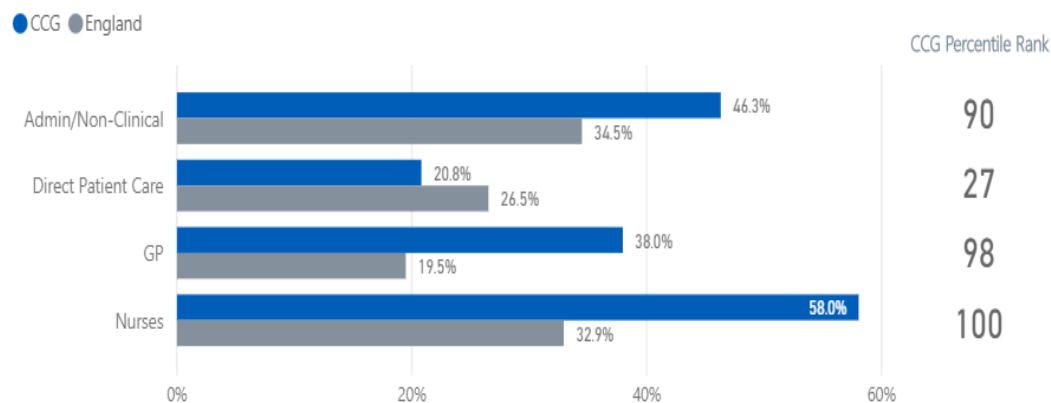
CCG

- NHS Hartlepool and Stockton-on-Tees CCG
- NHS Hastings and Rother CCG
- NHS Havering CCG**
- NHS Herefordshire CCG

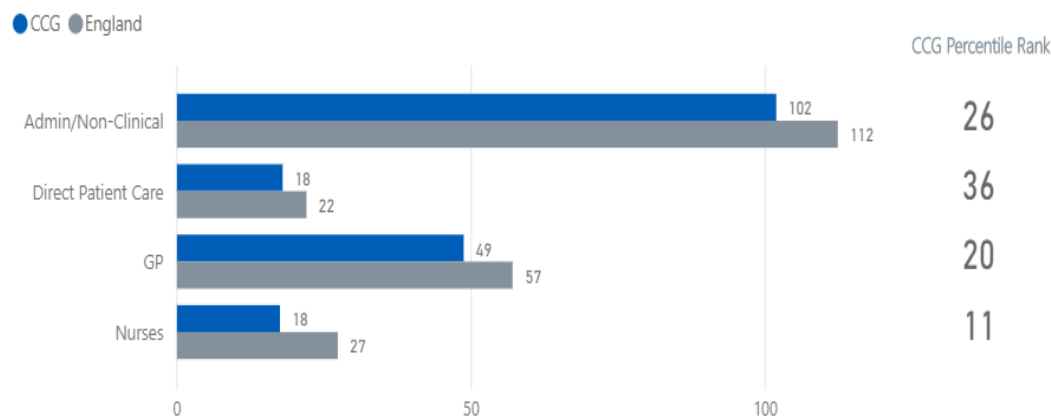
GP Practices



Percentage of Staff aged 55 or over, by FTE, CCG and England



Staff FTE per 100,000 patients, CCG and England



Records extracted from Electronic Staff Record system are excluded from these figures to allow for fair comparison.



## NHS Newham CCG

How to use this page

Firstly, select the Clinical Commissioning Group (CCG) you are interested in to view selected statistics, including comparisons against all-England figures, and percentile rankings compared against other CCGs.

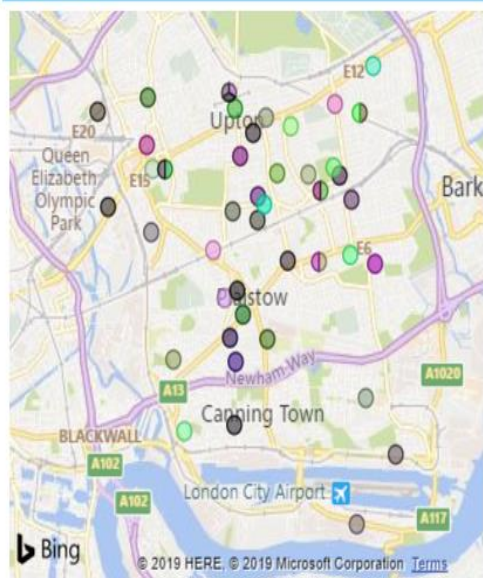
Then, to view further practice information, right click on the CCG practice you are interested in on the map and select drillthrough option.

Number of patients

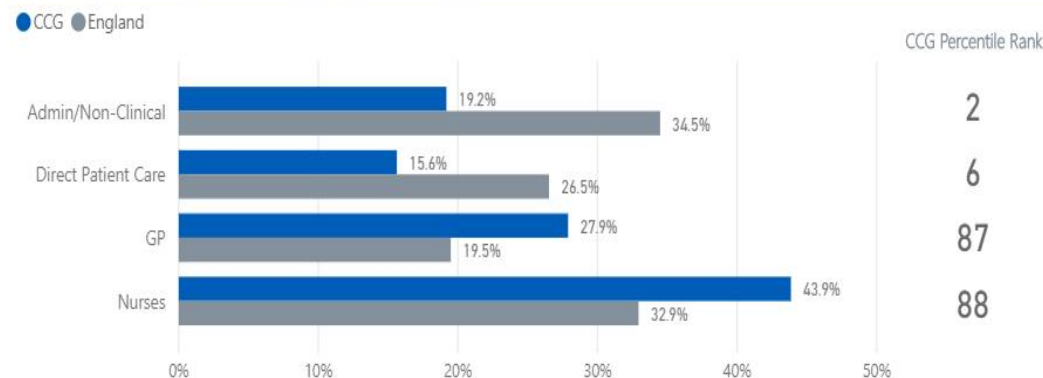
412,893

- CCG
- NHS Nene CCG
  - NHS Newark and Sherwood CCG
  - NHS Newcastle Gateshead CCG
  - NHS Newham CCG**

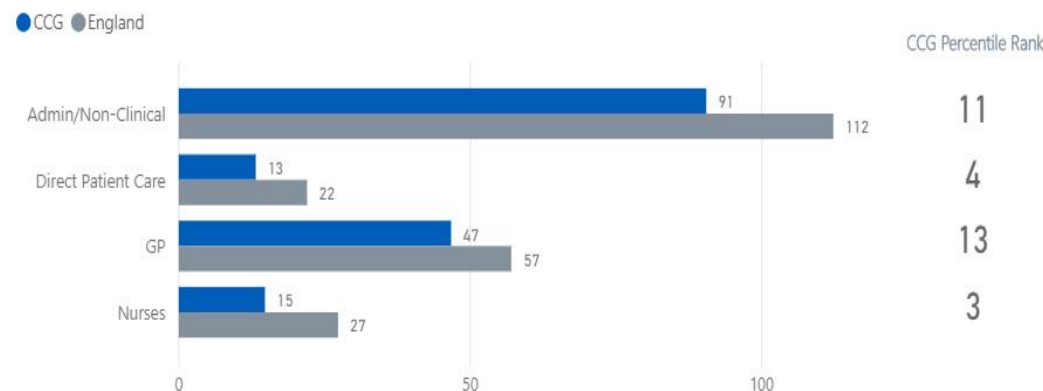
### GP Practices



### Percentage of Staff aged 55 or over, by FTE, CCG and England



### Staff FTE per 100,000 patients, CCG and England



Records extracted from Electronic Staff Record system are excluded from these figures to allow for fair comparison.

## NHS Redbridge CCG

### How to use this page

Firstly, select the Clinical Commissioning Group (CCG) you are interested in to view selected statistics, including comparisons against all-England figures, and percentile rankings compared against other CCGs.

Then, to view further practice information, right click on the practice you are interested in on the map and select drillthrough option.

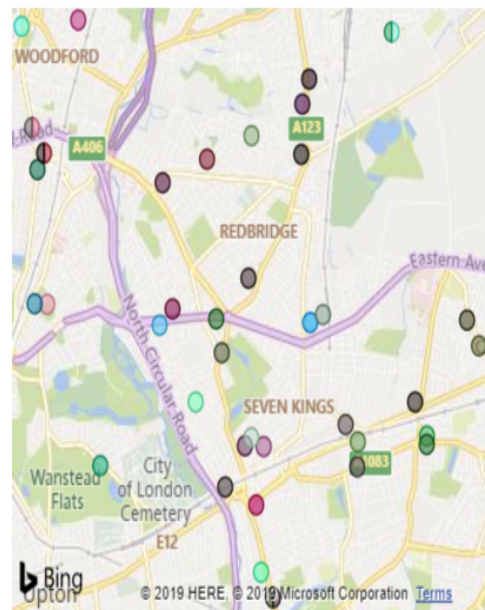
Number of patients

329,512

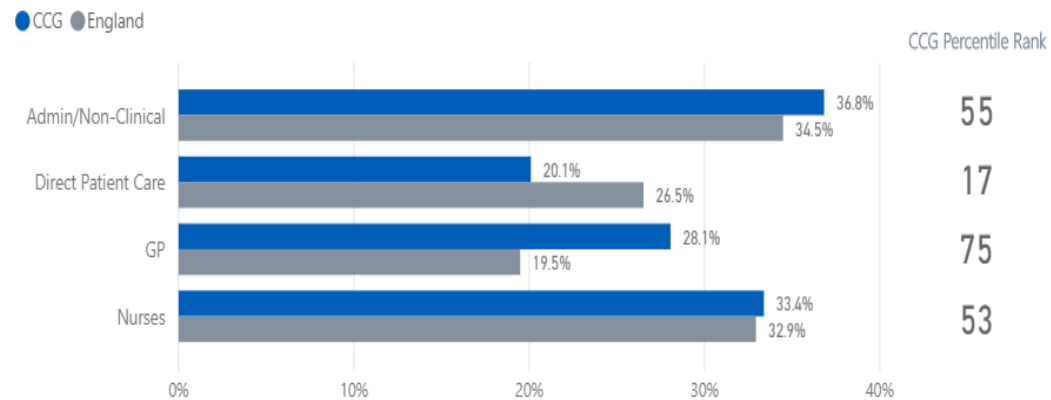
### CCG

- NHS Oldham CCG
- NHS Oxfordshire CCG
- NHS Portsmouth CCG
- NHS Redbridge CCG**

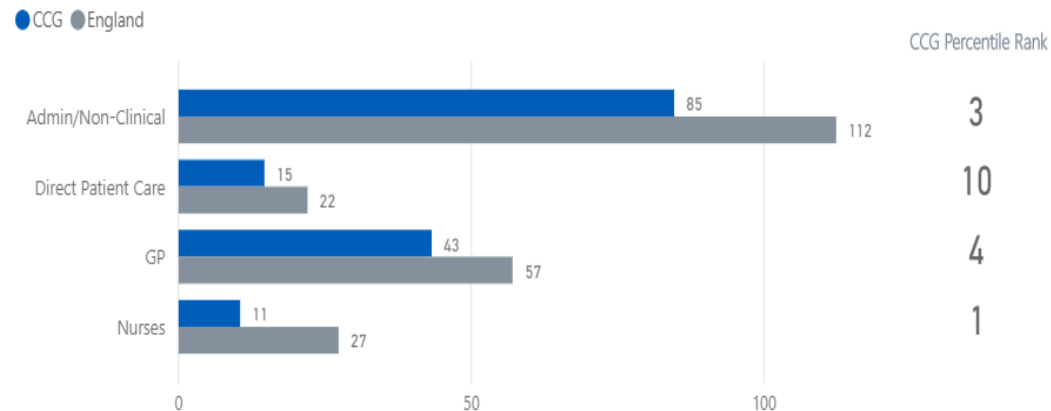
### GP Practices



### Percentage of Staff aged 55 or over, by FTE, CCG and England



### Staff FTE per 100,000 patients, CCG and England



Records extracted from Electronic Staff Record system are excluded from these figures to allow for fair comparison.



# NHS Tower Hamlets CCG

### How to use this page

Firstly, select the Clinical Commissioning Group (CCG) you are interested in to view selected statistics, including comparisons against all-England figures, and percentile rankings compared against other CCGs.

Then, to view further practice information, right click on the CCG practice you are interested in on the map and select drillthrough option.

Number of patients

# 336,879

CCG

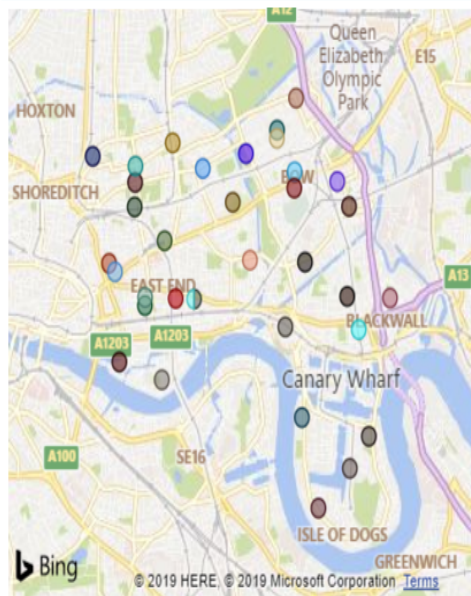
NHS Thurrock CCG

NHS Tower Hamlets CCG

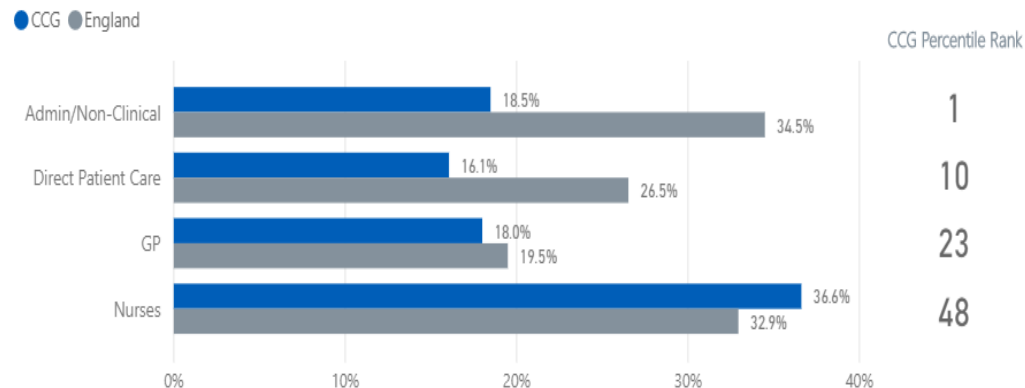
NHS Trafford CCG

NHS Vale of York CCG

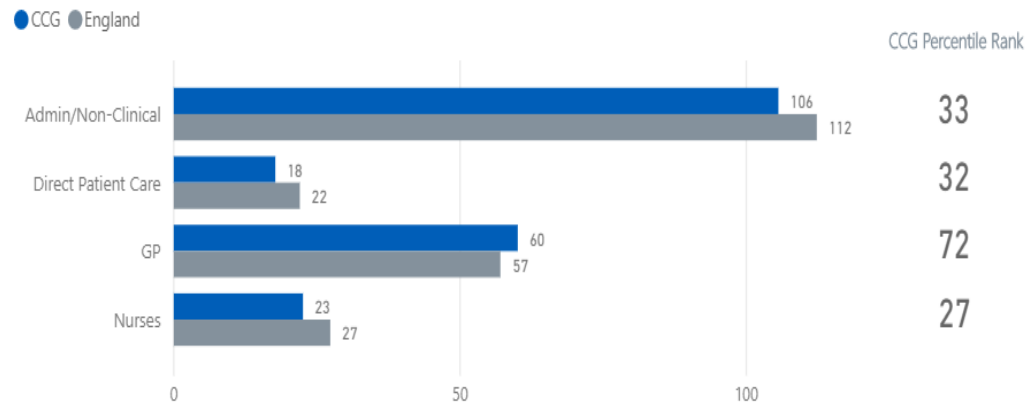
GP Practices



Percentage of Staff aged 55 or over, by FTE, CCG and England



Staff FTE per 100,000 patients, CCG and England



Records extracted from Electronic Staff Record system are excluded from these figures to allow for fair comparison.

## NHS Waltham Forest CCG

### How to use this page

Firstly, select the Clinical Commissioning Group (CCG) you are interested in to view selected statistics, including comparisons against all-England figures, and percentile rankings compared against other CCGs.

Then, to view further practice information, right click on the GP practice you are interested in on the map and select drillthrough option.

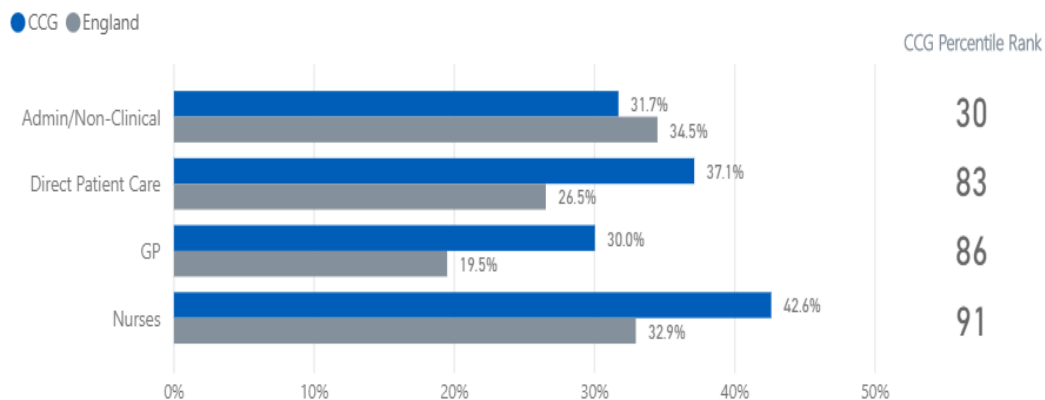
Number of patients

315,989

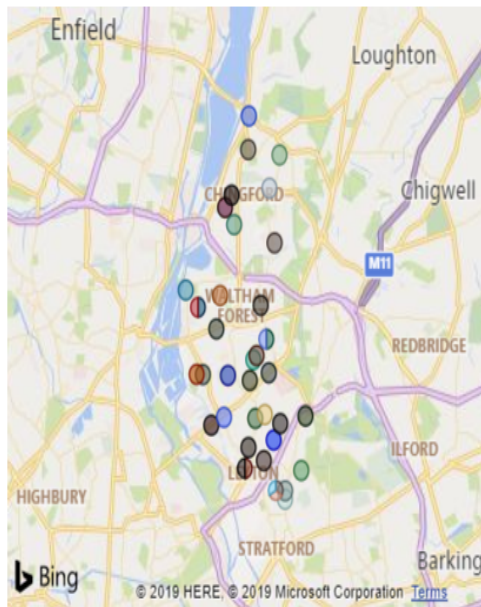
### CCG

- NHS Waltham Forest CCG ▲
- NHS Wandsworth CCG
- NHS Warrington CCG
- NHS Warwickshire North CCG ▼

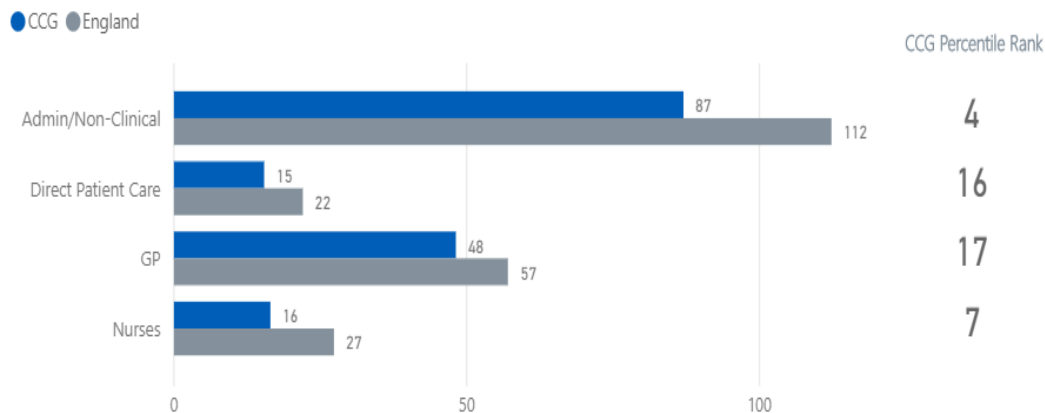
### Percentage of Staff aged 55 or over, by FTE, CCG and England



### GP Practices



### Staff FTE per 100,000 patients, CCG and England



Records extracted from Electronic Staff Record system are excluded from these figures to allow for fair comparison.



# GP IT – Infrastructural issues

## Slow EMIS/Network speeds

In the last 6-8 months there have been increasing reports from practices of slow EMIS speeds and the system crashing during consultations or while printing tQuest labels. These issues have been particularly acute at some practices over this period, prompting the GP IT Support Service (NEL CSU, with sub-contracting to Egton for helpdesk and on-site support) to take various steps in an attempt to improve EMIS performance, including:

- Changes to network configuration at badly affected practices;
- Complete re-imaging of PCs, re-loading applications one by one and testing performance;
- Upgrading PCs to Windows 10;
- Increasing RAM/memory of PCs.

In addition to the above the CCG has been undertaking a mandatory migration to the new Health and Social Care Network (HSCN). Several of the worst affected practices have now migrated to new connections that have substantially larger bandwidth.

While the practices report some improvement in EMIS performance, these interventions have not resolved the issues. Where specific actions have led to some improvement, these will be rolled out across City and Hackney practices. The GP IT Support Service will also continue to engage EMIS, HSCN provider KCOM and NHS Digital in an effort to resolve issues. It should also be noted that several other CCG areas have been affected by poor EMIS performance. Osman Bhatti, ELHCP CCIO, is aware of reports across the STP and has indicated his intention to collate logged issues and write to EMIS/NHS Digital.

## GP IT Structured Feedback

The CCE contract in 19/20 included a requirement for practices to complete an online questionnaire on local GP IT provision. Based on CCE midyear reviews almost all practices have now completed this questionnaire. The results are now being analysed with a view to producing a report which will then feed into discussions with the CSU about service improvement.

## Egton helpdesk and onsite support

Complaints have also been received from practices in relation to the quality of service provided by Egton. Disappointingly this has in some cases pertained to the manner and attitude of engineers. The CCG raised this with the NEL CSU GP IT managers, including the Head of GP IT Operations, at an SLA review meeting in November.

The CCG has requested more detailed reporting on the nature of issues logged with the helpdesk and how they were resolved. We also continue to raise specific practice complaints with GP IT managers to be addressed through their sub-contracted relationship with Egton.

## GP IT SLA KPI performance

Despite known issues with infrastructure, performance against KPIs in the SLA with the CSU has remained steady, particularly around helpdesk response and fix times with only two breaches on resolution of Priority 1 incidents in the first two quarters of 19/20.

In addition to primary KPIs around response and fix times, several secondary metrics have been monitored for the last two financial years (these do not appear in the SLA). Areas for concern in relation to these metrics are around proportion of first time remote fixes and calls answered within 60 seconds. The CSU has reported that Egton's helpdesk has been reorganised on more than one occasion in an attempt to address this and it continues to be raised during their contract meetings with Egton.





# GP IT – Projects

## GP IT Capital 2019/20

Every year the CCG receives a capital allocation from NHSE to procure IT equipment for general practice or undertake necessary infrastructure projects. This funding differs from the rest of the CCG commissioning allocation in that it is intended for the purchase of capital assets (and cover associated project and deployment costs) which are then held on NHSE's asset register. The scope for the CCG to purchase IT equipment additional to what is purchased using our capital allocation is limited due the main CCG allocation being exclusively revenue funding.

Plans for capital expenditure in 19/20 are designed to address two pressing needs:

- Windows 7 went out of support in January 2020. The NHS have agreed an extension to this support, covering security updates only, until the end of 2020. This necessitates that upgrade or replacement of all W7 PCs by June (a deadline NHSE have set for activation of reserved W10 licences). Due to limitations in the CCGs capital allocation only a proportion of existing PCs will be replaced (those with the oldest warranty), with the rest receiving memory and operating system upgrades. The CCG has had a PID approved for the value of £173K to carry out this work;
- MS Server 2008 also went out of support in January 2020. While extensions to security updates have been agreed, 26 practices need to have their servers upgraded or replaced. The CCG has had a PID approved for the value of £195K to carry out this work.

The CCG is currently waiting on a CSU project plan for the delivery of these capital projects, which we expect to help improve some of the EMIS performance issues reported by practices.

NEL STP have also successfully bid for £490K of ETTF capital which has been made available to the CCG for PCN IT infrastructure. The CCG has agreed with the STP that this can be used to replace a greater proportion of existing PCs with higher spec, camera enabled machines to facilitate video consultation and other digital service requirements.

## Other projects

- NHS App – now live for all 40 C&H practices. So far only 744 local downloads but this is expected to increase as the national marketing campaign commences;
- eLPR (previously HIE) – GPs now able to access data from Bart's, ELFT and HUH CHS. NEL's information exchange is in the process of being linked to SEL as the first step in project to link all of London.

## Health and Social Care Network (HSCN)

23/35 Sites or 24/40 practices successfully migrated to HSCN as of the end of January 2020. Of the remaining 12 sites, seven are dependent on the migration of the HUHFT main hospital site as GP practices are co-located with Homerton run CHS. The CCG are expecting confirmation of the hospital migration date shortly, which will allow us to start scheduling migrations for the co-located sites.

Four sites (including one that has co-located services) require legal permission to be granted by NHSPS to install the new fibre optic connection. This is in the process of being agreed.

It now seems likely that the migration of the HUHFT's main site will be scheduled for March 2020, which will mean that the migration of primary care sites that are co-located with HUH CHS will be pushed back into the new financial year. The CCG are currently scheduling a meeting with KCOM. HUHFT and NEL CSU in effort to avoid further delays.

A detailed financial breakdown of the project can be found on the following slide.

## Additional NR GP IT Revenue

In October 2019 NHSX wrote to CCGs to notify them of additional non-recurrent funding intended to enhance GP IT infrastructure and resilience arrangements; for the C&H CCG this additional funding amounted to £81K. The CCG in turn asked the GP IT Support Service to put together a list of possible options with a view to addressing recent issues experienced by practices.

A list of potential options for investment were discussed and prioritised at February's GP IT Steering Group. The three priorities were: enhancement of the GP WiFi network; purchase of replacement printers and scanners (unaffordable within capital allocation); and move to cloud based backup of server files (subject to understanding revenue consequences).



Page intentionally left blank.

<b>Title of report:</b>	Integrated Care (IC) Programme Plan
<b>Date of meeting:</b>	12 March 2020
<b>Lead Officer:</b>	David Maher – CCG Managing Director
<b>Author:</b>	Carol Beckford – Transition Director
<b>Committee(s):</b>	This report has been reviewed by the Accountable Officer Group and the CCG Governing Body
<b>Public / Non-public</b>	Public

### Executive Summary:

The purpose of the Integrated Care Programme Plan is to ensure that there is a single document summarising the primary activities and milestones within the IC Programme.

The IC Programme lacked an overarching programme plan which could be used by the AOG, CCG Governing Body and the Integrated Care Board to manage the programme at a strategic level.

This programme plan uses as a foundation the work undertaken by workstreams in the development of their system intentions *and* the City & Hackney Long Term Plan to establish an integrated care programme of work which is focused on delivering the priorities in the agreed Outcomes Framework.

This paper is designed to also reaffirm who is responsible and accountable for delivering each area of work. SROs/Chairs and Accountable Officers should use the relevant pages from the plan to support them in managing and monitoring progress for their projects/programmes.

The AOG have asked for the next iteration of the IC Programme Plan to illustrate the direct relationship between the City & Hackney Outcomes Framework eight priority areas and the major areas of work within the IC programme plan. This work is underway.

### Recommendations:

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

1. **Sign-off** this first version of the plan, with the exception of where a project/programme clearly states (in red text on the document) that their plan is still under construction/refinement.
2. **Confirm** that the Board will review the **full Programme plan**, covering 14 projects/programmes on a **quarterly** basis.
3. **Confirm** that the Board would like to review, on a **monthly** basis, the:
  - a. *Achievements* of the previous month; and
  - b. *Exception report* – showing late or problematic milestones
  - c. *Look Ahead* – showing the tasks to be completed and milestones to be achieved next month

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

1. **Sign-off** this first version of the plan, with the exception of where a project/programme clearly states (in red text on the document) that their plan is still under construction/refinement.
2. **Confirm** that the Board will review the **full Programme plan**, covering 14 projects/programmes on a **quarterly** basis.
3. **Confirm** that the Board would like to review, on a **monthly** basis, the:
  - a. *Achievements* of the previous month; and
  - b. *Exception report* – showing late or problematic milestones
  - c. *Look Ahead* – showing the tasks to be completed and milestones to be achieved next month

**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:**

The programmes of work to engage with Patients and the Public are embedded within the IC programme plan.

**Clinical/practitioner input and engagement:**

Clinicians and practitioners are already integrated within the work of the IC programme in their role of informing and commenting on plans for workstreams, major work programmes and enabler groups.

**Communications and engagement:**

The Communications and Engagement milestones to support the IC Programme Plan is under view following a cross City & Hackney workshop which took place in February 2020.

**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 workstreams, major programmes and enabler groups

**Safeguarding implications:**

There are no safeguarding implications with the paper attached. These need to be addressed within workstreams, major work programmes and enabler groups

**Impact on / Overlap with Existing Services:**

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

**Main Report****Background and Current Position**

The purpose of the Integrated Care Programme Plan is to ensure that there is a single document summarising the primary activities and milestones within the IC Programme.

This paper has been to AOG and the CCG Governing Body

**Options**

There are no options presented.

**Proposals**

There are no proposals presented as the paper is an update and position statement.

**Conclusion**

There are no conclusions as the paper is an update and position statement.

**Supporting Papers and Evidence:**

There are no supporting papers

**Sign-off:**

Workstream SRO: David Maher: CCG Managing Director

# Integrated Care (IC) Programme Plan & Exception Report

As at 31 January 2020

**Prepared by Carol Beckford – IC Transition Director  
& Stella Okonkwo – IC Programme Manager**

**(With support from Transformation Support Officers, Workstream Directors,  
Programme Directors & Enabler Group Leads)**



# Contents

- Scope of the IC Programme Plan
- Integrated Care Programme - Leadership & Accountabilities
- IC Programme plan – Definitions, rules and how to read the plan
- Achievements: Tasks and milestones completed as at 31 January 2020
- Look ahead: Tasks and milestones due to be completed by 28 February 2020
- Annex A: Integrated Care (IC) Programme Plan - Exception Report
- Annex B: Integrated Care (IC) Full Programme Plan



# Scope of the IC Programme Plan

## Purpose

This document sets out a 12 to 18 month view of the Integrated Care Programme. It draws attention to what has been achieved in the last reporting period and looks ahead to what milestones should be met in the next reporting period. We also present an exception report, drawing attention to projects, deliverables or milestones which are operating outside of the agreed programme tolerance of + or – two months or where the lead would like to draw the reader’s attention to a specific issue. The IC Programme Plan should drive the forward plan and process for setting/informing AOG, ICB and CCG Governing Body agendas. The Chairs of the respective Boards can use the IC Programme Plan to focus-in on areas of work or deliverables which they would like discussed at their specific meetings.

## In scope:

- **Operational Plan**
- All 4 Care Workstreams
  - **Planned Care**
  - **Unplanned Care**
  - **Children, Young People, Maternity & Families**
  - **Prevention**
- **Mental Health**
- **Neighbourhood Health & Care Services Alliance**

## In scope:

- All 5 Enabler Groups
  - **Primary Care**
  - **Estates**
  - **IT**
  - **Workforce**
  - **Communications & Engagement**
- **Outcomes Framework**
- **New Financial Framework for IC**

This is a **programme plan** which means that it is **not** the summation of all the plans in the IC programme but focuses on the **major milestones** which underpin the Integrated Care Programme. The detailed plans for each project and programme are governed by the respective project/programme boards.

## Out of scope

- The NEL 2021 Programme will not be reported within this document because it has a separate programme reporting structure and framework. On a monthly basis the IC programme team will review dependencies between the two IC Programme and the NEL 2021 Programme.

# Integrated Care Programme - Leadership & Accountabilities

	Project/Programme	Project/Programme Lead	SRO/Chair	Accountable Officer
1	Operational Plan	Carolyn Kus (coordination) & Workstream Directors	Sunil Thakker	David Maher
2	Planned Care	Siobhan Harper	Andrew Carter	Andrew Carter
3	Unplanned Care (inc Neighbourhoods)	Nina Griffith	Tracey Fletcher	Tracey Fletcher
4	CYPMF	Amy Wilkinson	Ann Canning	Anne Canning
5	Prevention	Jayne Taylor	Sandra Husbands (Chair)	Anne Canning
6	Mental Health	Dan Burningham	David Maher	David Maher
7	Neighbourhood Health & Care Services Alliance	Siobhan Harper	Jonathan McShane	David Maher
8	Primary Care Enabler	Richard Bull	Mark Ricketts	Tracey Fletcher
9	Estates Enabler	Amaka Nnadi	Sunil Thakker	David Maher
10	IT Enabler	Anita Ghosh	Tracey Fletcher	Tracey Fletcher
11	Workforce Enabler	Stewart Weller	Deblina Dasgupta & Deborah Colvin (Joint Chairs)	Laura Sharpe
12	Communications & Engagement Enabler	Alice Beard, Eeva Huoviala & Jamal Wallace	Ann Sanders & Jon Williams (Joint Chairs)	David Maher
13	Outcomes Framework	Anna Garner	David Maher	David Maher
14	New Financial Framework	Faizal Mangera	Sunil Thakker	David Maher

# IC Programme plan – Definitions, rules & how to read the plan

## Definition of “exceptional”

The Accountable Officer Group (AOG), Integrated Commissioning Board (ICB), the CCG Governing Body (GB) will receive regular reports covering:

1. The appearance of new projects, deliverables or milestones
2. The removal of projects, deliverables or milestones
3. Late projects, deliverables or milestones (i.e. 2 months tolerance)
4. Early projects, deliverables or milestones (i.e. 2 months tolerance)
5. Where the team need a decision from AOG, ICB or the CCG Governing Body
6. Where there is a “need to know” incident (eg say, a measles outbreak etc)

## Rules

- New projects, deliverables or milestones can only be added following discussion with the Workstream Director (WSD), Transformation Support Officer (TSO), Programme Directors/Leads and the IC Programme Director/IC Programme Manager. This is to ensure that agreed changes are documented in the narrative reported to the AOG/ICB/CCG GB and to ensure adherence to a change-control process.
- All acronyms be referenced [The next report will contain an annex defining all acronyms]

## How to read the plan

- The programme plan is constructed in MS Project software and migrated to PowerPoint to try and make it easier to read. In summary:
- Each blue bar represents a **task**. A task may require many sub-tasks to get the work done
- Each black bar represents a **summary task** and covers a collection of tasks. The combination of the blue tasks beneath contribute to the delivery of the what the black bar aims to achieve.
- ✓ Blue ticks at the left of the plan mean that task is **100% complete/finished**.
- ❖ Black diamonds in the main body of the plan represent **milestones** (eg a meeting or event). These are usually decisions, events or can represent the completion of a number of tasks (eg publication of a final report). These have a duration of 0 days, they take more time to complete – but that is the day it will either be finished, the event will take place or something tangible will be available.
- The names of projects and programmes are listed in **purple text**
- The actual work to be done or the milestone to be achieved is written in plain non-bold black text – this is what we should be focusing on.
- Note some plans are still under development – this is where the SRO or the Project/programme lead has indicated that they still need to add the dates to the tasks and milestones.
- This programme plan still a work in progress – but under change-control.



# Achievements [page 2 of 2]:

## Tasks and milestones completed as at 31 January 2020

ID	Task Mode	Task Name	Duration	Start	Finish	Timeline																					
						Half 2, 2019	Half 1, 2020					Half 2, 2020				Half 1, 2021											
						S	O	N	D	I	F	M	A	M	J	J	A	S	O	N	D	I	F	M	A	M	J
30	✔	Unplanned Care	0 days	Thu 06/02/20	Thu 06/02/20																						
31	✔	Neighbourhoods	0 days	Thu 06/02/20	Thu 06/02/20																						
32	✔	Programme of work	0 days	Thu 06/02/20	Thu 06/02/20																						
33	✔	Implementing new provider service models (Year 1 Neighbourhood Core Team)	0 days	Thu 06/02/20	Thu 06/02/20																						
34	✔	Dementia Neighbourhood Model (already live)	0 days	Thu 06/02/20	Thu 06/02/20																						
35	✔	Primary Care Networks (already live)	0 days	Thu 06/02/20	Thu 06/02/20																						
36	✔	Mental health blended team in Hackney Downs Neighbourhood (SMI & PD focus)	0 days	Thu 06/02/20	Thu 06/02/20																						
37	✔	Support neighbourhood service integration	0 days	Thu 06/02/20	Thu 06/02/20																						
38	✔	Community Pharmacy PCN/Neighbourhood leads (already live)	0 days	Thu 06/02/20	Thu 06/02/20																						
39	✔	Neighbourhood Health & Social Care Services Alliance	263 days	Mon 30/09/19	Wed 30/09/20																						
40	✔	Procurement and Contracting	263 days	Mon 30/09/19	Wed 30/09/20																						
41	✔	Publishing Prior Information Notices of CCG intention to undertake Collaborative Procurement leading to award of contracts to existing Providers	263 days	Mon 30/09/19	Wed 30/09/20																						
42	✔	28 day period for responses to be prepared	21 days	Mon 30/09/19	Mon 28/10/19																						
43	✔	Prepare responses and engage to any expressions of interest	16 days	Mon 04/11/19	Mon 25/11/19																						
44	✔	If required, further engagement in discussions with parties expressing interest to C&H	26 days	Mon 25/11/19	Mon 30/12/19																						
45	✔	Establish interim roll-over arrangements for Homerton CHS contract	21 days	Mon 02/12/19	Mon 30/12/19																						
46	✔	Workforce	1 day	Fri 31/01/20	Fri 31/01/20																						
47	✔	Development of an overarching workforce strategy and vision	1 day	Fri 31/01/20	Fri 31/01/20																						
48	✔	Workshop to identify Workforce enabler priorities	1 day	Fri 31/01/20	Fri 31/01/20																						
49	✔	Communications & Engagement Enabler	0 days	Thu 12/09/19	Thu 12/09/19																						
50	✔	Branding	0 days	Thu 12/09/19	Thu 12/09/19																						
51	✔	Strapline approved by ICB	0 days	Thu 12/09/19	Thu 12/09/19																						
52	✔	Outcomes Framework	23 days	Tue 29/10/19	Fri 29/11/19																						
53	✔	Priority Outcomes	23 days	Tue 29/10/19	Fri 29/11/19																						
54	✔	8 Priority Outcomes confirmed by AOG	0 days	Tue 29/10/19	Tue 29/10/19																						
55	✔	Outcome measures/indicators agreed by AOG	0 days	Tue 29/10/19	Tue 29/10/19																						
56	✔	Format for reporting performance agreed with AOG	0 days	Fri 29/11/19	Fri 29/11/19																						
57	✔	Format for reporting performance agreed with ICB	0 days	Thu 14/11/19	Thu 14/11/19																						

# Look ahead [page 1 of 3]:

## Tasks and milestones due to be completed by 28 February 2020

ID	Task Mode	Task Name	Duration	Start	Finish	Otr 4. 2019		Otr 1. 2020			Otr 2. 2020			Otr 3. 2020			Otr 4. 2020			Otr 1. 2021	
						Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
1		<b>Planned Care</b>	109 days	Tue 01/10/19	Fri 28/02/20																
2		<b>Mental Health</b>	109 days	Tue 01/10/19	Fri 28/02/20																
3		Housing First - Complete mobilisation	87 days	Thu 31/10/19	Fri 28/02/20																
4		City and Hackney Mental Health Strategy Action Plan Agree	109 days	Tue 01/10/19	Fri 28/02/20																
5		<b>Services for people with Learning Disabilities</b>	100 days	Tue 01/10/19	Mon 17/02/20																
6		Implementation of new ILDS service specification	90 days	Tue 01/10/19	Mon 03/02/20																
7		Autism Strategy Approval	100 days	Tue 01/10/19	Mon 17/02/20																
8		<b>Long Term Conditions (with Prevention workstream)</b>	109 days	Tue 01/10/19	Fri 28/02/20																
9		Hypertension medication adherence in black populations - review evidence from medicines management compliance audit and agree action plan	109 days	Tue 01/10/19	Fri 28/02/20																
10		<b>Cancer</b>	90 days	Tue 01/10/19	Mon 03/02/20																
11		Rare cancer awareness raising	90 days	Tue 01/10/19	Mon 03/02/20																
12		<b>Unplanned Care</b>	47 days	Mon 02/12/19	Tue 04/02/20																
13		<b>Mental Health - Dementia</b>	47 days	Mon 02/12/19	Tue 04/02/20																
14		Launch of GP E-referrals to Dementia Service	47 days	Mon 02/12/19	Tue 04/02/20																
15		<b>Prevention</b>	109 days	Tue 01/10/19	Fri 28/02/20																
16		<b>Substance Misuse</b>	95 days	Tue 01/10/19	Mon 10/02/20																
17		Appoint provider for an integrated drug and alcohol treatment service for City and Hackney	95 days	Tue 01/10/19	Mon 10/02/20																
18		Dry January campaign for City and Hackney	90 days	Tue 01/10/19	Mon 03/02/20																
19		<b>Self Management and Care</b>	109 days	Tue 01/10/19	Fri 28/02/20																
20		Integrated Social Prescribing and Community Navigation Service - agreement of the service specification and procurement timetable	109 days	Tue 01/10/19	Fri 28/02/20																

# Look ahead [page 2 of 3]:

## Tasks and milestones due to be completed by 28 February 2020

ID	Task Mode	Task Name	Duration	Start	Finish	Otr 4. 2019		Otr 1. 2020			Otr 2. 2020			Otr 3. 2020			Otr 4. 2020			Otr 1. 2021		
						Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
21		<b>Neighbourhood Health &amp; Social Care Services Alliance</b>	<b>70 days</b>	<b>Mon 25/11/19</b>	<b>Fri 28/02/20</b>																	
22		<b>Procurement and Contracting</b>	<b>61 days</b>	<b>Mon 02/12/19</b>	<b>Mon 24/02/20</b>																	
23		Review contract roll over proposal with WEL system and Islington CCGs	46 days	Mon 02/12/19	Mon 03/02/20																	
24		Seek legal advice on bespoke termination clauses	46 days	Mon 02/12/19	Mon 03/02/20																	
25		Write bespoke termination clauses into 2021 contracts	61 days	Mon 02/12/19	Mon 24/02/20																	
26		<b>Interim alliance agreement</b>	<b>65 days</b>	<b>Mon 02/12/19</b>	<b>Fri 28/02/20</b>																	
27		Transformation fund criteria given to Finance and Performance Committee	58 days	Mon 02/12/19	Wed 19/02/20																	
28		Further comments on the interim alliance from Providers at 5 Feb CSDB	46 days	Mon 02/12/19	Mon 03/02/20																	
29		Beachcroft produce final draft of the interim alliance	51 days	Mon 02/12/19	Mon 10/02/20																	
30		Governing body to sign off Interim Alliance agreement and Transformation Fund	65 days	Mon 02/12/19	Fri 28/02/20																	
31		<b>Application process</b>	<b>66 days</b>	<b>Mon 25/11/19</b>	<b>Mon 24/02/20</b>																	
32		B. Working as an alliance	62 days	Fri 29/11/19	Mon 24/02/20																	
33		C. Integrated governance	66 days	Mon 25/11/19	Mon 24/02/20																	
34		D. Effectiveness, Transformation and care models	66 days	Mon 25/11/19	Mon 24/02/20																	
35		E. System safety and quality	66 days	Mon 25/11/19	Mon 24/02/20																	
36		F. Alliance OD, Culture and leadership	66 days	Mon 25/11/19	Mon 24/02/20																	
37		<b>Finance sub group key milestones</b>	<b>11 days</b>	<b>Mon 27/01/20</b>	<b>Mon 10/02/20</b>																	
38		Developing a financial risk sharing agreement	11 days	Mon 27/01/20	Mon 10/02/20																	
39		Communication and Engagement	1 day	Thu 06/02/20	Thu 06/02/20																	

# Look ahead [page 3 of 3]: Tasks and milestones due to be completed by 28 February 2020

ID	Task Mode	Task Name	Duration	Start	Finish	Timeline														
						9 Sep	Oct	Otr 4. 2019	Nov	Dec	Jan	Otr 1. 2020	Feb	Mar	Otr 2. 2020	Apr	May	Jun	Otr 3. 2020	Jul
40		<b>Estates Enabler</b>	120 days	Mon 16/09/19	Fri 28/02/20	[Gantt bar from 16/09/19 to 28/02/20]														
41		<b>Joined Up System Planning</b>	109 days	Tue 01/10/19	Fri 28/02/20	[Gantt bar from 01/10/19 to 28/02/20]														
42		(1.4) Communication and Engagement Plan for the City and Hackney system	109 days	Tue 01/10/19	Fri 28/02/20	[Gantt bar from 01/10/19 to 28/02/20]														
43		<b>Capital Plans</b>	110 days	Mon 16/09/19	Fri 14/02/20	[Gantt bar from 16/09/19 to 14/02/20]														
44		<b>3.2 NHS funded: St. Leonard's redevelopment</b>	110 days	Mon 16/09/19	Fri 14/02/20	[Gantt bar from 16/09/19 to 14/02/20]														
45		3.2.1 St. Leonard's redevelopment plan phase 1 – healthcare demand and capacity analysis. Funded by OPE (NHS PS owned premises)	110 days	Mon 16/09/19	Fri 14/02/20	[Gantt bar from 16/09/19 to 14/02/20]														
46		<b>Outcomes Framework</b>	8 days	Thu 06/02/20	Tue 18/02/20	[Gantt bar from 06/02/20 to 18/02/20]														
47		<b>Evaluation Frameworks</b>	8 days	Thu 06/02/20	Tue 18/02/20	[Gantt bar from 06/02/20 to 18/02/20]														
48		Workshop to agree and sign off content of evaluation framework	0 days	Thu 06/02/20	Thu 06/02/20	[Milestone diamond at 06/02]														
49		Evaluation Framework signed off by Care Workstream Directors	0 days	Thu 13/02/20	Thu 13/02/20	[Milestone diamond at 13/02]														
50		Evaluation Frameworks signed off by AOG	0 days	Tue 18/02/20	Tue 18/02/20	[Milestone diamond at 18/02]														
51		<b>New Financial Framework</b>	43 days	Wed 01/01/20	Fri 28/02/20	[Gantt bar from 01/01/20 to 28/02/20]														
52		<b>Pooling health and social care resources</b>	23 days	Thu 02/01/20	Mon 03/02/20	[Gantt bar from 02/01/20 to 03/02/20]														
53		Case study on learning disabilities workshop to design enhanced service	23 days	Thu 02/01/20	Mon 03/02/20	[Gantt bar from 02/01/20 to 03/02/20]														
54		<b>Development of Finance Management Group (FMG)</b>	43 days	Wed 01/01/20	Fri 28/02/20	[Gantt bar from 01/01/20 to 28/02/20]														
55		FM to attend CCG Finance Performance Committee to inform terms of reference (ToR) for FMG.	43 days?	Wed 01/01/20	Fri 28/02/20	[Gantt bar from 01/01/20 to 28/02/20]														
56		FM to attend Homerton finance management group to inform ToR for FMG.	43 days?	Wed 01/01/20	Fri 28/02/20	[Gantt bar from 01/01/20 to 28/02/20]														



# Integrated Care (IC) Programme Plan - Exception Report

As at 31 January 2020



# Exception report:

## Red & Amber activities, tasks, deliverables or milestones

Workstream/Programme	RAG status last period	RAG status this period	Reason for Red/Amber status	Get to green strategy/mitigations
<b>ENABLER GROUP – IT</b>				
Digital Social Prescribing (Prevention)	<b>GREEN</b>	<b>AMBER</b>	Some delay to planned implementation due to system technical issues	Technical infrastructure issues being escalated with system supplier; interim solution for the directory of services to be used by the social prescriber being worked through.
Electronic Ordering (Diagnostics)	<b>GREEN</b>	<b>RED</b>	Capacity issues with EMIS	Being escalated at senior Director level
Discovery (Neighbourhoods)	<b>GREEN</b>	<b>AMBER</b>	Independent review underway to inform direction of travel	Recommendations from independent review expected end Q4 19/20 or shortly after; interim analytics tools being exploited.
PA Finder (Planned Care)	<b>GREEN</b>	<b>RED</b>	Original proposal now not deemed appropriate	Review underway

# Exception report:

## Red & Amber activities, tasks, deliverables or milestones

Workstream/Programme	RAG status last period	RAG status this period	Reason for Red/Amber status	Get to green strategy/mitigations
<b>ENABLER GROUP – COMMUNICATIONS &amp; ENGAGEMENT</b>				
Logo approved by ICB	AMBER	RED	Insufficient resources and senior management support and direction for team	Workshop held 30 January with Communications & Engagement leaders from across the City & Hackney local system. Following the workshop the communications & engagement plan will undergo a fundamental overhaul, will feature more engagement milestones be resubmitted March 2020
Website live	AMBER	RED		
Easy-read/accessible draft Prospectus/Explainer Document ready for review	AMBER	RED		
Senior mgt and stakeholder review prospectus/explainer document	AMBER	RED		
Explainer Document signed off by ICB	AMBER	RED		
Forward planner has been designed	AMBER	RED		
Forward planner has been populated	AMBER	RED		
Publish November 2019 Newsletter	AMBER	RED		
Publishing the IC Newsletter is now monthly BAU	AMBER	RED		

# Reported Red & Amber last reporting period: Now Green

Workstream/Programme	RAG status last period	RAG status this period
		GREEN
		GREEN
		GREEN
		GREEN
		GREEN
		GREEN
		GREEN
		GREEN
		GREEN

The purpose of this page is to present milestones which were previously red or amber but are now green. They will appear once here for the audit trail and then not be represented the following month. Some months this page may be empty!

# Integrated Care (IC) Full Programme Plan

As at 31 January 2020



# Operational plan (Coordination)

## Building on the Long Term Plan

Project/ Programme Lead	SRO/Chair	Accountable Officer
Carolyn Kus (coordination) & Workstream Directors	Sunil Thakker	David Maher

ID	Task Mode	Task Name	Duration	Start	Finish	
1		<b>ELHCP Operational Plan (building on the Long Term Plan (LTP))</b>	<b>118 days</b>	<b>Fri 15/11/19</b>	<b>Wed 29/04/20</b>	
2		System plans agreed with system leads and regional teams	0 days	Fri 15/11/19	Fri 15/11/19	
3		Submission of ELHCP to NHSE/Publish ELHCP LTP	46 days	Fri 15/11/19	Fri 17/01/20	
4		Operational and technical guidance issued	0 days	Thu 30/01/20	Thu 30/01/20	
5		First submission of draft operational plans	0 days	Thu 05/03/20	Thu 05/03/20	
6		Final submission of operational plans	0 days	Wed 29/04/20	Wed 29/04/20	
7		<b>City &amp; Hackney: Operational Plan</b>	<b>75 days</b>	<b>Fri 10/01/20</b>	<b>Fri 24/04/20</b>	
8		Process for ongoing management of and implementation of LTP agreed	0 days	Fri 10/01/20	Fri 10/01/20	
9		[More detailed City & Hackney milestones to be added here]				
10		Development of first submission of operational plan	0 days	Mon 02/03/20	Mon 02/03/20	
11		[More detailed City & Hackney milestones to be added here]				
12		Final submission of City & Hackney operational plan	0 days	Fri 24/04/20	Fri 24/04/20	

# Care Workstream: Planned Care

ID	Task Mode	Task Name	Duration	Start	Finish	Timeline											
						Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
1		<b>Planned Care</b>	262 days	Tue 01/10/19	Wed 30/09/21	[Timeline bar]											
2		<b>Outpatient Transformation</b>	153 days	Tue 01/10/19	Thu 30/04/20	[Timeline bar]											
3		Reporting against Long Term Plan targets for appointments to be made virtual or delivered in the community	153 days	Tue 01/10/19	Thu 30/04/20	[Timeline bar]											
4		<b>Personal Health Budgets</b>	153 days	Tue 01/10/19	Thu 30/04/20	[Timeline bar]											
5	✓	Implementation of the Mosaic IT monitoring system	89 days	Tue 01/10/19	Fri 31/01/20	[Timeline bar]											
6		Final reporting against PHB pilot cohort targets (Pilot to expand PHB offer to new patient cohorts)	153 days	Tue 01/10/19	Thu 30/04/20	[Timeline bar]											
7		<b>Mental Health</b>	109 days	Tue 01/10/19	Fri 28/02/20	[Timeline bar]											
8	✓	Housing First - Contract Award Report	0 days	Thu 31/10/19	Thu 31/10/19	◆ 31/10											
9		Housing First - Complete mobilisation	87 days	Thu 31/10/19	Fri 28/02/20	[Timeline bar]											
10		City and Hackney Mental Health Strategy Action Plan Agreed	109 days	Tue 01/10/19	Fri 28/02/20	[Timeline bar]											
11		<b>Continuing Healthcare (CHC)</b>	131 days	Thu 31/10/19	Thu 30/04/20	[Timeline bar]											
12	✓	Reporting on the INEL CHC Review recommendations	0 days	Thu 31/10/19	Thu 31/10/19	◆ 31/10											
13		Implementation of response to INEL CHC Review recommendations	130 days	Fri 01/11/19	Thu 30/04/20	[Timeline bar]											
14		<b>Services for people with Learning Disabilities</b>	153 days	Tue 01/10/19	Thu 30/04/20	[Timeline bar]											
15		Implementation of new ILDS service specification	90 days	Tue 01/10/19	Mon 03/02/20	[Timeline bar]											
16		Fully costed Learning Disability (LD) Strategy for City and Hackney agreed	123 days	Tue 01/10/19	Thu 19/03/20	[Timeline bar]											
17		Autism Strategy Approval	100 days	Tue 01/10/19	Mon 17/02/20	[Timeline bar]											
18		LD Strategy Action Plan	84 days	Mon 06/01/20	Thu 30/04/20	[Timeline bar]											
19		<b>Long Term Conditions (with Prevention workstream)</b>	154 days	Tue 01/10/19	Fri 01/05/20	[Timeline bar]											
20	✓	Funding case to FPC for Community IV diuretics for heart failure project	30 days	Tue 01/10/19	Mon 11/11/19	[Timeline bar]											
21		Community IV diuretics for heart failure service pilot - agree specification, referral pathway and complete recruitment for 18 month pilot	154 days	Tue 01/10/19	Fri 01/05/20	[Timeline bar]											
22		Hypertension medication adherence in black populations - review evidence from medicines management compliance audit and agree action plan	109 days	Tue 01/10/19	Fri 28/02/20	[Timeline bar]											
23		Undiagnosed COPD audit in primary care - audit findings to be reviewed and next steps agreed	153 days	Tue 01/10/19	Thu 30/04/20	[Timeline bar]											
24		Additional capacity for Pulmonary Rehabilitation - service mobilised	153 days	Tue 01/10/19	Thu 30/04/20	[Timeline bar]											
25		<b>Medicines Management</b>	175 days	Tue 01/10/19	Mon 01/06/21	[Timeline bar]											
26		Completion of all 2019/20 Clinical audits	175 days	Tue 01/10/19	Mon 01/06/20	[Timeline bar]											
27		Anti-microbial stewardship - completion of 2019/20 NHS oversight framework				[Timeline bar]											
28	✓	Anti-coagulation Stakeholder Review meeting to confirm future of anticoagulation services for next 3-5 years	0 days	Tue 01/10/19	Tue 01/10/19	01/10											
29		Anti-coagulation commissioning plan to be developed	109 days	Wed 01/01/20	Mon 01/06/20	[Timeline bar]											
30		<b>Cancer</b>	262 days	Tue 01/10/19	Wed 30/09/21	[Timeline bar]											
31		Improving cancer patient experience in primary and secondary care	262 days	Tue 01/10/19	Wed 30/09/20	[Timeline bar]											
32	✓	Rare cancer awareness raising	90 days	Tue 01/10/19	Mon 03/02/20	[Timeline bar]											
33		Implementation of GP led Active Monitoring Service for Breast, Prostate and colorectal cancers	130 days	Tue 01/10/19	Mon 30/03/20	[Timeline bar]											
34		Faster Diagnosis Standard	132 days	Tue 01/10/19	Wed 01/04/20	[Timeline bar]											

# Care Workstream: Unplanned Care

ID	Task Mode	Task Name	Duration	Start	Finish	Otr 3. 2019 Aug	Sen	Oct	Otr 4. 2019 Nov	Dec	Jan	Otr 1. 2020 Feb	Mar	Apr	Otr 2 M
1		<b>Unplanned Care</b>	<b>418 days</b>	<b>Mon 26/08/19</b>	<b>Wed 31/03/21</b>	[Gantt bar from Aug to Mar]									
2		<b>Integrated Urgent Care</b>	<b>300 days</b>	<b>Mon 06/01/20</b>	<b>Fri 26/02/21</b>	[Gantt bar from Jan to Feb]									
3		London Ambulance Service demand management (called the NEL Integration Development Programme) -including 111/999 integration, Clinical Assessment Service (CAS) improvement, development of urgent community response - service, access and utilisation	62 days	Mon 06/01/20	Tue 31/03/20	[Gantt bar from Jan to Mar]									
4		Redirection from Homerton A&E - 1 year pilot	280 days	Mon 03/02/20	Fri 26/02/21	[Gantt bar from Feb to Mar]									
5		Finalise Same day emergency care review - responding to the Homerton Ambulatory Medical Unit (HAMU) evaluation	88 days	Wed 01/04/20	Fri 31/07/20	[Gantt bar from Apr to Jul]									
6		Progress local Integrated Urgent Care system development - including developments to GPOOH and Paradoc	88 days	Mon 01/06/20	Wed 30/09/20	[Gantt bar from Jun to Sep]									
7		Otago home exercise falls prevention - pilot evaluation	44 days	Mon 02/03/20	Thu 30/04/20	[Gantt bar from Mar to Apr]									
8		Incorporating Falls into the Anticipatory Care Model / Pilot	142 days	Thu 16/01/20	Fri 31/07/20	[Gantt bar from Jan to Jul]									
9		<b>Neighbourhoods</b>	<b>392 days</b>	<b>Tue 01/10/19</b>	<b>Wed 31/03/21</b>	[Gantt bar from Oct to Mar]									
10		Identification of priorities/needs for Neighbourhoods & developing po	87 days	Mon 02/12/19	Tue 31/03/20	[Gantt bar from Dec to Mar]									
11		Development & agreement of new service models for Neighbourhood	219 days	Tue 01/10/19	Fri 31/07/20	[Gantt bar from Oct to Jul]									
12		Development of new care models: Proactive Care for complex need	325 days	Thu 02/01/20	Wed 31/03/21	[Gantt bar from Jan to Mar]									
13		Development of new care models: Anticipatory Care for moderate ne	392 days	Tue 01/10/19	Wed 31/03/21	[Gantt bar from Oct to Mar]									
14		Implementation of new service models for Neighbourhood Core Team	196 days	Wed 01/07/20	Wed 31/03/21	[Gantt bar from Jul to Mar]									
15		Establishment of Neighbourhood Partnerships (across all 8 Neighb	325 days	Mon 02/12/19	Fri 26/02/21	[Gantt bar from Dec to Feb]									
16		(Service models: Adult Nursing, Adult Therapies, Adult Social Care													
17		<b>Improve Patient flow and Discharge Pathway</b>	<b>331 days</b>	<b>Mon 26/08/19</b>	<b>Mon 30/11/20</b>	[Gantt bar from Aug to Nov]									
18		Recommissioning of the Integrated Independence Team	290 days	Tue 22/10/19	Mon 30/11/20	[Gantt bar from Oct to Nov]									
19		Embedding Discharge to Assess (D2A) pilot as business as usual	331 days	Mon 26/08/19	Mon 30/11/20	[Gantt bar from Aug to Nov]									
20		Development of homeless discharge pathways - Homerton audit	103 days	Fri 01/11/19	Tue 24/03/20	[Gantt bar from Nov to Mar]									
21		<b>End of life care</b>	<b>294 days</b>	<b>Mon 02/12/19</b>	<b>Thu 14/01/21</b>	[Gantt bar from Dec to Jan]									
22		Pilot of Marie Curie Rapid Response End of Life Nursing service (10	88 days	Mon 02/12/19	Wed 01/04/20	[Gantt bar from Dec to Apr]									
23		Expansion of Rapid Response End of Life pilot (8pm-8am)	207 days	Wed 01/04/20	Thu 14/01/21	[Gantt bar from Apr to Jan]									
24		<b>Mental Health - Dementia</b>	<b>200 days</b>	<b>Mon 28/10/19</b>	<b>Fri 31/07/20</b>	[Gantt bar from Oct to Jul]									
25		Roll-out and embedding of City & Hackney Dementia Service		Mon 28/10/19	Tbc	[Gantt bar from Oct to Tbc]									
26		Launch of GP E-referrals to Dementia Service	47 days	Mon 02/12/19	Tue 04/02/20	[Gantt bar from Dec to Feb]									
27		Dementia Service patient recall	196 days	Fri 01/11/19	Fri 31/07/20	[Gantt bar from Nov to Jul]									



# Care Workstream: Unplanned Care - Neighbourhoods [Page 1 of 2]

Project/ Programme Lead	SRO/Chair	Accountable Officer
Nina Griffith	Tracey Fletcher	Tracey Fletcher

ID	Task Mode	Task Name	Duration	Start	Finish	Timeline											
						tr 1. 2020	Feb	Mar	Apr	Otr 2. 2020	May	Jun	Jul	Otr 3. 2020	Aug	Sep	Otr 4. 2020
1		<b>Neighbourhoods</b>	430 days	Thu 06/02/20	Thu 30/09/21												
2		<b>Programme of work</b>	430 days	Thu 06/02/20	Thu 30/09/21												
3		<b>Identify Neighbourhood pop. health needs</b>	200 days	Fri 15/05/20	Fri 19/02/21												
4		Meetings start to identify priorities with residents	0 days	Fri 15/05/20	Fri 15/05/20												
5		Priorities inform prevention investment standard	60 days	Mon 08/06/20	Fri 28/08/20												
6		Year 1 focusing on initial data linkage/neighbourhood dashboard dev/risk stratification for anticipatory care	110 days	Mon 14/09/20	Fri 12/02/21												
7		Refresh of Neighbourhood priorities	0 days	Fri 19/02/21	Fri 19/02/21												
8		<b>Develop and agree new service models</b>	113 days	Wed 01/04/20	Mon 07/09/20												
9		March away-day for Provider Service Models	0 days	Wed 01/04/20	Wed 01/04/20												
10		Development of Population Health framework	65 days	Mon 01/06/20	Fri 28/08/20												
11		Population health framework published	0 days	Mon 07/09/20	Mon 07/09/20												
12		<b>Implementing new provider service models (Year 1 Neighbourhood Core Team)</b>	430 days	Thu 06/02/20	Thu 30/09/21												
13	✓	Dementia Neighbourhood Model (already live)	0 days	Thu 06/02/20	Thu 06/02/20												
14		Further engagement & refinement of service models & funding	81 days	Mon 01/06/20	Sat 19/09/20												
15		Community Navigation service model for City and Hackney developed	0 days	Fri 25/09/20	Fri 25/09/20												
16	✓	Primary Care Networks (already live)	0 days	Thu 06/02/20	Thu 06/02/20												
17		1 x Neighbourhood adult social care teams (Clissold Pk & Woodberry Wetlands Neighbourhood)	0 days	Tue 31/03/20	Tue 31/03/20												
18		Go-live Adult Community Nursing Model (TBC)	0 days	Fri 14/08/20	Fri 14/08/20												
19		1 x further Neighbourhood adult social care teams (4 Neigh 'ds in total)															
20		Go-live Adult Community Therapies Model (TBC)	0 days	Fri 18/12/20	Fri 18/12/20												
21		1 x further ASC teams (remaining 1 in Sept. 2021)	0 days	Fri 26/03/21	Fri 26/03/21												
22	✓	Mental health blended team in Hackney Downs Neighbourhood (SMI & PD focus)	0 days	Thu 06/02/20	Thu 06/02/20												
23		Further expansion of mental health blended teams into additional Neighbourhoods	0 days	Wed 30/09/20	Wed 30/09/20												
24		Further expansion of mental health blended teams (to Sep 2021)	0 days	Thu 30/09/21	Thu 30/09/21												
25		<b>Support neighbourhood service integration</b>	300 days	Thu 06/02/20	Wed 31/03/21												
26		Workshops to agree neighbourhood support structure	73 days	Wed 01/04/20	Fri 10/07/20												
27		Support structure for ongoing neighbourhood service collaboration, learning and quality improvement	188 days	Mon 13/07/20	Wed 31/03/21												
28	✓	Community Pharmacy PCN/Neighbourhood leads (already live)	0 days	Thu 06/02/20	Thu 06/02/20												

# Care Workstream: Unplanned Care - Neighbourhoods [Page 2 of 2]

Project/ Programme Lead	SRO/Chair	Accountable Officer
Nina Griffith	Tracey Fletcher	Tracey Fletcher

ID	Task Mode	Task Name	Duration	Start	Finish	Timeline											
						Feb	Mar	Qtr 2, 2020			Qtr 3, 2020			Qtr 4, 2020			Q1
						Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		
29		<b>Implement interventions for priority cohorts</b>	196 days	Wed 01/07/20	Wed 31/03/21												
30		Anticipatory Care Pilot (Clissold Park)															
31		Enhancements for people with complex needs – rollout Anticipatory Care alongside training	196 days	Wed 01/07/20	Wed 31/03/21												
32		Prevention Investment Standard for Neighbourhood Priorities (VCS sector)	158 days	Mon 24/08/20	Wed 31/03/21												
33		<b>Measure impact of interventions for population groups</b>	217 days	Wed 01/04/20	Fri 29/01/21												
34		Community Navigation logic model & outcomes framework agreed for City and Hackney	0 days	Fri 15/05/20	Fri 15/05/20												
35		Development of Neighbourhoods Outcomes Framework – initial focus on domains 2 (staff experience) and 6 (integrated working) to demonstrate progress in team working &	197 days	Wed 01/04/20	Thu 31/12/20												
36		Interim Anticipatory Care Evaluation	0 days	Fri 16/10/20	Fri 16/10/20												
37		Measures defined for domains 1 and 6	0 days	Fri 18/12/20	Fri 18/12/20												
38		Cordis Bright Neighbourhood Evaluation	0 days	Fri 29/01/21	Fri 29/01/21												
39		<b>Developing Neighbourhood partnerships</b>	252 days	Wed 01/04/20	Fri 19/03/21												
40		Well Street Common (pilot) Neighbourhood Partnership established	0 days	Wed 01/04/20	Wed 01/04/20												
41		Identify resident leads for Neighbourhood Partnerships	160 days	Mon 08/06/20	Fri 15/01/21												
42		Early development of other Neighbourhood Partnerships / Forums	170 days	Mon 08/06/20	Fri 29/01/21												
43		Start formation of Neighbourhood partnerships	0 days	Fri 19/03/21	Fri 19/03/21												
44		<b>Enablers</b>	238 days	Mon 04/05/20	Wed 31/03/21												
45		<b>Neighbourhoods Estates</b>	175 days	Fri 15/05/20	Fri 15/01/21												
46		Identify estates requirements for MDT Meetings (Practice / Neighbourhoods)	0 days	Fri 15/05/20	Fri 15/05/20												
47		Estates team identifying space availability	116 days	Fri 31/07/20	Fri 08/01/21												
48		Start to develop requirements for estates space	116 days?	Fri 31/07/20	Fri 08/01/21												
49		Early identification of co-working space requirements for core Neighbourhood team	0 days	Fri 15/01/21	Fri 15/01/21												
50		<b>Neighbourhoods Estates Tech &amp; Data</b>	230 days	Mon 04/05/20	Fri 19/03/21												
51		Develop & test new tech for MDTs	70 days	Mon 04/05/20	Fri 07/08/20												
52		Data & systems development for pop health	160 days	Mon 10/08/20	Fri 19/03/21												
53		<b>Neighbourhoods Workforce/OD</b>	200 days	Mon 15/06/20	Fri 19/03/21												
54		Leadership facilitated support to emergent leadership teams within Neighbourhoods	200 days	Mon 15/06/20	Fri 19/03/21												
55		Gathering staff who are linked to working in a Neighbourhood Q	0 days	Fri 07/08/20	Fri 07/08/20												
56		Gathering staff who are linked to working in a Neighbourhood Q	0 days	Fri 30/10/20	Fri 30/10/20												
57		Gathering staff who are linked to working in a Neighbourhood Q	0 days	Fri 19/02/21	Fri 19/02/21												
58		<b>Neighbourhoods Comms &amp; engagement</b>	213 days	Mon 08/06/20	Wed 31/03/21												
59		Neighbourhood Comms Strategy in place	0 days	Mon 08/06/20	Mon 08/06/20												
60		Core staff messages – toolkit & website	90 days	Mon 27/07/20	Fri 27/11/20												
61		Improvement to Neighbourhood communications to residents and to staff	128 days	Mon 05/10/20	Wed 31/03/21												

◆ 15/05 **Dates subject to review as the plan is still under development**

◆ 16/10

◆ 18/12

◆ 01/04

◆ 15/05

◆ 1

◆ 07/08

◆ 30/10

◆ 08/06

# Care Workstream – Children, Young People, Maternity & Families (CYPMF)

ID	Task Mode	Task Name	Duration	Start	Finish	Timeline													
						Half 2, 2019	Half 1, 2020			Half 2, 2020			Half 1, 2021			Half 2, 2021			
						S	N	J	M	M	J	S	N	J	M	M	J	S	
1		<b>Children, Young People, Maternity &amp; Families (CYPMF)</b>	849 days	Tue 01/10/19	Fri 30/12/22	[Gantt bar spanning from Tue 01/10/19 to Fri 30/12/22]													
2		<b>Maternity</b>	240 days	Tue 01/10/19	Mon 31/08/20	[Gantt bar spanning from Tue 01/10/19 to Mon 31/08/20]													
3		Full implementation of all 5 Saving Babies Lives Care Bundle elements (LTP deliverable)	131 days	Tue 01/10/19	Tue 31/03/20	[Gantt bar spanning from Tue 01/10/19 to Tue 31/03/20]													
4		Improvement of Breastfeeding support and achievement of Baby Friendly Initiative (BFI) Level 2	240 days	Tue 01/10/19	Mon 31/08/20	[Gantt bar spanning from Tue 01/10/19 to Mon 31/08/20]													
5		Implementation of Better Births Continuity of Carer, with achievement of national target of 35% (LTP deliverable)	131 days	Tue 01/10/19	Tue 31/03/20	[Gantt bar spanning from Tue 01/10/19 to Tue 31/03/20]													
6		<b>Children and Young People</b>	305 days	Tue 01/10/19	Mon 30/11/20	[Gantt bar spanning from Tue 01/10/19 to Mon 30/11/20]													
7		Implement our agreed joint CETR (Care Education Treatment Reviews) approach, in line with the Long Term Plan so that we have a comprehensive register and reduction in admissions	153 days	Tue 01/10/19	Thu 30/04/20	[Gantt bar spanning from Tue 01/10/19 to Thu 30/04/20]													
8		Agree joint funding Protocols for Children with complex care needs across social care, education and health across pathways (Continuing Care, SEND and LAC)	86 days	Thu 02/01/20	Thu 30/04/20	[Gantt bar spanning from Thu 02/01/20 to Thu 30/04/20]													
9		Development of initial specification to direct the alignment of Speech & Language Therapies (SLT) budget	87 days	Wed 01/01/20	Thu 30/04/20	[Gantt bar spanning from Wed 01/01/20 to Thu 30/04/20]													
10		Formalise Joint Financial Arrangements across integrated commissioning partnership for SLT budgets	65 days	Tue 01/09/20	Mon 30/11/20	[Gantt bar spanning from Tue 01/09/20 to Mon 30/11/20]													
11		<b>Immunisation (working with Prevention across all ages)</b>	783 days	Wed 01/01/20	Fri 30/12/22	[Gantt bar spanning from Wed 01/01/20 to Fri 30/12/22]													
12		Develop and support delivery of PCN-based plans for Immunisations Delivery in 2021-2022	261 days	Thu 02/01/20	Thu 31/12/20	[Gantt bar spanning from Thu 02/01/20 to Thu 31/12/20]													
13		Continued delivery of two year 'Improving Immunisations' Action Plan	783 days	Wed 01/01/20	Fri 30/12/22	[Gantt bar spanning from Wed 01/01/20 to Fri 30/12/22]													
14		<b>Child and Adolescent Mental Health (CAMHS &amp; Wellbeing)</b>	153 days	Tue 01/10/19	Thu 30/04/20	[Gantt bar spanning from Tue 01/10/19 to Thu 30/04/20]													
15		Development of CYP Emotional Health & Wellbeing Strategy - draft for consultation	153 days	Tue 01/10/19	Thu 30/04/20	[Gantt bar spanning from Tue 01/10/19 to Thu 30/04/20]													
16		Publication of 2019/20 CAMHS Transformation Plan	89 days	Tue 01/10/19	Fri 31/01/20	[Gantt bar spanning from Tue 01/10/19 to Fri 31/01/20]													
17		Launch of 'Cool down cafe' and crisis pathway for Children & Young People (16-25 transitions service, Reach and Resilience project expansion)	89 days	Tue 01/10/19	Fri 31/01/20	[Gantt bar spanning from Tue 01/10/19 to Fri 31/01/20]													
18		Wellbeing and Mental Health in Schools (WAMHS) - Launch of universal roll-out in City and Hackney maintained schools	22 days	Wed 01/04/20	Thu 30/04/20	[Gantt bar spanning from Wed 01/04/20 to Thu 30/04/20]													
19		<b>Adverse Childhood Experiences (ACEs)</b>	153 days	Tue 01/10/19	Thu 30/04/20	[Gantt bar spanning from Tue 01/10/19 to Thu 30/04/20]													
20		Development of Needs Assessment, ACEs Strategy and Action Plan	153 days	Tue 01/10/19	Thu 30/04/20	[Gantt bar spanning from Tue 01/10/19 to Thu 30/04/20]													
21		Development and Launch of ACEs Resource Portal	tbc	tbc	tbc														
22		Development and launch of universal and targeted workforce development and training programme for ACEs	tbc	tbc	tbc														
23		<b>Safeguarding &amp; Looked-After Children</b>	218 days	Wed 01/01/20	Fri 30/10/20	[Gantt bar spanning from Wed 01/01/20 to Fri 30/10/20]													
24		Child Death Overview Panel - embedding the new arrangements across WEL and City and Hackney	87 days	Wed 01/01/20	Thu 30/04/20	[Gantt bar spanning from Wed 01/01/20 to Thu 30/04/20]													
25		Evidencing outcome of caseload management approach for Health of Looked After Children service leading to assessment	87 days	Wed 01/01/20	Thu 30/04/20	[Gantt bar spanning from Wed 01/01/20 to Thu 30/04/20]													
26		Safeguarding Children Annual Report: Statutory report produced for Department for Health and Social Care, to be authorised through local governance	44 days	Tue 01/09/20	Fri 30/10/20	[Gantt bar spanning from Tue 01/09/20 to Fri 30/10/20]													
27		Health of Looked After Children Annual Report: Statutory report produced for Department for Health and Social Care, to be authorised through local	44 days	Tue 01/09/20	Fri 30/10/20	[Gantt bar spanning from Tue 01/09/20 to Fri 30/10/20]													
28		<b>Implementation of Systems Working</b>	305 days	Wed 01/01/20	Tue 02/03/21	[Gantt bar spanning from Wed 01/01/20 to Tue 02/03/21]													
29		Commission 0-25 Integrated Public Health Service for Launch in Autumn 2020	239 days	Wed 01/01/20	Mon 30/11/20	[Gantt bar spanning from Wed 01/01/20 to Mon 30/11/20]													
30		Development and delivery of workshops on early years and adolescence to support Multi Disciplinary Team (MDT) relationships at Neighbourhood level	282 days	Mon 03/02/20	Tue 02/03/21	[Gantt bar spanning from Mon 03/02/20 to Tue 02/03/21]													
31		Agree key CYPMF transformation priorities to take forward through the new integrated Provider Alliance structure	tbc	tbc	tbc														

# Care Workstream: Prevention [Page 1 of 2]

Project/ Programme Lead	SRO/Chair	Accountable Officer
Jayne Taylor	Sandra Husbands (Chair)	Anne Canning

ID	Task Mode	Task Name	Duration	Start	Finish	
1		<b>Prevention</b>	655 days	Mon 01/04/19	Fri 01/10/21	
2		<b>Long term conditions - earlier intervention</b>	132 days	Tue 01/10/19	Wed 01/04/20	01/04
3		Refocusing of GPC LTC contract to 'LTC and Prevention' contract - work with GP Confed, CCG clinical leads and Clinical Effectiveness Group to agree 2020/21 contractual changes	111 days?	Wed 30/10/19	Wed 01/04/20	
4		ACERS insight and data analysis to inform stop smoking model for COPD patients (supports work to embed treatment of tobacco dependency in NHS pathways, as per NHS LTP) - links to smoking/tobacco control priority	96 days?	Wed 20/11/19	Wed 01/04/20	
5		Implementation of phase one of the group consultations project	132 days	Tue 01/10/19	Wed 01/04/20	
6		<b>Making Every Contact Count</b>	197 days	Tue 01/10/19	Wed 01/07/20	01/07
7	✓	Co-design workshops with x6 innovation sites	61 days	Tue 01/10/19	Tue 24/12/19	
8		Delivery of bespoke training to innovation sights	130 days	Tue 01/10/19	Mon 30/03/20	
9		Develop plans for roll-out of training	89 days?	Fri 28/02/20	Wed 01/07/20	
10	✓	Evaluation baselining for each IC programme partner	89 days	Tue 01/10/19	Fri 31/01/20	
11		<b>Substance Misuse</b>	371 days	Wed 01/05/19	Wed 30/09/20	
12		Delivery of Hackney Alcohol Strategy Action Plan - progress report (six monthly reporting)	263 days	Wed 01/05/19	Fri 01/05/20	
13		Appoint provider for an integrated drug and alcohol treatment service for City and Hackney	95 days	Tue 01/10/19	Mon 10/02/20	
14		Implementation of integrated drug and alcohol treatment service for City and Hackney	153 days	Mon 02/03/20	Wed 30/09/20	
15		Inclusion of alcohol screening, brief advice and referrals into the LTC and Prevention contract for 2020/21 - links to LTC	132 days	Tue 01/10/19	Wed 01/04/20	
16		Dry January campaign for City and Hackney	90 days	Tue 01/10/19	Mon 03/02/20	
17		<b>Mental Health</b>	460 days	Wed 01/05/19	Tue 02/02/21	02/02
18		Deliver Mental Health First Aid training to up to 275 professionals who work with those most likely to be affected by poor mental health in Hackney	240 days?	Wed 01/05/19	Tue 31/03/20	
19	✓	Mental Health Network recommissioning - complete single tender action to extend existing City and Hackney service to allow sufficient time for recommissioning	66 days	Tue 01/10/19	Tue 31/12/19	
20		Mental Health Network recommissioning - draft specification for a redesigned service (informed by stakeholder engagement and soft market testing) and obtain agreement for the Business Case to go out to procurement	351 days	Tue 01/10/19	Tue 02/02/21	
21		Work with Mental Health Coordinating Committee to finalise prevention elements of City and Hackney joint Mental Health Strategy Action Plan	130 days	Tue 01/10/19	Mon 30/03/20	



# Mental Health

ID	Task Mode	Task Name	Duration	Start	Finish	Timeline (2019-2023)																			
						2019				2020				2021				2022				2023			
						Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1		<b>Mental Health</b>	585 days	Mon 04/03/19	Fri 28/05/21	[Timeline bar from Q1 2019 to Q2 2021]																			
2		<b>Planned Care</b>	520 days	Mon 03/06/19	Fri 28/05/21	[Timeline bar from Q2 2019 to Q2 2021]																			
3	👉	Achieve LTP target - IAPT Access Rate	0 days	Wed 31/03/21	Wed 31/03/21																				◆ 31/03
4	👉	Achieve locally agreed LTP agree - IAPT Access Rate	0 days	Wed 31/03/21	Wed 31/03/21																				◆ 31/03
5	👉	20% of those with poor control diabetes entering into	0 days	Wed 31/03/21	Wed 31/03/21																				◆ 31/03
6	👉	Achieve quality CQUIN - local BME IAPT Access Rates	0 days	Wed 31/03/21	Wed 31/03/21																				◆ 31/03
7	👉	Achieve quality CQUIN - local Older IAPT Access Rates	0 days	Wed 31/03/21	Wed 31/03/21																				◆ 31/03
8	👉	Deliver Personal Health Budgets annual target	520 days	Mon 03/06/19	Fri 28/05/21	[Timeline bar from Q2 2019 to Q2 2021]																			
9	👉	Recommission a brand new, fit for purpose Mental He	500 days	Mon 03/06/19	Fri 30/04/21	[Timeline bar from Q2 2019 to Q4 2020]																			
10		<b>Unplanned Care</b>	387 days	Mon 07/10/19	Wed 31/03/21	[Timeline bar from Q3 2019 to Q3 2021]																			
11	👉	Deliver national and local Dementia Diagnostic rate ta	192 days	Mon 07/10/19	Tue 30/06/20	[Timeline bar from Q3 2019 to Q2 2020]																			
12	👉	Deliver Frequent Attenders locally agreed target	0 days	Wed 31/03/21	Wed 31/03/21																				◆ 31/03
13	👉	Deliver Frequent Attenders locally agreed reduction t	0 days	Wed 31/03/21	Wed 31/03/21																				◆ 31/03
14	👉	Pilot MH care coordinators and virtual teams working	128 days	Mon 06/04/20	Wed 30/09/20	[Timeline bar from Q1 2020 to Q3 2020]																			
15	👉	Implement required improvements to the support ava	280 days	Mon 07/10/19	Fri 30/10/20	[Timeline bar from Q3 2019 to Q4 2020]																			
16	👉	Expansion of Ambulance response service in line with		TBC	TBC																				
17	👉	Dementia Patient recall	195 days	Mon 04/11/19	Fri 31/07/20	[Timeline bar from Q4 2019 to Q3 2020]																			
18	👉	City and Hackney Dementia Service fully operational in	0 days	Fri 30/10/20	Fri 30/10/20																				◆ 30/10
19	👉	Roll out of GP E-referrals to the dementia service (100	280 days	Mon 03/02/20	Fri 26/02/21	[Timeline bar from Q1 2020 to Q1 2021]																			
20		<b>Children and Maternity</b>	22 days	Wed 31/03/21	Fri 30/04/21	[Timeline bar from Q3 2020 to Q4 2020]																			
21	👉	Achieve LTP target - CAMHS Access Rate	0 days	Wed 31/03/21	Wed 31/03/21																				◆ 31/03
22	👉	Achieve locally agreed LTP target - CAMHS Access Rate	0 days	Wed 31/03/21	Wed 31/03/21																				◆ 31/03
23	👉	Achieve LTP target - CAMHS Waiting Times	0 days	Wed 31/03/21	Wed 31/03/21																				◆ 31/03
24	👉	Achieve locally agreed LTP target - CAMHS Waiting Tim	0 days	Wed 31/03/21	Wed 31/03/21																				◆ 31/03
25	👉	Achieve LTP target - Perinatal Access rates	0 days	Wed 31/03/21	Wed 31/03/21																				◆ 31/03
26	👉	Achieve CYP eating disorders- urgent and routine wait	0 days	Wed 31/03/21	Wed 31/03/21																				◆ 31/03
27	👉	Develop a comprehensive 18-25 Transitions service (Ti	0 days	Wed 31/03/21	Wed 31/03/21																				◆ 31/03
28	👉	Develop an improved offer for the mental health of ve	0 days	Wed 31/03/21	Wed 31/03/21																				◆ 31/03
29	👉	On-going development of 24/7 crisis pathway for CYP -	22 days	Thu 01/04/21	Fri 30/04/21	[Timeline bar from Q1 2021 to Q2 2021]																			
30	👉	Reduce school exdusion rates through increased use c	0 days	Wed 31/03/21	Wed 31/03/21																				◆ 31/03
31	👉	Review Youth Justice Pathway Early Help and Diversioi	0 days	Wed 31/03/21	Wed 31/03/21																				◆ 31/03
32	👉	Deliver universal roll out of Mental Health Support Te	0 days	Wed 31/03/21	Wed 31/03/21																				◆ 31/03
33		<b>Prevention</b>	565 days	Mon 04/03/19	Fri 30/04/21	[Timeline bar from Q1 2019 to Q4 2021]																			
34	👉	Achieve national and local SMI Physical Health Checks		TBC	TBC																				
35	👉	Increase access to supportive interventions fro SMI ph	282 days	Mon 04/03/19	Tue 31/03/20	[Timeline bar from Q1 2019 to Q4 2019]																			
36	👉	Implement and deliver Year 1 of Individual placement	284 days	Mon 01/04/19	Thu 30/04/20	[Timeline bar from Q1 2019 to Q2 2020]																			
37	👉	Deliver year 2 of the IPS service and engage with 70 in	545 days	Mon 01/04/19	Fri 30/04/21	[Timeline bar from Q1 2019 to Q4 2021]																			
38	👉	Consolidate IAPT employment offer																							

ID	Task Mode	Task Name	Duration	Start	Finish	Gantt Chart														
						Sep	Oct	Otr 4. 2019			Dec	Jan	Otr 1. 2020		Mar	Apr	Otr 2. 2020		Jun	Jul
1		<b>Neighbourhood Health &amp; Social Care Services Alliance</b>	<b>263 days</b>	<b>Mon 30/09/19</b>	<b>Wed 30/09/20</b>															
2		<b>Procurement and Contracting</b>	<b>263 days</b>	<b>Mon 30/09/19</b>	<b>Wed 30/09/20</b>															
3	✓	Publishing Prior Information Notices of CCG intention to undertake Collaborative Procurement leading to award of contracts to existing Providers	263 days	Mon 30/09/19	Wed 30/09/20															
4	✓	28 day period for responses to be prepared	21 days	Mon 30/09/19	Mon 28/10/19															
5	✓	Prepare responses and engage to any expressions of interest	16 days	Mon 04/11/19	Mon 25/11/19															
6	✓	If required, further engagement in discussions with parties expressing interest to C&H	26 days	Mon 25/11/19	Mon 30/12/19															
7	✓	Establish interim roll-over arrangements for Homerton CHS contract	21 days	Mon 02/12/19	Mon 30/12/19															
8		Review contract roll over proposal with WEL system and Islington CCGs	46 days	Mon 02/12/19	Mon 03/02/20															
9		Negotiate contracts for 20/21 with alliance providers	66 days	Mon 02/12/19	Mon 02/03/20															
10		Seek legal advice on bespoke termination clauses	46 days	Mon 02/12/19	Mon 03/02/20															
11		Write bespoke termination clauses into 2021 contracts	61 days	Mon 02/12/19	Mon 24/02/20															
12		Sign 20/21 contracts	86 days	Mon 02/12/19	Mon 30/03/20															
13		Serve notice on 20/21 contracts	131 days	Mon 02/12/19	Mon 01/06/20															
14		20/21 contracts terminate	151 days	Mon 02/12/19	Mon 29/06/20															
15		<b>Interim alliance agreement</b>	<b>66 days</b>	<b>Mon 02/12/19</b>	<b>Mon 02/03/20</b>															
16		Send interim alliance draft to the Providers	31 days	Mon 02/12/19	Mon 13/01/20															
17		Transformation fund criteria given to Finance and Performance Committee	58 days	Mon 02/12/19	Wed 19/02/20															
18		Further comments on the interim alliance from Providers at 5 Feb CSDB	46 days	Mon 02/12/19	Mon 03/02/20															
19		Beachcroft produce final draft of the interim alliance	51 days	Mon 02/12/19	Mon 10/02/20															
20		Governing body to sign off Interim Alliance agreement and Transformation Fund	65 days	Mon 02/12/19	Fri 28/02/20															
21		Providers sign the Interim alliance agreement	66 days	Mon 02/12/19	Mon 02/03/20															
22		Sign off of the interim alliance agreement - Homerton		tbc	tbc															
23		Sign off of the interim alliance agreement - ELFT		tbc	tbc															
24		Sign off of the interim alliance agreement - GP Confederation		tbc	tbc															

# Neighbourhood Health & Care Services Alliance

[Page 2 of 2]

Project/ Programme Lead	SRO/Chair	Accountable Officer
Siobhan Harper	Jonathan McShane	David Maher

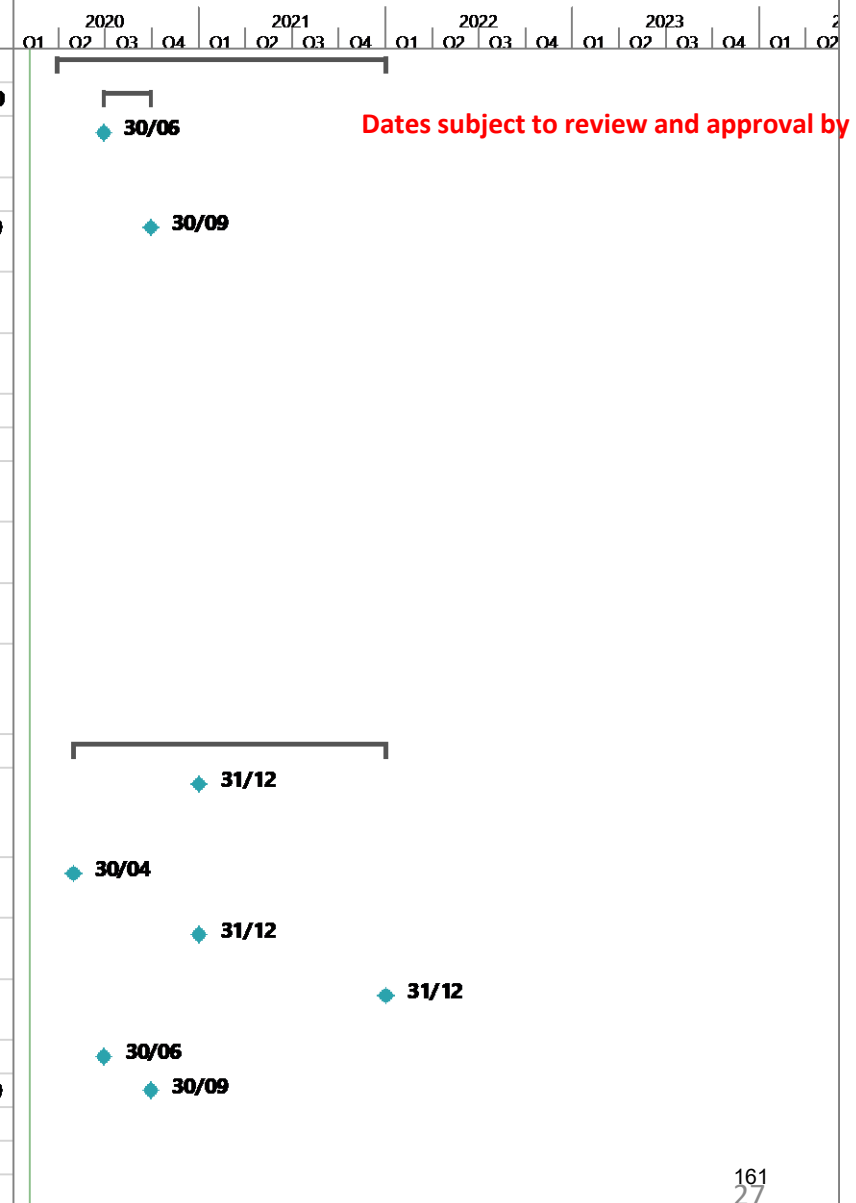
ID	Task Mode	Task Name	Duration	Start	Finish	Gantt Chart											
						Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
25		<b>Application process</b>	<b>110 days</b>	<b>Mon 28/10/19</b>	<b>Fri 27/03/20</b>	[Summary bar for Application process]											
26		A. Finance, Due Diligence and mandatory compliance	1 day	Fri 08/11/19	Fri 08/11/19	[Task bar]											
27		B. Working as an alliance	62 days	Fri 29/11/19	Mon 24/02/20	[Task bar]											
28		C. Integrated governance	66 days	Mon 25/11/19	Mon 24/02/20	[Task bar]											
29		D. Effectiveness, Transformation and care models	66 days	Mon 25/11/19	Mon 24/02/20	[Task bar]											
30		E. System safety and quality	66 days	Mon 25/11/19	Mon 24/02/20	[Task bar]											
31		F. Alliance OD, Culture and leadership	66 days	Mon 25/11/19	Mon 24/02/20	[Task bar]											
32		Homerton Board feedback of the full draft application	48 days	Mon 25/11/19	Wed 29/01/20	[Task bar]											
33		ELFT Board feedback of the full application	49 days	Mon 25/11/19	Thu 30/01/20	[Task bar]											
34		GP Confed Board feedback of the full application	50 days	Mon 25/11/19	Fri 31/01/20	[Task bar]											
35		Evaluation of the application by the panel members	71 days	Mon 25/11/19	Mon 02/03/20	[Task bar]											
36		Oversight Group evaluation of the application	80 days	Mon 25/11/19	Fri 13/03/20	[Task bar]											
37		Presentation to the ICB meeting on 19 March on the outcome of the application	84 days	Mon 25/11/19	Thu 19/03/20	[Task bar]											
38		Governing body signing of full application	110 days	Mon 28/10/19	Fri 27/03/20	[Task bar]											
39		<b>Contract Negotiation</b>	<b>83 days</b>	<b>Mon 09/03/20</b>	<b>Wed 01/07/20</b>	[Summary bar for Contract Negotiation]											
40		Contract Negotiation	36 days	Mon 09/03/20	Mon 27/04/20	[Task bar]											
41		FINAL REVIEW	16 days	Mon 04/05/20	Mon 25/05/20	[Task bar]											
42		New alliance contract approval - CCG	21 days	Mon 01/06/20	Mon 29/06/20	[Task bar]											
43		New alliance contract approval - Homerton	21 days	Mon 01/06/20	Mon 29/06/20	[Task bar]											
44		New alliance contract approval - ELFT	21 days	Mon 01/06/20	Mon 29/06/20	[Task bar]											
45		New alliance contract approval - GP Confed	21 days	Mon 01/06/20	Mon 29/06/20	[Task bar]											
46		Services go live 1st July 2020	1 day	Wed 01/07/20	Wed 01/07/20	[Task bar]											
47		<b>Finance sub group key milestones</b>	<b>46 days</b>	<b>Mon 27/01/20</b>	<b>Mon 30/03/20</b>	[Summary bar for Finance sub group key milestones]											
48		Developing a financial risk sharing agreement	11 days	Mon 27/01/20	Mon 10/02/20	[Task bar]											
49		Developing process for alliance financial adjustments based on business cases	11 days	Mon 17/02/20	Mon 02/03/20	[Task bar]											
50		Review and confirm financial envelope for alliance for 20/2	16 days	Mon 09/03/20	Mon 30/03/20	[Task bar]											
51		<b>Mobilisation</b>	<b>54 days</b>	<b>Thu 16/04/20</b>	<b>Wed 01/07/20</b>	[Summary bar for Mobilisation]											
52		Planning towards mobilisation	28 days	Thu 16/04/20	Mon 25/05/20	[Task bar]											
53		Mobilisation commences on 1st July 2020	0 days	Wed 01/07/20	Wed 01/07/20	[Task bar]											
54		<b>Communication and Engagement</b>	<b>1 day</b>	<b>Thu 06/02/20</b>	<b>Thu 06/02/20</b>	[Task bar]											
55		[no milestones yet]		tbc	tbc	[Task bar]											



# Enabler Group: Primary Care [Page 1 of 2]

Project/ Programme Lead	SRO/Chair	Accountable Officer
Richard Bull	Mark Ricketts	Tracey Fletcher

ID	Task Mode	Task Name	Duration	Start	Finish	
1		<b>Primary Care Enabler</b>	458 days	Tue 31/03/20	Fri 31/12/21	
2		<b>Primary Care Quality</b>	66 days	Tue 30/06/20	Wed 30/09/20	
3		All practices are supported to embed formal QI methods in their everyday work: New plan and refreshed QI contract KPIs	0 days	Tue 30/06/20	Tue 30/06/20	◆ 30/06
4		One QI expert per PCN - in place		TBC		
5		Practice e-declaration confirms ratio of WTE number of practice nurses per 1000 patients is above London average	0 days	Wed 30/09/20	Wed 30/09/20	◆ 30/09
6		Practice e-declaration confirms ratio of WTE number of GPs per 1000 patients is above London average				
7		Patient experience target met (satisfaction with care) [Range to be confirmed]				
8		NEL level staff satisfaction tool in place				
9		Undertake staff satisfaction survey [Target ranges to be confirmed]				
10		Support PCN development (measured against PCN Maturity Matrix)				
11		Support GP Confederation development (measured against Federation Maturity Matrix)				
12		Work to improve access to services: enhanced access to telephone consultation (metrics to be agreed)				
13		Work to support and improve continuity of care: identifying patients for whom continuity is important to the quality and outcomes of their care				
14		<b>Workforce</b>	436 days	Thu 30/04/20	Fri 31/12/21	
15		Primary care workforce requirements and pipelines for recruitment and retention of primary care workforce in place (Metrics aligned with Workforce Enabler Group)	0 days	Thu 31/12/20	Thu 31/12/20	◆ 31/12
16		Practice-based and Neighbourhood volunteers programme pilot started	0 days	Thu 30/04/20	Thu 30/04/20	◆ 30/04
17		Practice-based and Neighbourhood volunteers programme Interim Evaluation report available	0 days	Thu 31/12/20	Thu 31/12/20	◆ 31/12
18		Practice-based and Neighbourhood volunteers programme Final report available	0 days	Fri 31/12/21	Fri 31/12/21	◆ 31/12
19		Support in place for #pcns physiotherapists	0 days	Tue 30/06/20	Tue 30/06/20	◆ 30/06
20		Support in place for #pcns physician associates	0 days	Wed 30/09/20	Wed 30/09/20	◆ 30/09
21		Support in place for #pcns pharmacists				
22		Support in place for #pcns social prescribers				
23		<b>Add 5th professional here</b>				



# Enabler Group: Primary Care [Page 2 of 2]

Project/ Programme Lead	SRO/Chair	Accountable Officer
Richard Bull	Mark Ricketts	Tracey Fletcher

ID	Task Mode	Task Name	Duration	Start	Finish	
24		<b>Patient &amp; Public Involvement</b>	<b>65 days</b>	<b>Tue 31/03/20</b>	<b>Tue 30/06/20</b>	
25		Work to support well-functioning practice PPG groups: Pilot in place within one PCN		TBC		
26		Patient feedback via e-platform - GP Confederation Pilot complete	0 days	Tue 30/06/20	Tue 30/06/20	◆ 30/06
27		E&D Primary Care Report	0 days	Tue 31/03/20	Tue 31/03/20	◆ 31/03
28		Primary Care Strategy updated in light of E&D Primary Care Report	0 days	Thu 30/04/20	Thu 30/04/20	◆ 30/04
29		<b>IT &amp; Digital</b>	<b>196 days</b>	<b>Tue 30/06/20</b>	<b>Wed 31/03/21</b>	
30		2% of adults using the NHS App	0 days	Wed 30/09/20	Wed 30/09/20	◆ 30/09
31		5% of adults using the NHS App	0 days	Wed 31/03/21	Wed 31/03/21	◆ 31/03
32		All practices offering online consultation	0 days	Tue 30/06/20	Tue 30/06/20	◆ 30/06
33		Core primary IT provision - delivering in accordance with SLA				
34		Core primary IT provision - meets agreed practitioner's satisfaction benchmark				
35		Review point for all Practices digitising and embedding patient's paper records on EMIS	0 days	Tue 30/06/20	Tue 30/06/20	◆ 30/06
36		All Practices have digitised and embedded patient's paper records on EMIS	0 days	Wed 31/03/21	Wed 31/03/21	◆ 31/03
37		<b>Estates</b>	<b>0 days</b>	<b>Fri 30/04/21</b>	<b>Fri 30/04/21</b>	◆ 30/04
38		Project team appointed for new build at Belfast Road for Spring Hill practice	0 days	Fri 30/04/21	Fri 30/04/21	◆ 30/04
39		Project team appointed for renovation of The Portico for Lower Clapton Group Practice	0 days	Fri 30/04/21	Fri 30/04/21	◆ 30/04
40		<b>Finance</b>	<b>0 days</b>	<b>Wed 31/03/21</b>	<b>Wed 31/03/21</b>	◆ 31/03
41		Remove unwarranted variation of core funding between GMS, PMS & APMS	0 days	Wed 31/03/21	Wed 31/03/21	◆ 31/03
42		<b>Education &amp; Training</b>	<b>0 days</b>	<b>Fri 29/05/20</b>	<b>Fri 29/05/20</b>	◆ 29/05
43		Support for developing and maintaining high quality best practice (CCE Contract) : A review of the support package	0 days	Fri 29/05/20	Fri 29/05/20	◆ 29/05
44		Primary Care Strategy signed off at Primary Care Enabler Group	0 days	Thu 11/06/20	Thu 11/06/20	◆ 11/06

Dates subject to review and approval by SRO

# Enabler Group: Estates

ID	Task Mode	Task Name	Duration	Start	Finish	
317		<b>Estates Enabler</b>	1260 days	Mon 01/01/18	Fri 28/10/22	
318		<b>Joined Up System Planning</b>	306 days	Mon 03/06/19	Mon 03/08/20	
319		(1.1) 2019/20 Estates Strategy - Refresh	137 days	Mon 23/09/19	Tue 31/03/20	
320		(1.2) Asset register - data collection and analysis to support risk monitoring and utilisation	217 days	Mon 03/06/19	Tue 31/03/20	
321		(1.3) Expand primary care infrastructure modelling tool for plan	131 days	Mon 03/02/20	Mon 03/08/20	
322		(1.4) Communication and Engagement Plan for the City and Hackney system	109 days	Tue 01/10/19	Fri 28/02/20	
323		<b>Improve estates infrastructure utilisation and VFM</b>	740 days	Mon 01/01/18	Fri 30/10/20	
324		(2.1) Resolve charging disputes with NHS Property Companies	652 days	Mon 01/01/18	Tue 30/06/20	
325		(2.2) Estates Utilisation Analysis	292 days	Thu 19/09/19	Fri 30/10/20	
326		<b>Capital Plans</b>	956 days	Fri 01/03/19	Fri 28/10/22	
327		3.1 Capital prioritisation at STP level - ELHCP. Next funding round anticipated 2021 at earliest.	326 days	Fri 01/03/19	Fri 29/05/20	
328		<b>3.2 NHS funded: St. Leonard's redevelopment</b>	815 days	Mon 16/09/19	Fri 28/10/22	
329		3.2.1 St. Leonard's redevelopment plan phase 1 - healthcare demand and capacity analysis. Funded by OPE (NHS PS owned premises)	110 days	Mon 16/09/19	Fri 14/02/20	
330		3.2.2 St. Leonard's redevelopment plan phase 2 - Estates solution options to meet healthcare re-provision need identified in phase 1 (including site surveys and review of other adjacent sites to maximise redevelopment opportunities around the site)	197 days	Fri 28/02/20	Mon 30/11/20	
331		3.2.3 St. Leo redevelopment plan phase 3 - Strategic Outline Case SOC Options Appraisal and Viability Study, formulate preferred option to move forward to Concept Design stage. As part of this phase a Strategic Outline Case (SOC) will be prepared, bring	109 days	Sat 30/01/21	Wed 30/06/21	
332		3.2.4 Outline Business Case (OBC) and Final Business Case (FBC) [incl consultations, sign-off by organisational boards and NHS England] Timeline for above largely dependent on outcome of pending business case from Homerton Hospital FT (HUHFT) for St. Leo	281 days	Fri 01/10/21	Fri 28/10/22	
333		<b>3.3 London Borough of Hackney (LBH) and CIL funded plans for NHS Primary Care Provision:</b>	132 days	Mon 30/09/19	Tue 31/03/20	
334		3.3.1 Clapton Portico building conversion & expansion for GP Practice - LBH funded £100k feasibility assessment (LBH premises)	132 days	Mon 30/09/19	Tue 31/03/20	
335		3.3.2 Belfast Rd redevelopment for relocation of GP Practice - LBH funded £100k feasibility assessment (LBH premises)	132 days	Mon 30/09/19	Tue 31/03/20	
336		3.3.3 Woodberry Downs plans for D1 facility - largest LBH housing development currently, some phases under construction.	132 days	Mon 30/09/19	Tue 31/03/20	
337		<b>3.4 Commercial developments with D1 or 'non residential' space:</b>	271 days	Mon 30/09/19	Mon 12/10/20	
338		3.4.1 Kingsland Road D1 facility under construction. CCG in discussions with developers on potential for primary care use.	131 days	Mon 30/09/19	Mon 30/03/20	
339		3.5 Explore further Partnership working models to identify alternative capital funding models (vs limited NHS pot) for system strategy	1 day	TBC	TBC	
340		<b>Back-office Transformations</b>	479 days	Mon 07/10/19	Thu 05/08/21	
341		4.1 Re-visit back-office services for potential collaboration/efficiency opportunities	479 days	Mon 07/10/19	Thu 05/08/21	

# Enabler Group: IT

Project/ Programme Lead	SRO/Chair	Accountable Officer
Anita Ghosh	Tracey Fletcher	Tracey Fletcher

ID	Task Mode	Task Name	Duration	Start	Finish	Timeline																								
						Half 1, 2019	Half 2, 2019				Half 1, 2020				Half 2, 2020															
						M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M
1		<b>IT Enabler</b>	1326 days	Fri 01/03/19	Fri 29/03/24	[Gantt bar spanning from Fri 01/03/19 to Fri 29/03/24]																								
2		<b>Single View of a person's health and care record</b>	1284 days	Tue 30/04/19	Fri 29/03/24	[Gantt bar spanning from Tue 30/04/19 to Fri 29/03/24]																								
3		east London Patient Record (All)	1284 days	Tue 30/04/19	Fri 29/03/24	[Gantt bar spanning from Tue 30/04/19 to Fri 29/03/24]																								
4		<b>Coordinated Care and Care Planning</b>	478 days	Mon 03/06/19	Wed 31/03/21	[Gantt bar spanning from Mon 03/06/19 to Wed 31/03/21]																								
5		Coordinate My Care (Phase 2) (Unplanned care)	261 days?	Fri 01/11/19	Fri 30/10/20	[Gantt bar spanning from Fri 01/11/19 to Fri 30/10/20]																								
6		Virtual Consultations – Outpatients (Planned care)	353 days?	Fri 01/11/19	Tue 09/03/21	[Gantt bar spanning from Fri 01/11/19 to Tue 09/03/21]																								
7		<b>Digital Social Prescribing (Prevention)</b>	239 days?	Fri 01/11/19	Wed 30/09/20	[Gantt bar spanning from Fri 01/11/19 to Wed 30/09/20]																								
8		Make Every Contact Count - Digital (Prevention)	413 days?	Mon 02/09/19	Wed 31/03/21	[Gantt bar spanning from Mon 02/09/19 to Wed 31/03/21]																								
9		Adverse Childhood Experiences online platform (CYPMF)	298 days?	Fri 01/11/19	Tue 22/12/20	[Gantt bar spanning from Fri 01/11/19 to Tue 22/12/20]																								
10		Transfer of Care Around Medicines (Planned care)	262 days?	Mon 01/07/19	Tue 30/06/20	[Gantt bar spanning from Mon 01/07/19 to Tue 30/06/20]																								
11		<b>Electronic Ordering (Diagnostics)</b>	348 days?	Mon 03/06/19	Wed 30/09/20	[Gantt bar spanning from Mon 03/06/19 to Wed 30/09/20]																								
12		Digital Discharge to Social Care	127 days?	Thu 02/01/20	Fri 26/06/20	[Gantt bar spanning from Thu 02/01/20 to Fri 26/06/20]																								
13		Integrated Urgent Care - A&E re-direction (Unplanned Care)	173 days?	Mon 03/02/20	Wed 30/09/20	[Gantt bar spanning from Mon 03/02/20 to Wed 30/09/20]																								
14		Safeguarding - electronic referrals (Unplanned Care)	173 days	Mon 20/04/20	Wed 16/12/20	[Gantt bar spanning from Mon 20/04/20 to Wed 16/12/20]																								
15		Single Point of Access (CAMHS) (CYPMF)	325 days?	Thu 02/01/20	Wed 31/03/21	[Gantt bar spanning from Thu 02/01/20 to Wed 31/03/21]																								
16		<b>Population Health</b>	1305 days	Mon 01/04/19	Fri 29/03/24	[Gantt bar spanning from Mon 01/04/19 to Fri 29/03/24]																								
17		<b>Discovery (Neighbourhoods)</b>	1151 days	Fri 01/11/19	Fri 29/03/24	[Gantt bar spanning from Fri 01/11/19 to Fri 29/03/24]																								
18		Linked Data Sets (Neighbourhoods)	239 days?	Fri 01/11/19	Wed 30/09/20	[Gantt bar spanning from Fri 01/11/19 to Wed 30/09/20]																								
19		Linked Data Sets - Mental Health analysis (Neighbourhoods)	108 days?	Fri 01/11/19	Tue 31/03/20	[Gantt bar spanning from Fri 01/11/19 to Tue 31/03/20]																								
20		CAMHS MHMDS (CYPMF)	393 days?	Mon 01/04/19	Wed 30/09/20	[Gantt bar spanning from Mon 01/04/19 to Wed 30/09/20]																								
21		<b>Information and control for patient empowerment</b>	559 days	Fri 01/03/19	Wed 21/04/21	[Gantt bar spanning from Fri 01/03/19 to Wed 21/04/21]																								
22		Integrated Urgent Care - eConsult (Unplanned care)	125 days?	Fri 01/11/19	Thu 23/04/20	[Gantt bar spanning from Fri 01/11/19 to Thu 23/04/20]																								
23		MSK online Self-referral (Planned care)	440 days?	Thu 25/07/19	Wed 31/03/21	[Gantt bar spanning from Thu 25/07/19 to Wed 31/03/21]																								
24		Digital Communications - Patient letters (Planned care)	340 days?	Thu 02/01/20	Wed 21/04/21	[Gantt bar spanning from Thu 02/01/20 to Wed 21/04/21]																								
25		Finding Support Services Near You (Formally known as Directory of Services) (All)	523 days?	Mon 01/04/19	Wed 31/03/21	[Gantt bar spanning from Mon 01/04/19 to Wed 31/03/21]																								
26		Dementia (online) Discussions (Unplanned care)	239 days?	Fri 01/11/19	Wed 30/09/20	[Gantt bar spanning from Fri 01/11/19 to Wed 30/09/20]																								
27		<b>PA Finder (Planned care)</b>	402 days?	Tue 19/03/19	Wed 30/09/20	[Gantt bar spanning from Tue 19/03/19 to Wed 30/09/20]																								
28		Assistive technology - PILOT (Prevention)	417 days?	Mon 20/05/19	Tue 22/12/20	[Gantt bar spanning from Mon 20/05/19 to Tue 22/12/20]																								
29		Maternity patient held notes (CYPMF)	218 days	Mon 01/06/20	Wed 31/03/21	[Gantt bar spanning from Mon 01/06/20 to Wed 31/03/21]																								
30		Smoking Cessation - Phase 1 (Prevention)	173 days?	Fri 01/11/19	Tue 30/06/20	[Gantt bar spanning from Fri 01/11/19 to Tue 30/06/20]																								
31		CAMHS website development (CYPMF)	217 days?	Mon 02/09/19	Tue 30/06/20	[Gantt bar spanning from Mon 02/09/19 to Tue 30/06/20]																								
32		Integrated Health & Social Care - joint funding care packages (Planned care)	283 days?	Fri 01/03/19	Tue 31/03/20	[Gantt bar spanning from Fri 01/03/19 to Tue 31/03/20]																								

# Enabler Group: Workforce

ID	Task Mode	Task Name	Duration	Start	Finish	Half 1, 2020			Half 2, 2020			Half 1, 2021			Half 2, 2021			Half 1, 2022			
						J	M	M	J	S	N	J	M	M	J	S	N	J	M	M	
1		<b>Workforce</b>	<b>174 days</b>	Fri 31/01/20	Wed 30/09/20																
2		<b>Governance</b>	<b>44 days</b>	Tue 31/03/20	Fri 29/05/20																
3		Review Board membership, Meeting frequency, Chairing		tbc	Fri 29/05/20																
4		Secure Board recognition and agreement of National and local Workforce/CEPN Priorities		tbc	Tue 31/03/20																
5		<b>Development of an overarching workforce strategy and vision</b>	<b>174 days</b>	Fri 31/01/20	Wed 30/09/20																
6		Workshop to identify Workforce enabler priorities	1 day	Fri 31/01/20	Fri 31/01/20																
7		Define scope for workforce enabler and ensure people understand its role as an organisational enabler		tbc	Thu 30/04/20																
8		Produce Draft of workforce strategy and vision		tbc	Thu 30/04/20																
9		Workforce strategy and Plan signed off and agreed via governance structures		tbc	Mon 31/08/20																
10		Design tools to measure the effectiveness of strategy delivery and implementation ie performance indicators		tbc	Wed 30/09/20																
11		<b>Data Gathering</b>	<b>23 days</b>	Tue 31/03/20	Thu 30/04/20																
12		Identify host organisation, data repository for data intelligence		tbc	Tue 31/03/20																
13		Identify / recruit dedicated analysts		tbc	Thu 30/04/20																
14		Carry out a Workforce Profile and needs analysis across the system with the intent of looking how we can best meet needs within the current resources available: analyse current and potential workforce; identify workforce gaps against future requirements:		tbc	Thu 30/04/20																
15		Begin work to map Primary Care Workforce Profile & begin to establish a database of vacancies		tbc	Thu 30/04/20																
16		Primary Care placement database to go live		tbc	Thu 30/04/20																
17		<b>Workforce Planning to ensure workforce alignment with the City and Hackney Long term plan</b>	<b>87 days</b>	Mon 02/03/20	Tue 30/06/20																
18		Review Workforce proposals and ensure alignment with the delivery of the City and Hackney long term plan		tbc	Tue 30/06/20																
19		Creation of and recruitment to HEE Fellows across Primary and Specialist Care		tbc	Mon 02/03/20																
20		<b>Education &amp; Training, Organisational Development &amp; Cultural Change</b>	<b>1 day</b>	Mon 02/03/20	Mon 02/03/20																
21		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		tbc	Mon 02/03/20																
22		Identify and engage an individual to Lead organisational OD and Culture change		tbc	Mon 02/03/20																
23		Lead and Project manage deliver of Health and Social care careers fair		tbc	Mon 02/03/20																
24		Launch online Learning Portal and Database		tbc	Mon 02/03/20																
25		<b>Review existing financial resources and funding</b>	<b>66 days</b>	Mon 02/03/20	Mon 01/06/20																
26		Secure funding to ensure Sustainability of C&H Training Hub for workforce development		tbc	Mon 02/03/20																
27		Work with the different organisations to provide detail of individual organisations training and development monies and where is this being spent both from a training resources and also the numbers of staffing.		tbc	Mon 01/06/20																

Dates subject to review and approval by SRO

# Enabler Group – Communications & Engagement

Project/ Programme Lead	SRO/Chair	Accountable Officer
Jamal Wallace, Alice Beard & Eeva Huoviala	Ann Sanders & Jon Williams (Joint Chairs)	David Maher

ID	Task Mode	Task Name	Duration	Start	Finish	
1		<b>Communications &amp; Engagement Enabler</b>	<b>87 days</b>	<b>Thu 12/09/19</b>	<b>Mon 13/01/20</b>	
2		<b>Branding</b>	<b>65 days</b>	<b>Thu 12/09/19</b>	<b>Thu 12/12/19</b>	
3		Strapline approved by ICB	0 days	Thu 12/09/19	Thu 12/09/19	
4		Logo approved by ICB	0 days	Thu 12/12/19	Thu 12/12/19	
5		<b>Website</b>	<b>12 days</b>	<b>Wed 13/11/19</b>	<b>Fri 29/11/19</b>	
6		Website structure approved by ICCEG	0 days	Wed 13/11/19	Wed 13/11/19	
7		Website live	0 days	Fri 29/11/19	Fri 29/11/19	
8		<b>Prospectus/Explainer Document</b>	<b>52 days</b>	<b>Thu 31/10/19</b>	<b>Mon 13/01/20</b>	
9		Easy-read/accessible draft Prospectus/Explainer Document ready for review	0 days	Thu 31/10/19	Thu 31/10/19	
10		Senior mgt and stakeholder review prospectus/explainer document	22 days	Thu 31/10/19	Fri 29/11/19	
11		Explainer Document signed off by ICB	0 days	Thu 12/12/19	Thu 12/12/19	
12		Explainer Document is now available online and in hardcopy	0 days	Mon 13/01/20	Mon 13/01/20	
13		<b>Communications &amp; Engagement Forward Planner</b>	<b>5 days</b>	<b>Fri 15/11/19</b>	<b>Fri 22/11/19</b>	
14		Forward planner has been designed	0 days	Fri 15/11/19	Fri 15/11/19	
15		Forward planner has been populated	0 days	Fri 15/11/19	Fri 15/11/19	
16		Forward planner is now live	0 days	Fri 22/11/19	Fri 22/11/19	
17		<b>IC Newsletter</b>	<b>31 days</b>	<b>Mon 21/10/19</b>	<b>Mon 02/12/19</b>	
18		IC Newsletter - refresh of look and feel	5 days	Mon 21/10/19	Fri 25/10/19	
19		IC Newsletter audience/stakeholders has been mapped	25 days?	Mon 21/10/19	Fri 22/11/19	
20		Content for November IC Newsletter has been drafted	25 days	Mon 21/10/19	Fri 22/11/19	
21		Publish November 2019 Newsletter	0 days	Mon 02/12/19	Mon 02/12/19	
22		Publishing the IC Newsletter is now monthly BAU	0 days	Mon 02/12/19	Mon 02/12/19	

# Outcomes Framework

Project/ Programme Lead	SRO/Chair	Accountable Officer
Anna Garner	David Maher	David Maher

ID	Task Mode	Task Name	Duration	Start	Finish	
1		<b>OUTCOMES FRAMEWORK</b>	<b>543 days</b>	<b>Tue 29/10/19</b>	<b>Fri 26/11/21</b>	
2		<b>Priority Outcomes</b>	<b>23 days</b>	<b>Tue 29/10/19</b>	<b>Fri 29/11/19</b>	
3		8 Priority Outcomes confirmed by AOG	0 days	Tue 29/10/19	Tue 29/10/19	◆ 29/10
4		Outcome measures/indicators agreed by AOG	0 days	Tue 29/10/19	Tue 29/10/19	◆ 29/10
5		Format for reporting performance agreed with AOG	0 days	Fri 29/11/19	Fri 29/11/19	◆ 29/11
6		Format for reporting performance agreed with ICB	0 days	Thu 14/11/19	Thu 14/11/19	◆ 14/11
7		<b>Six Monthly IC Programme Performance Report to AOG/ICB</b>	<b>390 days</b>	<b>Fri 29/05/20</b>	<b>Fri 26/11/21</b>	
8		Six monthly IC Programme Performance Report for AOG & ICB 1	0 days	Fri 29/05/20	Fri 29/05/20	◆ 29/05
9		Six Monthly IC Programme Performance Report for AOG & ICB 2	0 days	Fri 27/11/20	Fri 27/11/20	◆ 27/11
10		Six Monthly IC Programme Performance Report for AOG & ICB 3	0 days	Fri 28/05/21	Fri 28/05/21	◆ 28/05
11		Six Monthly IC Programme Performance Report for AOG & ICB 4	0 days	Fri 26/11/21	Fri 26/11/21	
12		<b>Evaluation Frameworks</b>	<b>386 days</b>	<b>Thu 06/02/20</b>	<b>Fri 30/07/21</b>	
13		Workshop to agree and sign off content of evaluation framework	0 days	Thu 06/02/20	Thu 06/02/20	◆ 06/02
14		Evaluation Framework signed off by Care Workstream Directors	0 days	Thu 13/02/20	Thu 13/02/20	◆ 13/02
15		Evaluation Frameworks signed off by AOG	0 days	Tue 18/02/20	Tue 18/02/20	◆ 18/02
16		Evaluation Frameworks signed off by ICB	0 days	Thu 12/03/20	Thu 12/03/20	◆ 12/03
17		Evaluation period	262 days	Thu 02/04/20	Fri 02/04/21	◆ 31/07
18		Evaluation - Interim Report	0 days	Fri 31/07/20	Fri 31/07/20	
19		Outcomes Framework - Final Report	0 days	Fri 30/07/21	Fri 30/07/21	

# New Financial Framework for IC

Project/ Programme Lead	SRO/Chair	Accountable Officer
Faizal Mangera	Sunil Thakker	David Maher

ID	Task Mode	Task Name	Duration	Start	Finish	
1		<b>New Financial Framework</b>	<b>397 days</b>	<b>Fri 31/05/19</b>	<b>Mon 07/12/20</b>	
2		<b>Medium Term Financial Forecast (MTFF)</b>	<b>240 days</b>	<b>Fri 31/05/19</b>	<b>Thu 30/04/20</b>	
3	✓	Prepare first draft of MTFF for September System Finance Group (SFG)	81 days	Fri 31/05/19	Fri 20/09/19	
4	✓	Perform deep dive into MTFF for individual organisations at SFG	0 days	Fri 06/12/19	Fri 06/12/19	◆ 06/12
5	✓	Present MTFF at Accountable Officer Group (AOG)	73 days	Fri 06/12/19	Tue 17/03/20	
6		Share MTFF with workstream directors, individual boards and NEL Commissioning Alliance - TBC at (AOG)	33 days?	Tue 17/03/20	Thu 30/04/20	
7		<b>NHS transition to ICS and population health budget</b>	<b>277 days</b>	<b>Fri 15/11/19</b>	<b>Mon 07/12/20</b>	
8	✓	Present alternative 2020/21 contracting arrangements at December AOG	277 days	Fri 15/11/19	Mon 07/12/20	
9		Agree minimum income guarantee contracting model for 2020/21	0 days	Tue 31/03/20	Tue 31/03/20	◆ 31/03
10		<b>Pooling health and social care resources</b>	<b>110 days</b>	<b>Tue 03/09/19</b>	<b>Mon 03/02/20</b>	
11	✓	Conduct workshop to understand barriers to pooling more resources	0 days	Tue 03/09/19	Tue 03/09/19	◆ 03/09
12	✓	Present findings from workshop to system finance leads	0 days	Mon 30/09/19	Mon 30/09/19	◆ 30/09
13		Case study on learning disabilities workshop to design enhanced service	23 days	Thu 02/01/20	Mon 03/02/20	
14		<b>Development of Finance Management Group (FMG)</b>	<b>240 days</b>	<b>Wed 01/01/20</b>	<b>Tue 01/12/20</b>	
15		FM to attend CCG Finance Performance Committee to inform terms of reference (ToR) for FMG.	43 days?	Wed 01/01/20	Fri 28/02/20	
16		FM to attend Homerton finance management group to inform ToR for FMG.	43 days?	Wed 01/01/20	Fri 28/02/20	
17		FM to meet with key FMG stakeholders	65 days?	Wed 01/01/20	Tue 31/03/20	
18		FM to develop terms of reference for FMG	23 days?	Mon 02/03/20	Wed 01/04/20	
19		First meeting of FMG	22 days?	Mon 02/11/20	Tue 01/12/20	



<b>Title of report:</b>	Pooling Business Case - Social Prescribing and Community Navigation
<b>Date of meeting:</b>	12 March 2020
<b>Lead Officer:</b>	Jayne Taylor , Prevention Workstream Director
<b>Author:</b>	Timothy Lee, Transformation Support Officer for Prevention and Planned Care
<b>Committee(s):</b>	Integrated Commissioning Board - for approval (12 March 2020) City and Hackney CCG Governing Body - for approval (28 Feb 2020)  Proposals previously presented to and endorsed by: <ul style="list-style-type: none"> <li>● Public Health SMT</li> <li>● Prevention Core Leadership Group</li> <li>● CCG Public and Patient Committee</li> <li>● CCG Finance and Performance Committee</li> </ul>
<b>Public / Non-public</b>	Public

### Executive Summary:

This report asks ICB to approve the pooling of the existing City and Hackney Social Prescribing budget (£208k per year) and LB Hackney Community Connections budget (£79k per year) to commission, via a competitive procurement process led by City and Hackney CCG, an Integrated Social Prescribing and Community Navigation service.

Nationally, there is growing recognition of the importance of social prescribing, and navigation support in general. It is central to the personalisation agenda detailed in the NHS Long Term Plan and a core focus of the Neighbourhoods health and care delivery model being developed through City and Hackney's Integrated Care programme. Navigation also supports the objectives of the Neighbourhood Health and Care Alliance.

The proposals set out in this paper represent a notable achievement of the ambitions of the City and Hackney Integrated Commissioning programme. Pooling the existing budgets will support our joint commissioning intentions for an integrated Social Prescribing and Community Navigation service and facilitate further budget pooling by providing evidence of the positive impact this approach can have.

### Recommendations:

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



- **APPROVE** these proposals to pool the CCG Social Prescribing and LB Hackney Community Connections service budgets and commission an integrated Social Prescribing and Community Navigation service

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

- **APPROVE** these proposals to pool the CCG Social Prescribing and LB Hackney Community Connections service budgets and commission an integrated Social Prescribing and Community Navigation service

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

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	x	The pooled budget will fund a new Integrated Social Prescribing and Community Navigation service which is a prevention focused intervention
Deliver proactive community based care closer to home and outside of institutional settings where appropriate		
Ensure we maintain financial balance as a system and achieve our financial plans		
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities		
Empower patients and residents	x	The proposed service will work proactively with residents, using strengths-based approaches to empower people to take control of their own health and wellbeing.

**Specific implications for City**

The current CCG funded Social Prescribing service is available across both City and Hackney. The current LB Hackney funded Community Connections service is available to Hackney residents only.

The City of London has separately commissioned the City Connections service (3 year contract commenced in April 2019), which provides similar navigation support. The proposed integrated service will be required to fully align with this provision to avoid duplication and establish clear reciprocal referral pathways.



City and Hackney  
Clinical Commissioning Group

The specification for the Integrated Social Prescribing and Community Navigation service ringfences community outreach activity to Hackney. Similar outreach activity in the City is undertaken by the existing City Connections service..

A City of London representative is a member of the Task and Finish Group overseeing the commissioning of the new integrated service. City specific considerations have been incorporated into the service specification to ensure the needs of City residents are met. Specific questions will be addressed to bidders as part of the procurement process to test how they will meet these requirements.

### **Specific implications for Hackney**

Both current services proposed for pooling are available in Hackney and the new integrated service will continue to have a borough wide presence.

### **Patient and Public Involvement and Impact:**

A Prevention workstream resident rep has contributed to these proposals and took a lead role in facilitating resident and community engagement to inform the design of the new service. A comprehensive engagement programme was delivered that included the following:

- *Let's talk about...*health and wellbeing (drop in resident event, Clissold Neighbourhood)
- Shoreditch & City Neighbourhood drop in event (targeting Turkish, Turkish/Kurdish community)
- Health and Social Care Forum (VCS organisations)
- Community Navigation System Design Group (network of wider VCSE 'navigation' providers)
- Bikur Cholim focus group (Charedi Orthodox Jewish residents and staff)
- Autism expert by experience focus group (Autistic people)
- Connect Hackney Older People's Committee (older people)
- Service user surveys (Social Prescribing and Community Connections)
- Survey (learning disabled people).

The proposals outlined in this paper have been endorsed by the CCG's Public and Patient Involvement (PPI) committee.

### **Clinical/practitioner input and engagement:**

Membership of the Task and Finish Group leading the development of this service includes the Social Prescribing Clinical Lead plus a Primary Care Network (PCN) Clinical Director.



The design of the new service has been informed by consultation with the CCG's Clinical Commissioning Forum.

The proposals set out in this paper have been considered and endorsed by the CCG's Clinical Executive Committee (CEC).

### **Equalities implications and impact on priority groups:**

The service is designed to support people to address the social determinants of health and, as such, directly tackle some of the underlying causes of health inequality.

No groups will be negatively impacted by these proposals.

The new service will have an enhanced outreach component that targets priority groups who are currently underrepresented amongst users of the existing services.

### **Safeguarding implications:**

There are no negative safeguarding implications.

All potential providers will be required to demonstrate that they have robust safeguarding policies and processes in place as part of the procurement process.

### **Impact on / Overlap with Existing Services:**

The integrated Social Prescribing and Community Navigation service to replace the existing Social Prescribing and Community Connections services.

The new service will be integrated with the PCN funded social prescribing link workers, as well as relevant City of London outreach provision (e.g. City Connections service). We will continue to work with PCN clinical directors to ensure that the new service complements the new link worker provision, and that the latter represents additional local capacity as per NHS England guidance.

This is a prevention focused intervention that will help to reduce the current pressure on primary care and hospital services.



**Sign-off:**

Prevention Workstream SRO: Sandra Husbands, Director of Public Health, LB Hackney

City & Hackney CCG: David Maher, Managing Director,

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

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

The proposals set out in this paper have also been endorsed by LBH and CCG Finance colleagues.



City and Hackney  
Clinical Commissioning Group

## MAIN REPORT

### SUMMARY

Agreement is requested for this proposal to pool the existing City and Hackney Social Prescribing budget (£208k per year) and LB Hackney Community Connections budget (£79k per year) to commission, via a competitive procurement process led by City and Hackney CCG, an Integrated Social Prescribing and Community Navigation service for City and Hackney.

ICB is asked to note the following:

- The contract period shall be an initial three years with the option of annual extensions upto a further two years (3+1+1). The contract value shall be no more than **£287k per annum**, including all associated expenses and on-costs. Over the full five years of the contract this is a maximum of **£1.435M**
- This is a block contract in which the (maximum) level of activity to be delivered by the provider is fixed. As such, it represents minimal financial risk to both City and Hackney CCG and LB Hackney. The total CCG contribution over the maximum five years of the contract shall be no more than £1.04M (£208k per year), and for LB Hackney this shall be no more than £395k (£79k per year), which is the same as the existing combined service budget.
- Upon agreement of these proposals, budget pooling arrangements between LB Hackney and the CCG will be formalised under existing section 75 arrangements.
- The specification for the new service has been developed by a Task and Finish Group including lead commissioners from the CCG, LB Hackney and City of London Corporation alongside two clinical leads (CCG Social Prescribing clinical lead and a PCN Clinical Director), a representative from the voluntary and community sector, and Healthy London Partnership (responsible for liaison with NHS England). There has also been coordination and engagement with the Neighbourhoods programme throughout.
- The design of the new service was informed by a comprehensive programme of engagement with residents, service users, clinicians, current providers and other key stakeholders.
- Pooling the budgets for the two existing contracts will enable more efficient use of resources to meet demand, and improve the reach of the service (through outreach and by increasing the range of referral partners and delivery locations in community settings) and more effectively target support where it is needed most.
- As part of the procurement process, bidders will be required to demonstrate how they will maximise the potential for efficiencies (e.g. shared administrative costs, joint outreach activity, and alignment of referral pathways and client management systems) and invest in service enhancements. Appointment of the preferred provider will also be informed by an assessment of their bid's value for money.
- The new service aligns with the Primary Care Network (PCN) link worker provision for social prescribing and maximises the potential for service integration. The specification



City and Hackney  
Clinical Commissioning Group

requires the successful provider to continue to work closely with primary care referral partners and ensure easy and transparent referral processes for primary care patients. Social prescribing appointments will continue to be available within GP practices. The new service will provide additional social prescribing support to that provided by PCN link workers.

- The design of the proposed integrated service also fully aligns with work being progressed to develop a Neighbourhood Community Navigation Model, as part of the core Neighbourhood delivery team. And there is an expectation that the service will support the objectives of the Neighbourhood Health and Care Alliance, specifically in relation to embedding prevention and implementing new strengths-based models of care.
- Bids will be evaluated by a panel including the CCG social prescribing commissioner, LB Hackney Public Health representative, clinical lead and a contracts and commissioning lead. Additional input will be provided by a resident representative, IT and communications specialist, Finance specialist and voluntary and community sector representative.

Attached as **Appendix A** is the outline specification for the service.

The full report below provides further detail on the business case that supports these proposals.



City and Hackney  
Clinical Commissioning Group

## FULL REPORT

### Recommendation

Agreement is requested for this proposal to pool the existing City and Hackney Social Prescribing budget (£208k per year) and LB Hackney Community Connections budget (£79k p.a.) to commission, via a competitive procurement process led by City and Hackney CCG, an Integrated Social Prescribing and Community Navigation service for City and Hackney

### BACKGROUND AND CURRENT POSITION

Social Prescribing, and community navigation more generally, is central to the personalisation agenda, and is a core focus of the Neighbourhoods health and care delivery model being developed through City and Hackney's Integrated Care programme.

The existing Community Connections service and Social Prescribing service have similar eligibility criteria, and overlap in terms of the interventions and outcomes that are delivered for clients. Both seek to support residents to improve their health and wellbeing through a model of assessment, coaching and navigation, and linking people to a range of non-clinical interventions and services in their locality. This approach seeks to move away from a medical model and towards an holistic person-centred view of wellbeing, with a strong focus on prevention and self-management.

#### Social Prescribing service

The Social Prescribing service is available in GP practices. It was initially set up in 2014 as a pilot delivered by Family Action. The model is well regarded across City and Hackney.

The current pathway/service model is a referral from the GP or other health professional at the practice to the Social Prescribing service. The social prescriber works together with their client to identify areas to work on to improve their health and wellbeing and agree an action plan, which may involve linking the individual to relevant community services and activities (including exercise opportunities, employment and volunteering support, counselling, financial advice, etc). Ongoing support is provided up to a maximum of six sessions. More than 70% of clients go on to attend a community or voluntary activity (a relatively high take-up rate) and the majority report an improvement in their condition as a result. The service is also successfully targeting vulnerable patients; according to the most recent available data, nearly half of all clients have a long-term condition and more than a third suffer from a mental health condition such as anxiety or depression.

#### Community Connections service

This contract was originally awarded through a competitive procurement as part of the Hackney Health Hubs pilot in 2014. A stand alone contract was issued to Shoreditch Trust in November 2017. The service is currently operating in four locations across the borough - New





Kingshold Community Centre (Well St), Stamford Hill Community Centre, Shoreditch Trust Healthy Living Centre (Shoreditch) and Orsman Road (Hoxton).

The service has a tailored pathway depending on the level of support required, but is based on a model of coaching and action planning. Referrals are accepted from GPs, other health professionals and non-health services, as well as self-referrals. Most clients are signposted to at least one other agency or activity, often being referred to multiple destinations (including employment advice, welfare advice, volunteer/community activities, wellbeing and social care support, and specific healthy lifestyles support).

The current service is achieving its objectives of targeting priority ethnic groups and those living in some of the most deprived parts of Hackney, where health outcomes are poorer than average.

### **Opportunities for an improved service offer**

Both services are generally performing well in terms of reach and outcomes, but there are a number of areas for potential improvement that the new service is designed to address. For example, service data show that a larger proportion of clients are women than men and that clients tend to be older than average for the local populations. Feedback from current providers also suggests that the services are not reaching some of the most socially isolated individuals.

The combined service maximises the potential for integration and allows more efficient use of resources, making the most of synergies between the two current services and building on the successful elements of existing provision.

The service will focus from the outset on empowering people to draw on individual and community assets, so that by the end of the pathway they are better able to effectively manage their own health and wellbeing (avoiding any 'cliff-edge' of support when the sessions end).

The design of the new service has been informed by the development of social prescribing link workers employed via PCNs, and is intended to be fully aligned with this provision. Such integration will create added value for both types of provision.

### **An integrated commissioning approach**

The specification for the new service has been developed by a Task and Finish Group including lead commissioners from the CCG, LB Hackney and City of London Corporation, alongside two clinical leads (CCG Social Prescribing clinical lead and a PCN Clinical Director), a representative from the voluntary and community sector, and Healthy London Partnership (NHS England).

The design of the new service was informed by a comprehensive programme of engagement with residents and other key stakeholders. This included targeted engagement with health and



care professionals, voluntary sector organisations, patients, residents and community groups. Much of this work was facilitated by the Prevention Resident Representative who has been an active participant in the design of the new service.

A Prior Information Notice (PIN) was completed that identified a number of potential providers and confirmed the viability of the delivery model. The proposals were also endorsed by a meeting of the CCG's PPI Committee in January.

The stakeholder engagement described above was also designed to inform a wider piece of work being progressed to articulate a shared local vision for a Neighbourhood Community Navigation model, as part of core Neighbourhood delivery teams. As such, the new service will fully align with this model as it emerges.

The new service will also support the objectives of the Neighbourhood Health and Care Alliance, specifically in relation to embedding prevention and implementing new strengths-based models of care.

## THE PROPOSAL

The CCG Social Prescribing service budget (£208k per year) and LB Hackney Community Connections budget (£79k per year) will be pooled and used to fund an integrated Social Prescribing and Community Navigation service, commissioned through a competitive procurement process led by the CCG (as mentioned above, prior market engagement has confirmed the existence of a viable local market for this type of intervention). This will provide an improved service through more efficient use of resources and potential economies of scale that would not be possible with two separate services. Budget pooling will also support partnership working by cementing joint commissioning arrangements that have been developed in line with integrated commissioning principles.

The new service will deliver all the existing benefits of the Community Connections and Social Prescribing services. Pooling the budgets of the two existing contracts will enable more efficient use of resources to improve the reach of the service (through outreach and by increasing the range of referral partners and delivery locations in community settings) and more effectively target support where it is needed most. These benefits will be further enhanced by aligning the new service with the PCN link worker provision. Integration of all local provision will be a requirement of the new service, to ensure we maximise reach (to help reduce inequalities in access) as well as service user outcomes.

## Policy and evidence base

### Social prescribing

There is growing evidence that social prescribing can lead to a range of positive health and wellbeing outcomes and increase appropriate use / reduce inappropriate use of health services (for example, [attendance rates in general practice](#)).



The 2019 [NHS Long Term Plan](#) included a commitment that over 1,000 trained social prescribing link workers would be in place by the end of 2020/21 - and a longer term aim for 2.5 million more people to benefit from social prescribing by 2024. This is being realised through the newly established PCNs which are receiving funding from NHS England (NHSE) for new roles - including social prescribing link workers - through the [Network Contract Directed Enhanced Service \(DES\)](#). This funding is for *additional* provision, over and above existing social prescribing services.

In January 2019, NHSE released a '[Social Prescribing and Community-based Support Summary Guide](#)' which refers to social prescribing and link worker roles, as well as community based support more broadly, as part of a comprehensive model for personalised care. This service specification for the proposed new integrated service has been written with reference to this guidance and NHSE's model for social prescribing (see below).

### NHSE Model for Social Prescribing



Social prescribing is also a priority in the [2018 Mayor of London's Health Inequalities Strategy](#), as a way to help residents in vulnerable or deprived communities to improve their health and wellbeing. A [range of resources](#) have been produced to support this aim.

### Community Connections

The Hackney Community Connections service is based on the Health Trainer concept of 'help from next door', introduced as a national service model in 2004. Since then, almost 3,000 health trainers nationally have supported more than half a million people to make positive lifestyle changes in areas such as smoking, physical activity, alcohol, diet and emotional issues.



City and Hackney  
Clinical Commissioning Group

Drawn from the local community, health trainers use brief advice and goal setting to empower individuals to make positive lifestyle changes and [embed healthy behaviours and positive wellbeing within communities](#).

## Strategic context

These proposals align with the Prevention workstream priority to support self-management and help people take control of their own health and wellbeing. This is key to delivery of our local strategic objectives to shift focus towards prevention and empower local people.

Community navigation is also central to the local ambition for Neighbourhoods, with these roles/functions envisaged as part of the core Neighbourhood team. A joint project between the Prevention workstream and Neighbourhoods programme team is currently underway to develop a comprehensive mode of community navigation within this framework. The proposed new service will be aligned with other local navigation provision as part of this work, including the existing City Connections service.

Ultimately, the new service will support a reduction in health inequalities by addressing the 'wider determinants' of health and wellbeing.

## Risk

Risks were identified at the initial planning stage and regular monitoring has been maintained throughout. Robust mitigation is in place for all identified risks. The following were identified as particularly relevant.

### Alignment with PCN social prescribing link workers

If the new provision is not fully aligned with the PCN provision, opportunities for synergies will be lost, and potential for duplication and confusion about competing referral pathways will arise. This is a key interdependency and there has been ongoing engagement with the PCNs since their inception. This will continue throughout the procurement process and into contract management for the proposed Social Prescribing and Community Navigation service. The Task and Finish Group responsible for the development of this service is attended by the GP Clinical Lead for Social Prescribing and a PCN Clinical Director. Proposals for synergistic working have also been discussed with, and endorsed by, members of the CCG's Clinical Commissioning Forum. As a minimum, the new service will align with and complement the PCN link workers, and opportunities for a fully integrated service will continue to be explored.

### Alignment with City of London provision

The City of London has been involved from an early stage through membership of the Task and Finish Group that is leading the design of the integrated service model. Referral processes have been clearly defined and the service will be aligned with alternative provision available in the City (e.g the City Connections service).

## Whole life costings/budgets



The existing City and Hackney Social Prescribing budget and LB Hackney Community Connections budget are currently aligned within the Prevention workstream. Under the proposals set out in this paper, these budgets will be pooled using existing section 75 arrangements. The total contribution, detailed in the table below, will remain unchanged.

<b>Proposed budget 2020</b>	<b>£ (per year)</b>
LB Hackney Public Health contribution	£79,000
City and Hackney CCG	£208,000

### **Procurement Arrangements and Contract Management**

Procurement will be facilitated by the CSU inline with OJEU regulations and following established CCG processes. Bids will be evaluated by a panel including the lead CCG social prescribing commissioner, LB Hackney Public Health representative, clinical lead and a contracts and commissioning specialist. Additional input will be provided by a resident representative, IT and communications specialist, finance lead, and voluntary and community sector representative.

The contract will be jointly managed by the CCG and LB Hackney Public Health service. This will include regular review meetings and the monitoring of performance against service standards and key performance indicators.

### **Timetable and Next Steps**

Subject to approval from the Integrated Commissioning Boards, procurement activities will proceed according to the following timetable.

<b>Project milestones</b>	<b>Time period</b>
Procurement Business Case to ICB	12 March 2020
Tendering and evaluation	Mid March to end of June 2020
Contract Award	August 2020
Mobilisation	September - November 2020
Service delivery	December 2020 onwards





City and Hackney  
Clinical Commissioning Group

## Appendix A

### Integrated Social Prescribing and Community Navigation

#### Summary service specification

#### Overview of service

Universal access service of personalised support to adults (age 18+) to address non-clinical health and wellbeing needs by helping them connect to services, activities or networks in the local community.

Referrals will be received from various health and care professionals including GPs, social care professionals and pharmacists; promotion of the new service and proactive engagement with referrers will be undertaken. A feedback loop will be established to inform referral partners of the outcome of the referral.

There are two components to the service.

1. Delivery of 'support sessions' - one-to-one/group work with individuals to define and achieve their health and wellbeing goals and connect them to ongoing sources of support in their local community. These can be delivered in a variety of community settings, but must also include GP surgeries and some home visits for those unable to easily access the service in other locations.
2. Outreach and engagement, to serve two purposes: firstly, to maximise the reach of the service and generate referrals among 'harder to engage' groups; and secondly, to build relationships at a Neighbourhood level with VCSE and statutory partners who receive on referrals from the service.

An assessment function will ensure that referrals receive the right type and level of support in a timely manner. The provider will be expected to maximise reach and service capacity, for example via telephone or virtual appointment where appropriate (as well as face-to-face). The days and times of service delivery should be flexible to the needs of service users.

The support sessions will be delivered via two 'pathways', based on information gathered at the initial assessment:

- pathway 1: a single signposting session providing information about relevant local services, activities, networks to address identified health and wellbeing needs
- pathway 2: ongoing support through multiple sessions for people who need more help to access and engage with this provision.

A maximum of 12 sessions will be available to service users in pathway 2, but the number of people seen in each pathway and receiving different levels of support will be flexible in



response to need. The service will focus from the outset on empowering people to draw on individual and community assets, so that by the end of the pathway they are better able to effectively manage their own health and wellbeing (to avoid any 'cliff-edge' of support when the sessions end).

### **Service delivery**

The target number of service users is 1,600 per annum, of which we expect about 50% to require a single signposting session (based on current activity) which could be delivered via a range of methods, including by telephone.

The service will also be required to generate its own referrals from outreach activity, in order to reach those who may not currently be engaged with health or care services, but who would benefit from the support provided by the service.

The provider will be expected to consider how best to engage with additional referral partners over the length of the contract, in order to meet the aims of the service and ensure equality of access while at the same time maintaining manageable volumes of referrals.

The provider is required to be flexible to adjusting the service delivery model in response to changes in future PCN link worker provision, to ensure primary care provision is protected.

The contract period shall be an initial three years with the option of annual extensions up to a further two years (3+1+1).

The contract value shall be no more than £287,000 per annum, including all associated expenses and on-costs. Over the full five years of the contract this is a maximum of £1.435 million.



City and Hackney  
Clinical Commissioning Group



<b>Title of report:</b>	Consolidated Finance (income & expenditure) 2019/2020 - Month
<b>Date of meeting:</b>	12 March 2020
<b>Lead Officer:</b>	Anne Canning, London Borough of Hackney (LBH) Jane Milligan, City & Hackney Clinical Commissioning Group (CCG) Simon Cribbens, City of London Corporation (CoL)
<b>Author:</b>	Fiona Abiade for IC Finance Economy Group
<b>Presenter:</b>	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
<b>Committee(s):</b>	City Integrated Commissioning Board Hackney Integrated Commissioning Board Transformation Board
<b>Public / Non-public</b>	Public

### Executive Summary:

At Month 10 the Integrated Commissioning Fund has an adverse year end forecast variance of £1.9m, an improvement of £1.9m on the Month 9 position. The position is being driven by the London Borough of Hackney and the CCG.

At month 10 the CCG declared a surplus of £2.0m against the planned break even position which is in line with the deployment of the 2019/20 Risk Share Framework where funds were agreed to be transferred to Waltham Forest CCG in support of the NEL STP financial balance. City & Hackney CCG in total, as system partner, contributed £4.0m in support of Waltham Forrest CCG and delivery of the NELCA system control. 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 £4m. 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 £0.2m mainly driven from older people residential care under spends.

### Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report.

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report.

### Strategic Objectives this paper supports:

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

**Specific implications for City**

N/A

**Specific implications for Hackney**

N/A

**Patient and Public Involvement and Impact:**

N/A

**Clinical/practitioner input and engagement:**

N/A

**Equalities implications and impact on priority groups:**

N/A

**Safeguarding implications:**

N/A

**Impact on / Overlap with Existing Services:**

N/A

**Main Report**



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 10 - 2019/20

# Table of Contents

- 1. Consolidated summary of Integrated Commissioning Budgets**
- 2. Integrated Commissioning Budgets – Performance by Workstream**
- 3. Position Summary – City and Hackney CCG**
- 4. Risks and Mitigations tracker – City and Hackney CCG**
- 5. Position Summary – City of London Corporation**
- 6. Position Summary – London Borough of Hackney**
- 7. Risks and Mitigations tracker – London Borough of Hackney**
- 8. Wider Risks & Challenges – London Borough of Hackney**
- 9. Savings Performance**

# Consolidated summary of Integrated Commissioning Budgets

		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	28,079	23,232	23,232	-	28,079	-
	London Borough of Hackney Council	<b>*LBH split between pooled and aligned not available.</b>						
	City of London Corporation	278	158	95	63	245	33	33
<b>Total</b>		<b>28,357</b>	<b>23,390</b>	<b>23,327</b>	<b>63</b>	<b>28,324</b>	<b>33</b>	<b>33</b>
Aligned 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	409,008	333,212	331,212	2,000	407,008	2,000	-
	London Borough of Hackney Council	<b>*LBH split between pooled and aligned not available.</b>						
	City of London Corporation	7,577	5,735	5,563	172	7,379	198	241
<b>Total</b>		<b>416,585</b>	<b>338,947</b>	<b>336,775</b>	<b>2,172</b>	<b>414,388</b>	<b>2,198</b>	<b>241</b>
ICF 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	437,087	356,445	354,445	2,000	435,087	2,000	-
	London Borough of Hackney Council	103,373	86,144	100,899	(14,754)	107,465	(4,092)	(4,010)
	City of London Corporation	7,855	5,892	5,658	234	7,624	231	274
<b>Total ICF Budgets</b>		<b>548,315</b>	<b>448,481</b>	<b>461,001</b>	<b>(12,520)</b>	<b>550,176</b>	<b>(1,861)</b>	<b>(3,736)</b>
CCG Primary Care co-commissioning		47,871	38,847	38,847	-	47,871	-	-
<b>Total</b>		<b>47,871</b>	<b>38,847</b>	<b>38,847</b>	<b>-</b>	<b>47,871</b>	<b>-</b>	<b>-</b>

## Notes:

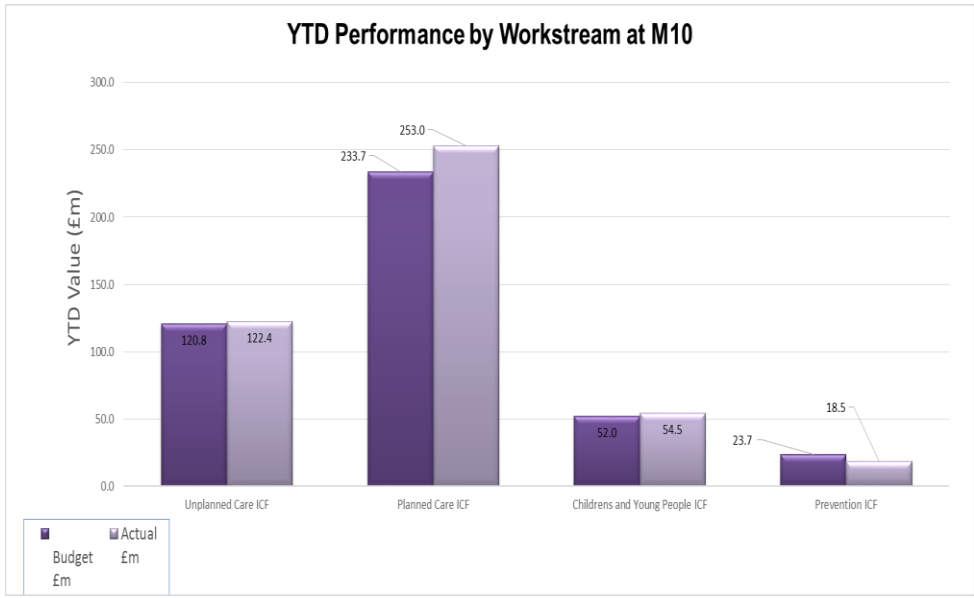
- Unfavourable variances are shown as negative. They are denoted in brackets & red font
- ICF = Integrated Commissioning Fund – comprises of Pooled and Aligned budgets
- **For the LBH Pooled and aligned funds are not split as for the most part pooled funds do not meet the cost of whole discrete services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

## Summary position at Month 10

- At Month 10 the Integrated Commissioning Fund has an adverse year end forecast variance of £1.9m, an improvement of £1.9m on the Month 9 position. The position is being driven by the London Borough of Hackney and the CCG.
- City & Hackney CCG is on plan to deliver its breakeven control total plus an additional £2.0m in-year surplus. The additional surplus was recognised by deferring the £2.0m non-recurrent investment for the Prevention Investment Standard into 2020/21. The programme was considered by the CCG and external audit to be still at a developmental stage and would not have been possible to assign the investment. It is expected that the £2.0m will be available for drawdown over a two year period from 2020/21. The CCG will work to reconstitute the investment for the coming financial year.
- Also, the NELCA Risk Share Framework (RSF) was deployed transferring a total £6.0m of resource allocation to Waltham Forest CCG. City & Hackney, Tower Hamlets and Newham CCGs all transferred £2.0m each. Declaring the additional surplus and deploying the RSF helps deliver the NELCA system control total. This in turn secures the release of c. £80m FRF into the system which would otherwise have been lost. In terms of benefits to the CH system, the WEL system has patient flows of c. £34m into the Homerton, with Waltham Forest CCG being the largest. The RSF enables this to be stabilised and avoids any adverse impact on the Homerton's financial position from funding reductions that could impact on services for Hackney patients.
- The London Borough of Hackney is reporting a year-end adverse position of £4m. 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 £0.2m 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.

# 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	145.3	120.8	122.4	(1.6)	145.9	(0.6)
Planned Care ICF	284.5	233.7	253.0	(19.3)	289.7	(5.3)
Childrens and Young People ICF	64.5	52.0	54.5	(2.4)	64.8	(0.3)
Prevention ICF	28.8	23.7	18.5	5.1	28.8	0.0
<b>All workstreams</b>	<b>523.0</b>	<b>430.2</b>	<b>448.3</b>	<b>(18.1)</b>	<b>529.2</b>	<b>(6.1)</b>
Corporate services	23.8	17.0	11.8	5.2	19.5	4.3
Local Authorities (DFG Capital and CoL income)	1.5	1.3	0.9	0.4	1.5	0.0
<b>Not attributed to Workstreams</b>	<b>25.3</b>	<b>18.3</b>	<b>12.7</b>	<b>5.6</b>	<b>21.0</b>	<b>4.3</b>
<b>Grand Total</b>	<b>548.3</b>	<b>448.5</b>	<b>461.0</b>	<b>(12.5)</b>	<b>550.2</b>	<b>(1.9)</b>



## 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 £5.3m adverse position is driving the consolidated forecast position of £6.1m adverse.
- 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 including £1.9m from the CCG (which has been factored into the forecast), is reporting £1.33m adverse against year end budget.
  - Physical & Sensory Support is forecasting an overspend of £1.03m.
  - Memory/Cognition & Mental Health ASC (OP) is forecasting an overspend of £1m.
  - 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.
  - In addition, the Bart's acute contract within the CCG is forecast to over spend by £1m relating to the agreed contract settlement across the NEL system in month 8.
  - CoL are partially mitigating the position with a small under spend of £0.3m relating to supported living and home help.
- Unplanned Care:** At month 10 the workstream is forecasting an adverse variance of £0.6m. This is being driven by the CCG where the £1m adverse position driven by Bart's. The position is being partially off set by LBH where interim care is under spending by £0.3m.
- CYPM:** At month 10 the work stream is forecasting an adverse variance of £0.3m. This is being driven by the CCG where the Children's personal health budgets are over spent.

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

# City and Hackney CCG – Position Summary at Month 10, 2019/20

			YTD Performance				Forecast		
Pooled Budgets	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
	Commissioned		Unplanned Care	20,153	16,794	16,794	0	20,153	0
		Planned Care	7,664	6,220	6,220	0	7,664	0	0
		Prevention	262	218	218	0	262	0	0
		Childrens and Young People	0	0	0	0	0	0	0
		<b>Pooled Budgets Grand total</b>	<b>28,079</b>	<b>23,232</b>	<b>23,232</b>	<b>0</b>	<b>28,079</b>	<b>0</b>	<b>0</b>

			YTD Performance				Forecast		
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
	Commissioned		Unplanned Care	119,560	99,407	100,277	(870)	120,533	(973)
		Planned Care	208,302	170,416	171,323	(907)	209,378	(1,076)	(1,168)
		Prevention	3,470	2,892	2,892	0	3,470	0	0
		Childrens and Young People	53,925	43,480	44,938	(1,458)	54,142	(216)	(206)
		Corporate and Reserves	23,750	17,017	11,782	5,235	19,485	4,265	2,404
		<b>Aligned Budgets Grand total</b>	<b>409,008</b>	<b>333,212</b>	<b>331,212</b>	<b>2,000</b>	<b>407,008</b>	<b>2,000</b>	<b>0</b>
<b>Subtotal of Pooled and Aligned</b>			<b>437,087</b>	<b>356,445</b>	<b>354,445</b>	<b>2,000</b>	<b>435,087</b>	<b>2,000</b>	<b>0</b>

<b>In Collab</b>	Primary Care Co-commissioning	47,871	38,847	38,847	0	47,871	0	0
<b>Grand Total</b>		<b>484,958</b>	<b>395,291</b>	<b>393,291</b>	<b>2,000</b>	<b>482,958</b>	<b>2,000</b>	<b>0</b>
<b>CCG Total Resource Limit</b>		<b>515,376</b>						
<b>SURPLUS</b>		<b>30,418</b>						

- Primary Care Co-Commissioning (outside of the ICF):** At month 10, the Primary Medical Service is reporting a breakeven position to budget and plan, with a full year spent of £47.8m. The CCG is aware of and anticipating potential cost pressures in the areas of rent and rates which will be mitigated using prior year accruals.
- 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.
- Corporate & Reserves:** Reporting a £2.4m favourable position which includes corporate and Acute general reserves of £2.2m that are being used to mitigate the CCG's position.

- At month 10 the CCG declared a surplus of £2.0m against the planned break even position control total. This is in line with the deployment of the 2019/20 Risk Share Framework where funds were agreed to be transferred to Waltham Forest CCG in support of the NEL STP financial balance. City & Hackney CCG in total, as system partner, contributed £4.0m in support of Waltham Forrester CCG and delivery of the NELCA system control (in addition to Tower Hamlets and Newham CCG who contributed £2m each). The additional surplus was recognised by deferring the £2m non recurrent investment for the Prevention Investment Standard into the following year. Declaring the £6.0m surplus and deploying the risk share has facilitated the release of c£80m Financial Recovery Funding into the system which would otherwise be lost.
- 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 delivered to plan. Any 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 9 activity data to arrive at a break even position, the Homerton contract continues to report a breakeven position. Out of area providers such as UCLH, Moorfields and BMI continue to overspend but remain broadly unchanged from previous months. The overall acute over-performance was mitigated through acute reserves and favourable variances at Whittington, Guys, Chelsea & Westminster and the Royal Free. Work is underway analysing the current data trends and forecast outturns which will inform the 2020/21 contracting round.
- Non-Acute expenditure is overspent by £0.6m, in the main, due to a high cost Personal Health Budgets offset by Funded Nursing Care. 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 10 these are expected to break even.
- Unplanned Care:** At Month 10 the £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 NEL in month 08. City and Hackney CCG's total share of the over performance is £2m in recognition of the likely impact of winter pressures and non-delivery of patient transport savings (split across Unplanned Care and Planned care workstreams).
- Planned Care:** The £1.1m adverse position is driven by Bart's £1m (relating to the NEL agreed settlement) & Moorfields £0.3m, with mitigating under spends across a number of other smaller acute contracts.
- CYPMF:** Reporting a £0.3m adverse position which includes over spends on CHC personal health budgets and Barts Health.

# City and Hackney CCG - Risks and Mitigations Month 10, 2019/20

## Summary and Progress Report on Financial Risks and Opportunities to Month 10 - 31 January 2020

Ref:	Description	Risks/ (Opps) £'000	Prob. %	Recurrent £'000	Non Recurrent £'000	Narrative
1	Homerton Acute performance	1,833	56%	833	200	Risk of over-performance.
2	Bart's Acute Performance	2,000	100%	2,000	0	Year end deal.
3	Outer Sector - Acute Performance	500	25%	0	126	Risk of over-performance.
4	Non Contract Activity	500	50%	250	0	Risk of cost pressure emerging during the year.
5	Continuing Healthcare, LD & EOL	800	56%	445	0	High cost packages.
6	Non Acute	300	55%	166	0	Overspends across portfolio
7	Programme Costs	300	0%	0	0	Integrated commissioning programme development.
8	Estates	369	100%	0	369	Estates infrastructure.
9	Ringfenced Budgets	939	20%	0	184	Assigned to commitments.
10	Prevention Standard	2,000	0%	0	0	Released and for drawdown in future years.
11	Neighbourhood Health & Care Services	2,500	100%	0	2,500	Investment programme.
12	NELCSU to NELCA Transfer	300	100%	0	300	Cost pressure associated with transfer.
13	QIPP Under Delivery	1,009	0%	0	0	Schemes closed and mitigated.
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	632	100%	0	632	Additional contribution to Hammersmith & Fulham CCG.
<b>Total Risks</b>		<b>14,782</b>	<b>54%</b>	<b>3,694</b>	<b>4,311</b>	
1	Acute Claims and Challenges	(833)	100%	(833)	0	Based on historic trend.
2	Acute Reserves	(1,927)	86%	(1,650)	0	To contain acute cost pressures.
3	Outer Sector - Acute Performance	(700)	0%	(601)	0	Net forecast underspend.
4	Contingency	(3,441)	82%	0	(2,816)	Balance of Contingency including £2.0m Risk Share Framework commitment.
5	Running Costs	(1,200)	100%	(1,200)	0	Release of uncommitted budget.
6	Prior Year and Dispute Resolution	(8,843)	33%	0	(2,905)	Opportunities arising from settlement of disputed items and accruals.
<b>Total Opportunities</b>		<b>(16,944)</b>	<b>59%</b>	<b>(4,284)</b>	<b>(5,721)</b>	
				<b>(590)</b>	<b>(1,410)</b>	
<b>In-Year Surplus</b>				<b>(2,000)</b>		
<b>Brought Forward Underspend</b>				<b>(30,418)</b>		
<b>Carried Forward Underspend</b>				<b>(32,418)</b>		



# London Borough of Hackney – Position Summary at Month 10, 2019

ORG Split	WORKSTREAM	Total Annual Budget £000's	Pooled Annual Budget £000's	Aligned Annual Budget £000's	YTD Performance			Forecast		
					Budget £000's	Spend £000's	Variance £000's	Fcast Spend £000's	Variance £000's	Prior Mth Variance £000's
Pooled and Aligned Budgets Commissioned & Directly Delivered	LBH Capital BCF (Disabled Facilities Grant)	1,525	1,525	-	1,271	889	381	1,525	-	-
	LBH Capital subtotal	1,525	1,525	-	1,271	889	381	1,525	-	-
	Unplanned Care (including income)	5,210	1,029	4,181	4,342	5,179	(837)	4,840	370	284
	Planned Care (including income)	64,035	29,774	34,261	53,363	72,112	(18,750)	68,512	(4,477)	(4,304)
	CYPM	9,049	-	9,049	7,541	8,423	(882)	9,049	-	-
	Prevention	23,554	-	23,554	19,628	14,296	5,333	23,538	16	10
	LBH Revenue subtotal	101,848	30,803	71,045	84,873	100,009	(15,136)	105,940	(4,092)	(4,010)
	<b>Grand total</b>	<b>103,373</b>	<b>32,328</b>	<b>71,045</b>	<b>86,144</b>	<b>100,899</b>	<b>(14,754)</b>	<b>107,465</b>	<b>(4,092)</b>	<b>(4,010)</b>

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 £688k. The overall position is made up of two main elements - a £839k overspend on externally commissioned care services and (£151k) 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.
- **Unplanned Care:** The majority of the Unplanned care forecast underspend of £284k 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 favourable movement of £86k this month, primarily driven by a reduction in Health recharges for the Integrated Independence team as a result of billing anomalies now corrected.
- **In summary,** the Planned Care overspend is partially offset by forecast underspends in Unplanned Care reducing the overall revenue overspend to £4.09m.
- **CYPM & Prevention Budgets:** Public Health constitutes vast majority of LBH CYPM & Prevention budgets which is forecasting a very small underspend.

At Month 10 LBH reports a forecast overspend of £4.09m

**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 £174k this month, due to further growth in client activity and increased complexity of care needs across Long term care services.

- Learning Disabilities (LD) Commissioned care packages within this work stream is the most significant area of pressure with a £1.33m 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 £1.03m, whilst Memory/Cognition & Mental Health ASC (OP) is forecasting an overspend of £1m. The combined position has moved adversely by £248k since the last reported period, primarily due to further client growth in long term care placements. 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 £791k 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.

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

# London Borough of Hackney - Risks and Mitigations Month 10, 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	4,092	100%	4,092	100%
	Learning Disability Joint Funding	200		200	
	<b>TOTAL RISKS</b>	<b>4,292</b>	<b>100%</b>	<b>4,292</b>	<b>100%</b>
	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	4,092	100%	4,092	100%	
<b>Uncommitted Funds Sub-Total</b>	<b>4,092</b>	<b>100%</b>	<b>4,092</b>	<b>100%</b>	
<b>Actions to Implement</b>					
<b>Actions to Implement Sub-Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL MITIGATION</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*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 has been confirmed for the lifespan of the current parliament but this additional funding is still insufficient.
- We still await a sustainable funding solution for Adult Social Care which was expected in the delayed Green Paper.

# City of London Corporation – Position Summary at Month 10 , 2019/20

Pooled Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	YTD Performance			Forecast Outturn		
				Budget £000's	Spend £000's	Variance £000's	Outturn £000's	Variance £000's	Prior Mth Variance £000's
Pooled Budgets	Comm'ned & *DD	Unplanned Care	65	30	20	10	65	-	-
		Planned Care	153	90	15	76	120	33	33
		Prevention	60	38	60	(23)	60	-	-
Pooled Budgets Grand total			278	158	95	63	245	33	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
Aligned Budgets	Comm'ned & *DD	Unplanned Care	294	223	117	106	294	-	-
		Planned Care	4,303	3,595	3,286	309	4,055	248	255
		Prevention	1,447	897	1,070	(173)	1,448	(1)	(1)
		Childrens and Young People	1,533	1,020	1,090	(70)	1,582	(49)	(13)
		Non - exercisable social care services (income)	-	-	-	-	-	-	-
Aligned Budgets Grand total			7,577	5,735	5,563	172	7,379	198	241
<b>Grand total</b>			<b>7,855</b>	<b>5,892</b>	<b>5,658</b>	<b>234</b>	<b>7,624</b>	<b>231</b>	<b>274</b>

\* DD denotes services which are Directly delivered .

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

\* Comm'ned = Commissioned

- At Month 10, the City of London Corporation is forecasting a year end favourable position of £0.3m, a small deterioration on the Month 8 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 10, 2019/20

## City and Hackney CCG

- At the end of month 10 the CCG is reporting £4.23m savings delivered against a year-to-date (YTD) plan of £4.14m.
- 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.
- Included in the £5m FOT are Medium risk schemes totalling £107k, these are schemes where delivery of yearend savings may fluctuate depending on the level of activity seen in the next 3 months to the end of the year. Workstreams continue to take actions to reduce risk of under 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.

<b>Title:</b>	Integrated Commissioning Register of Escalated Risks
<b>Date of meeting:</b>	12 March 2020
<b>Lead Officer:</b>	Carolyn Kus, Director of Programme Delivery Workstream Directors
<b>Author:</b>	Timothy Lee, Transformation Support Officer Matthew Hopkinson, Transformation Support Officer Alex Harris, Integrated Commissioning Governance Manager
<b>Committee(s):</b>	Integrated Commissioning Board, 12 March 2020
<b>Public / Non-public</b>	Public.

### Executive Summary:

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

#### **Background**

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

Each of the four Care Workstreams has responsibility for the identification and management of risks within its remit. All risks identified are associated with a particular area of work, be it a care workstream, a cross-cutting area such as mental health, or the overall Integrated Commissioning Programme.

#### **Risks added since February**

None.

### Recommendations:

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

- To **NOTE** the report.

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

- To **NOTE** the report.

### Strategic Objectives this paper supports:

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

### Specific implications for City

N/A

### Specific implications for Hackney

N/A

### Patient and Public Involvement and Impact:

N/A

### Clinical/practitioner input and engagement:

N/A

### Supporting Papers and Evidence:

**Appendix 1 - Integrated Commissioning Escalated Risk Register – March 2020**

### Sign-off:

Siobhan Harper – Director: Planned Care

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

Nina Griffith – Director: Unplanned Care

Jayne Taylor – Director: Prevention

Carolyn Kus – Director of Programme Delivery



Integrated Commissioning Register of Escalated Risks - March 2020

Ref#	Description	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	
IC23	<b>Workforce - Ensuring we have the right skills and competencies</b> 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.	Stewart Weller	16	4	4	16	16	16	16	16	Terms of Reference have been drafted. Meeting on 5 March 2020 to go through TOR.
IC24	<b>Social Care Funding</b> 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.	Nina Griffith	16	4	4	16	16	16	16	16	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.
P16 (Issue)	<b>Priority area: Smoking</b> Reduction in referrals to Stop Smoking Service in line with national trends.  If not managed, then 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.	Jayne Taylor	20	5	3	15	15	15	15	15	An action plan is being delivered to increase referral rates:  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.  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.  A partnership has been established with x6 Vape Stores to deliver VBA as a way to increase referral rates for younger people.  There will be a renewed focus on people with a mental health condition as a key demographic with the potential for increased referral rates.
P13	<b>Priority area: Rough Sleepers</b> Failure to address complex commissioning landscape for health services supporting rough sleepers in the City of London means that significant health and care needs remain within this community	Jayne Taylor	20	4	4	20	20	20	16	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 until June 2020. The CCG's primary care commissioner is involved in the contract oversight.  The City Corporation has been working closely with the East London Health and Care Partnership to shape the north east London submission in response to the long term plan. As a result the response includes a specific section on meeting the health needs of those sleeping rough, with commitment to better primary care, co-ordination of discharge, and improved mental health delivery. This will be supported by an implementation plan.  Work is underway in coordination with the Unplanned Care Workstream to strengthen the discharge pathway for homeless patients at Homerton hospital. An initial review is scheduled for completion by March 2020.  LB Hackney Public Health is providing additional support to assist with analysis of the use of - and cost of - acute services by this group, in order to support service design and the business case for change
PC1	<b>Adult Learning Disability Service</b> There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners.	Siobhan Harper	20	4	5	20	20	20	20	20	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.  A costings paper for the LD Strategy is going through the Accountable Officers Group and the final version of the completed strategy will be presented to ICB in March 2020.  The new Preparation (transition) for adulthood processes and governance are in place and these are being developed further as part of establishing them - A dashboard has been developed and work is ongoing to capture needs within it.

Ref#	Description	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	
PC2	<p><b>Overperformance on elective activity</b></p> <p>There remains a risk of overperformance on elective activity with our main provider and with other acute providers which is beyond our risk tolerance</p>	Siobhan Harper	20	3	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	<p><b>Housing First Funding</b></p> <p>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</p>	Siobhan Harper	25	5	5	N/A	N/A	N/A	25	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, further RSI funding rounds have been suspended and the future of the scheme is unclear at this time. In response LB Hackney Adult Services as the lead commissioners are exploring a range of funding options.</p>
UPC9	<p><b>Discharge and Hospital Flow Processes</b></p> <p>Discharge and Hospital Flow processes are not effective, resulting in increased DToCs and failure to meet Length of Stay Targets</p>	Nina Griffith	20	5	3	15	12	15	15	15	<p>Weekly teleconference continues although DTOC targets have not been met in this fiscal year.</p> <p>A 30, 60, 90 day challenge has been set to urgently progress actions to reduce delays.</p> <p>Recommendations from the evaluation of the D2A pilot are being implemented. This includes development of a Single Point of Access between Integrated Independence Team and Integrated Discharge Service.</p> <p>LBH is currently recruiting three permanent senior social workers, which will add stability and facilitate improved discharge processes.</p>
CYPMF8	<p><b>Childhood Immunisations</b></p> <p>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</p>	Amy Wilkinson	15	2	5	10	15	10	10	10	<p>Following a CCG-funded outbreak response across partner organisations, the Measles outbreak is now over and there were no C&amp;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.</p>

<b>Title of report:</b>	Integrated Commissioning Section 75 agreement – extension to March 2021
<b>Date of meeting:</b>	12 <sup>th</sup> March 2020
<b>Lead Officer:</b>	Sunil Thakker (Executive Finance Director C&H CCG)
<b>Author:</b>	Amaka Nnadi (Project Finance consultant)
<b>Committee(s):</b>	ICB <u>Note:</u> - The existing s75 already agreed by the relevant governing bodies includes a clause for a term extension. - PCCC in Jan 2020 agreed to fund mini Personal Health Budgets a non-recurrent basis as part of the Hackney Learning Disability service.
<b>Public / Non-public</b>	Public

### Executive Summary:

This paper provides an update on extension plans for the existing Section 75 agreement for integrated commissioning between City & Hackney CCG and;

- (1) London Borough of Hackney/LBH
- (2) City of London Corporation/CoL

The existing Section 75 agreements cover the period to March 2020 and includes a facility to extend for 2 further 1 year periods. This report updates on plans/actions beyond the 31 March expiry of the agreements.

### Recommendations:

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

- To **NOTE** the report;
  1. Following mutual agreement by C&H CCG and CoL, the City Section 75 has now been extended for the 1 year period to March 2021 in line with the extension clause agreed in June 2019 by the integrated commissioning partners governing bodies.
  2. With the term extension, variations can be actioned in year to reflect 2020/21 budgets (budgets expected to be ready in March/April 2020), BCF plans (expected in autumn 2020) and any further pooling arrangements agreed in year. Any variations would require approval by the relevant CCG and Local Authority governing bodies.

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

- To **NOTE** the report;
  1. A variation is in progress for the Hackney Section 75 to extend the term per and also, to include specifications for the mini Personal Health Budgets (PHB) newly commissioned by the CCG as part of the Learning Disability service.
  2. With the term extension, variations can be actioned in year to reflect 2020/21 budgets (budgets expected to be ready in March/April 2020), BCF plans (expected in autumn 2020) and any further pooling arrangements agreed in year. Any variations would require approval by the relevant CCG and Local Authority governing bodies.

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

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

**Specific implications for City**

Nil – term extension only, on the agreement.

**Specific implications for Hackney**

An additional service has been commissioned (non-recurrently for 2020/21) by the CCG as part of the Learning Disabilities service for Hackney. This provides an enhanced service and allows the service users more flexibility and independence on accessing care for to address their needs.

**Patient and Public Involvement and Impact:**

N/A for this report.  
Note: To date, there has been extensive resident and patient engagement on the City & Hackney integrated health and care plans

**Clinical/practitioner input and engagement:**

N/A for this report.  
Note: To date, there has been extensive service provider engagement on the City & Hackney integrated health and care plans

**Equalities implications and impact on priority groups:**

The existing Section 75 agreements for the City and for Hackney have had a term extension of 1 year and no equalities impact are anticipated.

The LBH Section 75 includes newly commissioned mini Personal Health Budgets as part of the Learning Disability service. The mini PHB is an enhanced service for service users with Learning Disabilities and as such, there is no negative equality impact.

**Safeguarding implications:**

N/A

## Impact on / Overlap with Existing Services:

Extension of the s75 agreement between the CCG and local authorities in City and Hackney provide continuity for existing integrated commissioning arrangements between NHS and Local Authority.

## Main Report

### Background and Current Position

NHS City & Hackney Clinical Commissioning Group (the CCG) and each of, the London Borough of Hackney (LBH) and City of London Corporation (CoL) entered into integrated commissioning arrangements in April 2017. The integrated commissioning arrangements allowed CCG/LBH/CoL to commission together across health, public health and social care.

This arrangement was supported by Section 75 Agreements for the financial years 2017/18 and 2018/19. These were similar but separate agreements between the CCG and each of CoL and LBH.

A Section 75 (s75) Agreement is an Agreement made under section 75 of the National Health Service Act 2006 between a local authority and an NHS body in England. These agreements can include arrangements for pooling resources and for delegation of certain health related functions between the NHS body and local authority if this would lead to an improvement in the way those functions are exercised.

On expiry of the original 2 year s75 agreements, these were extended on 27 March 2019, with effect from 1 April 2019 until 31 July 2019 to allow for the development of new Section 75 Agreements for the financial year 2019/20.

In July 2019, two new Section 75 Agreements were agreed for the CCG and each of CoL and LBH local authority commissioning partners. The agreement for 2019-20 mirrored those for 2017-19 but additionally contained further details of the exit plan, further data protection provisions (as a result of new legislation), extension option and updated governance arrangements\*.

*\* In autumn 2018, a governance review of integrated commissioning was undertaken by external consultants. This gave way to changes to the Transformation Board and the establishment of an Accountable Officers Group, and resulted in updated Terms of Reference for the Integrated Commissioning Boards.*

The existing (2019/20) S75 Agreements initially expire on 31 March 2020 but includes the option to be extended for two further one -year periods. Either party may terminate the agreement upon 6 months' notice so any of the Commissioning partners is able to withdraw from these arrangements if it has concerns.

The current integrated commissioning arrangements are working well. Each of the four care work streams and the neighbourhood programme have developed significantly over the last three years. The work streams are currently exploring further areas for pooling budgets including social care packages and continuing care packages.

## Options

The City and Hackney integrated commissioning partners (CCG/LBH/CoL) have the option of extending the existing Section 75 agreement. This is in line with clause 2.1 (Term) of the existing agreement – please see extract below:

*“This Agreement shall come into force on the Commencement Date and shall expire on the Expiry Date (“Initial Term”), subject to earlier termination in accordance with its terms or at law, unless the Parties agree in writing to extend the term of this Agreement, not later than 1 month before the end of the Initial Term or any Extended Term, as applicable. For the avoidance of doubt, this Agreement may be extended for two further one year periods (each an “Extended Term”).”*

Continuing to operate integrated commissioning without enshrining this within a Section 75 legal agreement would expose commissioning partners to various risks. The Section 75 agreement provides clear and agreed specifications for services within the pooled budgets, risk share arrangements, exit planning protocol, information governance etc.

Alternatively, any of the City and Hackney commissioning partners subject to 6 months notice, may choose to withdraw from the integrated commissioning model. While this allows them to retain sole control of its services within the pooled budget, there are risks with this approach:

- The partners would lose a lot of work that has gone towards developing integrated care systems in the City & Hackney CCG area since each of the CCG/LBH/CoL governing bodies first approved the S75 arrangements in 2017. Furthermore, goodwill with partners would suffer significant damage and there would be other reputational costs regarding the CCG and Local Authority’s relationship with its residents and stakeholders.
- Wider reconfiguration of health services in NE London could impact on City and Hackney residents with less opportunity to influence change. An integrated commissioning model provides some mitigation against this risk.
- No further integration of services and continued complexity of offer for all current City and Hackney residents and service users.
- Potential loss of a local commissioning focus if health and social care integration is focused on the STP footprint; and
- Exclusion from more innovative ways of commissioning and delivering services.

*Note: Currently, only BCF budgets and the Hackney Learning Disability budgets are pooled.*

## Proposals

Integrated commissioning partners have not given notice to cease integrated commissioning, as such the option exercised here is an extension to the existing Section 75 agreement. For the Hackney Section 75, a variation incorporating the extension plus, the newly commissioned mini Personal Health Budgets as part of the Learning Disabilities service has been drawn up.

## Conclusion

The ICB is asked to note that:

1. CoL and C&H CCG Section 75 agreement reflects an agreed 1 year term extension up to 31<sup>st</sup> March 2021, actioned in line with clause 2.1 (term) of the agreement.
2. LBH and C&H CCG Section 75 has a variation in progress expected to be agreed by 16<sup>th</sup> March 2020.

A simple term extension was not appropriate for the LBH-CCG agreement due to inclusion of newly commissioned mini Personal Health Budgets as part of the Learning Disability service. The mini PHBs were approved by the C&H Primary Care Commissioning Committee in January 2020 on a non-recurrent basis.

Thus, a variation incorporating both the term extension and, the specifications of the mini PHBs was drafted by the CCG Lawyers and being reviewed by LBH legal team and their LBH clients.

## Supporting Papers and Evidence:

Nil

## Sign-off:

[Papers for approval by the ICBs must be signed off by the appropriate senior officers. Any paper with financial implications must be signed by the members of the Finance Economy Group.  
If there are any legal implications which require consultation with legal counsel, please make reference to that below.  
Please ensure you have appropriate sign off for your report, along with the papers.  
Papers which have not been signed-off by the appropriate officers will not be considered]

Workstream SRO: N/A

London Borough of Hackney: Ian Williams, Group Director of Finance & Corporate Resources

City of London Corporation: Simon Cribbens, Assistant Director of Community and Children's services

City & Hackney CCG: Sunil Thakker, Executive Finance Director

## Integrated Commissioning Glossary

ACERS	Adult Cardiorespiratory Enhanced and Responsive Service	
AOG	Accountable Officers Group	A meeting of system leaders from City & Hackney CCG, London Borough of Hackney, City of London Corporation and provider colleagues.
CPA	Care Programme Approach	A package of care for people with mental health problems.
CYP	Children and Young People's Service	
	City, The	City of London geographical area.
CoLC	City of London Corporation	City of London municipal governing body (formerly Corporation of London).
	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.
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.
	Commissioners	City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation
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.
CS2020	Community Services 2020	The programme of work to deliver a new community services contract from 2020.
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,



		<p>Havering &amp; 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.</p>
FYFV	NHS Five Year Forward View	<p>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.</p>
IAPT	Improving Access to Psychological Therapy	<p>Programme to improve access to mental health, particularly around the treatment of adult anxiety disorders and depression.</p>
IC	Integrated Commissioning	<p>Integrated contracting and commissioning takes place across a system (for example, City &amp; 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.</p>
ICB	Integrated Commissioning Board	<p>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.</p>
ICS	Integrated Care System	<p>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</p>

		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.
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	Local authority for the Hackney region
LAC	Looked After Children	Term used to refer to a child that has been in the care of a local authority for more than 24 hours.
LARC	Long Acting Reversible Contraception	
MDT	Multidisciplinary team	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.
MECC	Making Every Contact Count	A programme across City & Hackney to improve peoples' experience of the service by ensuring all contacts with staff are geared towards their needs.
	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.
NHSE	NHS England	Executive body of the Department of Health and Social Care. Responsible for the budget, planning, delivery and operational sides of NHS Commissioning.
NHSI	NHS Improvement	Oversight body responsible for quality and safety standards.
	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.
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.
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.
QOF	Quality Outcomes Framework	
	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.