

**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 13 August 2020, 10.00 – 12.00  
Microsoft Teams**

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Item no.	Item	Lead and purpose	Documentation type	Page No.	Time
1.	Welcome, introductions and apologies	Chair	Verbal	-	10.00
2.	Declarations of Interests	Chair <i>For noting</i>	Paper	3-8	
3.	Questions from the Public	Chair	None	-	
4.	Minutes of the Previous Meeting & Action Log	Chair <i>For approval</i>	Paper	9-19	
<b>Covid-19 response</b>					
5.	Support for Care Homes During the Pandemic	Nina Griffith <i>For noting</i>	Paper	20-32	10.05
6.	Integrated Care Operating Model & CCG Merger (Follow-up from ICB Development)	David Maher <i>For noting</i>	Paper	33-75	10.30
7.	Proposal for Prevention Workstream	Sandra Husbands <i>For approval</i>	Paper	76-81	11.15
8.	Risk Registers	Matthew Knell / Stella Okonkwo <i>For noting</i>	Paper	82-99	11.30

9.	<b>Finance Report</b>	Sunil Thakker / Ian Williams / Mark Jarvis  <i>For noting</i>	Paper	100-111	11.45
10.	<b>AOB &amp; Reflections</b>	All	None	-	11.55
<b>For information items</b>					
-	<b>Integrated Commissioning Glossary</b>	<i>For information</i>	Paper	112-117	-

**Date of next meeting:**

**10 September, Format TBC**

**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	20/03/2020	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
				London Treasury Ltd	SLT Rep	
				London CIV Board	Observer / SLT Rep	
				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
				Society of Municipal Treasurers	SMT Executive	
				London CIV Shareholders Committee	SLT Rep	
				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	City ICB advisor / regular attendee	City of London Corporation	Head of Finance	Pecuniary Interest
Anne	Canning	27/06/2019	Hackney ICB advisor / regular attendee Accountable Officers Group member	London Borough of Hackney	Group Director - Children, Adults & Community Health	Pecuniary Interest
Honor	Rhodes	11/06/2020	Member - City / Hackney Integrated Commissioning Boards	City & Hackney Clinical Commissioning Group	Lay Member	Pecuniary Interest
				Tavistock Relationships	Director	Non-Pecuniary Interest
				HUHFT	Daughter is employed as Assistant Psychologist	Indirect interest
Gary	Marlowe	25/06/2019	GP Member of the City & Hackney CCG Governing Body ICB advisor / regular attendee	n/a	Registered with Barton House NHS Practice, N16	Non-Pecuniary Interest
				City & Hackney CCG Governing Body	GP Member	Pecuniary Interest
				De Beauvoir Surgery	GP Partner	Pecuniary Interest
				City & Hackney CCG	Planned Care Lead	Pecuniary Interest
				Hackney GP Confederation	Member	Pecuniary Interest
				British Medical Association	London Regional Chair	Non-Pecuniary Interest
				n/a	Homeowner - Casimir Road, E5	Non-Pecuniary Interest
City of London Health & Wellbeing Board	Member	Non-Pecuniary Interest				

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

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Anntoinette	Bramble	05/06/2019	Member - Hackney Integrated Commissioning Board	Hackney Council	Deputy Mayor	Pecuniary Interest
				Local Government Association	Member of the Children and Young Board	Pecuniary Interest
				Schools Forum	Member	Pecuniary Interest
				SACRE	Member	Pecuniary Interest
				Admission Forum	Member	Pecuniary Interest
				HSFL (Ltd)		Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Urswick School	Governor	Non-Pecuniary Interest
				City Academy	Governor	Non-Pecuniary Interest
				Hackney Play Bus (Charity)	Board Member	Non-Pecuniary Interest
				Local Government Association	Member	Non-Pecuniary Interest
				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	Member - Hackney Integrated Commissioning Board	Hackney Council	Cabinet Member for Health, Adult Social Care and Leisure	Pecuniary Interest
				Lee Valley Regional Park Authority	Member	Non-Pecuniary Interest
				Hackney Empire	Member	Non-Pecuniary Interest
				Hackney Parochial Charity	Member	Non-Pecuniary Interest
				Labour party	Member	Non-Pecuniary Interest
				Local GP practice	Registered patient	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
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	Non-Pecuniary Interest
				Residential Property, Shepherdess Walk, N1	Non-Pecuniary Interest	
				GMB Union	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Fabian Society	Member	Non-Pecuniary Interest
English Heritage	Member	Non-Pecuniary Interest				
Chats Palace	Board Member	Non-Pecuniary Interest				
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
				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

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of 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
Helen	Fentimen	14/02/2020	City of London Member	Member, Labour Party		Non-financial personal interest
				Member, Unite Trade Union		Non-financial personal interest
				Chair, Governors Prior Weston Primary School and Children's Centre		Non-financial personal interest
Jon	Williams	02/03/2020	Attendee - Hackney Integrated Commissioning Board	Healthwatch Hackney	Director	Pecuniary Interest
					<ul style="list-style-type: none"> <li>- CHCCG Neighbourhood Involvement Contract</li> <li>- CHCCG NHS Community Voice Contract</li> <li>- CHCCG Involvement Alliance Contract</li> <li>- CHCCG Coproduction and Engagement Grant</li> <li>- Hackney Council Core and Signposting Grant</li> </ul>	
					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)

**and**

**Community Services Development Board**  
(Comprising system colleagues from across the City & Hackney geographic area)

**Integrated Commissioning Board – Local Outbreak Board Session**

**Minutes of meeting held in public on 9 July 2020**  
**Microsoft Teams**

**Present:**

**Hackney Integrated Commissioning Board**

Hackney Integrated Commissioning Committee

Cllr Christopher Kennedy	Cabinet Member for Health, Adult Social Care and Leisure (ICB Chair)	London Borough of Hackney
Cllr Antoinette Bramble	Cabinet Member for Community Safety, Policy and the Voluntary Sector	London Borough of Hackney
Cllr Rebecca Rennison	Cabinet Member for Finance, Housing Needs and Supply	London Borough of Hackney

City & Hackney CCG Integrated Commissioning Committee

Dr. Mark Ricketts	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	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**

Amy Wilkinson	Workstream Director: Children, Young People, Maternity & Families	London Borough of Hackney
Andrew Carter	Director, Community & Children's Services	City of London Corporation
David Maher	Managing Director	City & Hackney CCG
Denise D'Souza	Director of Adult Social Care	London Borough of Hackney
Diana Divajeva	Principal Public Health Analyst	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 Care Convenor	City & Hackney CCG
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Jane Caldwell	CEO	Age UK
Jon Williams	Executive Director	Healthwatch Hackney
Nina Griffith	Workstream Director: Unplanned Care	Homerton University NHS FT
Paul Coles	General Manager	Healthwatch City of London
Philip Glanville	Mayor of Hackney	London Borough of Hackney
Richard Fradgley	Director of Integrated Care	ELFT
Dr. Sandra Husbands	Director of Public Health	London Borough of Hackney
Sunil Thakker	Director of Finance	City & Hackney CCG
Stella Okonkwo	Integrated Commissioning Programme Manager	City & Hackney CCG
Vanessa Morris	Chief Executive Officer	Mind

## **Apologies – ICB members**

None.

## **Other Apologies**

### **1. Welcome, Introductions and Apologies for Absence**

- 1.1. The Chair, Cllr Chris Kennedy, opened the meeting. The ICB for the first 30 minutes was operating in its capacity as the Local Outbreak Board.
- 1.2. Apologies were noted as listed above.

### **2. Declarations of Interests**

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

- **NOTED** the Register of Interests.

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

- **NOTED** the Register of Interests.

## 3. **Questions from the Public**

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

## 4. **Local Outbreak Control Plan**

- 4.1. Dr. Sandra Husbands introduced the paper. She noted that this plan was still in a draft format. It built on the previous pandemic flu plan, but also would help us understand the local response and interface with NHS Test and Trace. Standard operating procedures were being developed for individualized settings and planning was centred around place-based outbreaks.

- 4.2. Cllr Kennedy noted that the Local Outbreak Board (LOB) would have a duty to report to Cabinet Ministers. We also had a responsibility towards ensuring effective public engagement. Sandra Husbands that the standard operating procedures and appendices to the Local Outbreak Control Plan would be made available as soon as possible.

- **Sunil Thakker stated that he would bring a finance report to the next meeting of the Local Outbreak Board.**

- 4.3. In response to a question from Mary Durcan around provision of information on testing centre locations, Sandra Husbands stated that she was unsure why information about testing centre locations had not been effectively cascaded to local authorities.

- **Sandra Husbands to ensure information on location and opening times of testing centres is cascaded to local authorities.**

- 4.4. Sandra Husbands noted that we were nominating and training community champions to act as liaisons for our most at-risk communities. People needed to trust the test and trace system in order for it to work effectively.

- 4.5. Sandra Husbands also noted that, in the event of a local outbreak, there are statutory powers that enable local authority officials to mandate a business or premises be closed. There were also powers to disperse gatherings. However, there were discussions ongoing between the Mayor of London and the Secretary of State as a local lockdown in London would represent a logistical challenge.

## 5. **Data Integration Paper**

- 5.1. Diana Divajeva introduced the paper. She noted that we had moved from a situation in which not enough information had been provided to us, to one in which we had an overwhelming amount of data which were difficult to interpret. Dashboards would

include data from across the system, and there were funding implications attached to this.

- **Jon Williams requested that the dashboard be brought to the Communications and Engagement Enabler Group.**

5.2. We did not currently have data based on where individuals work – the data were being sent from NHS Test and Trace and was based on those interactions with call handlers.

#### 5.1 The City Integrated Commissioning Board

- **NOTED** the report.

#### 5.2 The Hackney Integrated Commissioning Board

- **NOTED** the report.

### Local Outbreak Board Session Ends

**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 9 July 2020**  
**Microsoft Teams**

**1. WELCOME, INTRODUCTIONS AND APOLOGIES**

- 1.1. The Chair, Cllr Chris Kennedy, opened the meeting.
- 1.2. Apologies were noted as listed above.

**2. DECLARATIONS OF INTERESTS**

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

**3. QUESTIONS FROM THE PUBLIC**

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

**4. Minutes of the Previous Meeting and Action Log**

- 4.1. Jane Milligan noted that the action which was assigned to her regarding zero hours contracts was more of a wider point around the consideration of the next phase of our workforce plans. Part of this would be a greater role for anchor institutions and sustainable employment.
- 4.2. The **City Integrated Commissioning Board**
  - **APPROVED** the minutes of the previous meeting, subject to the above changes.
  - **NOTED** the action log.
- 4.3. The **Hackney Integrated Commissioning Board**
  - **APPROVED** the minutes of the previous meeting, subject to the above changes.
  - **NOTED** the action log.

**5. Update on the Prevention Workstream**

5.1 Sandra Husbands provided a verbal update. She informed the board that the Director for the Prevention Workstream and the Transformation Support Officer had finished their secondments. We therefore needed to re-examine the prevention workstream and evaluate what was public health business-as-usual and what would sit within the integrated care system. She added that this presented an opportunity to develop a population health approach to Integrated Care delivery.

5.2 The next board would receive an update paper which would seek permission to dissolve the workstream and create a Population Health Enabler Group instead. Many of the people working on the current prevention workstream would transition into this new enabler group, so none of the work would be stopped, in order to drive continuity.

5.3 Jake Ferguson welcomed the revised approach. He noted that from the perspective of the voluntary sector it had proven difficult to penetrate the prevention workstream. He also drew attention to the strategic objective of the integrated care system to shift resources towards prevention. David Maher added that pre-Covid-19 there had been a policy framework which was due to come to the ICB for the prevention investment standard. This would be re-examined as we move into more stable operational arrangements.

## **6. CCG Contracting Position**

6.1 The item was introduced by Sunil Thakker. We were still awaiting refreshed guidance, and a detailed paper would likely be received by the ICB in August.

## **7. Provider Alliance Update**

7.1 The item was introduced by Jonathan McShane. The ICB development session would be used to explore the governance arrangements of the alliance.

## **8. Inequalities Framework**

8.1 Jayne Taylor introduced the item. This item had previously been presented to the Hackney Health and Wellbeing Board, who had endorsed the framework. We also needed to ensure that prevention programmes were maximized to support healthy behaviours. The framework was about re-prioritising existing plans within all parts of the system to focus explicitly on tackling health inequalities. A population health approach and embedding the principles of 'making every contact count' in addition to building on the work already started to create a local anchor network should drive everything that we do.

8.2 Anna Garner also noted that there were short, medium and long-term aspirations for this work. Much of this would be focused on ensuring residents were better prepared for a potential second peak of covid-19 than the first one which hit in April.

8.3 Randall Anderson raised concerns about the move towards services being "virtual by default". Many people had issues with virtual access, and there was evidence to suggest that many elderly residents were not as confident in using virtual means of accessing services. David Maher referenced that we were adopting a "virtual when appropriate" across primary care.

8.4 Randall Anderson also stated that the data on deprivation was focused exclusively on Hackney. Sandra Husbands responded that the data was such because there had been a very low incidence of covid-19 and covid-19 mortality in the City of London, however there were still inferences to be made about the population of the City of London in terms of its ethnic profile, demography, etc.

8.5 Gary Marlowe highlighted the need to record things in a way that would make sense for us locally, and NEL would necessarily have a different view of data aggregation.

8.6 Paul Coles stated that whilst 80% of the population would likely be happy to use digital means of service access, we needed to work on encouraging the other 20% to use these methods. Jayne Taylor agreed, and Anna Garner stated that we need to make sure we focus on outcomes to make sure that what we offer is subject to variation.

8.7 Jake Ferguson stated that we needed to sign up to the structural racism statement. There was an opportunity here to be more radical and ambitious. At the heart of our approach should be a focus on empowering people. We currently focus on people coming to the system and not the other way around. Many communities were under-resourced, had few organisations representing them and a lack of shared communal space.

8.8 Mark Ricketts pointed to the need for a well-developed dashboard which could provide a means of shifting this into a reality. Anna Garner responded that we need to work out how to be genuinely responsive and acknowledge systemic discrimination. There was an opportunity here to do something genuinely ahead of the curve.

8.9 David Maher stated that the System Operational Command Group (SOC) may be able to drive forward some specific delivery actions around digital inclusion. There could also be a role for anchor organisations to identify their IT resources. We should focus our collective attention on closing the digital divide. The SOC could help co-ordinate that with the relevant IT partners, and the ICB could examine other iterations of that plan.

- **ICB to receive a report at a future meeting on the digital divide caused by moving to virtual by default services.**

#### 8.10 The **City Integrated Commissioning Board**

- **ENDORSED** the use of a population health framework for the City and Hackney operating model, as part of a broader health and wellbeing strategy, to ensure that the integrated health and care system supports the delivery of wider strategic aims to reduce health inequalities through concerted collective local action.
- **COMMITTED** to using all the levers at its discretion to call out, and take meaningful action to reduce, all forms of health inequality in the City of London.
- **ENDORSED** the proposed next step actions as set out in this paper.

#### 8.11 The **Hackney Integrated Commissioning Board**

- **ENDORSED** the use of a population health framework for the City and Hackney operating model, as part of a broader health and wellbeing strategy, to ensure that the integrated health and care system supports the delivery of wider strategic aims to reduce health inequalities through concerted collective local action.

- **COMMITTED** to using all the levers at its discretion to call out, and take meaningful action to reduce, all forms of health inequality in the City of London.
- **ENDORSED** the proposed next step actions as set out in this paper.

## 9. Phase Two Update

9.1 David Maher introduced the item. The paper set out the SOC response to the recovery. We were looking to re-start plans for resident engagement for post- and intra-covid working. Feedback from patients had been compelling; we were working on consolidating safeguarding arrangements and planning for future surge capacity.

9.2 The ICB would need to get right the pre-admission work that we did for neighbourhoods. We also need to support discharges and have systems in place to enable discharge to happen from a home-first principle.

9.3 The Neighbourhoods MDT had been prioritizing community-based work. The granular focus around primary care with involvement from the voluntary sector would give us the greatest chance of making our impact on peoples' lives relevant.

9.4 By September we would need to think about what Phase Three would look like. There would be a letter sent round in the next few weeks that would discuss this.

9.5 Mayor Glanville stated that whilst this SOC response had the City & Hackney partner logos on it, it was often received by committees when it had been completed. There was therefore a need to consider a greater role for political accountability.

### 9.6 The **City Integrated Commissioning Board**

- **NOTED** the update.

### 9.7 The **Hackney Integrated Commissioning Board**

- **NOTED** the update.

## 10. The CYPMF Neighbourhoods Approach

10.1 Amy Wilkinson introduced the paper. Cllr Kennedy stated that he was pleased to see that there was a link in this paper with improving outcomes for young black men. There were, however, a few gaps. He was also not sure how meetings with childrens' centres mapped with the multi-disciplinary teams. Amy Wilkinson responded that there were challenges with the geographies of the Neighbourhoods, however a lot of work had been done with our partners on coming to grips with this and making it work.

10.2 Honor Rhodes stated she would like to see more detail about adverse childhood experiences (ACEs). She would also like to see a stronger emphasis on what families mean to us and a stronger, clearer commitment to working with fathers and other parents. Amy Wilkinson stated that the work on ACEs was close to being able to be brought back to the ICB. When we consulted on the early years elements of the work, practitioners were showing us issues which reflected on the wider determinants of health.

- **Report on Adverse Childhood Experiences to be brought back to a future ICB.**

10.3 Jake Ferguson stated that he would like to have a greater understanding of domestic abuse since the lockdown. Furthermore, he asked about young black men's programmes – what would be different as a result of what we learned during the past few months? Amy Wilkinson stated that there had been a lot of work done with voluntary sector organisations on pathways. In terms of young black men's programmes, we had been working with local organisations to get these programmes led by young black men.

- **Amy Wilkinson further stated that she would explore issues of data integration with the ICT Enabler group.**

10.4 Mayor Glanville stated that we needed to integrate a population health approach into this work. Oftentimes, black families were seen merely as people who were vulnerable and in need of help as opposed to people with their own cultural capital and views. Amy Wilkinson stated that there were wider policies around this which could be brought into the design through our engagement with Neighbourhoods.

#### 10.5 The **City Integrated Commissioning Board**

- **NOTED** the report.

#### 10.6 The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

### 11. Voluntary Sector Operating Model

11.1 The item was introduced by Jake Ferguson, Vanessa Morris and Jane Caldwell. The VCS had been working on relationships with system partners in order to develop an approach that would utilize the work of the voluntary sector effectively.

11.2 Jane Caldwell highlighted the timeliness and urgency of this work. She recognized that some people on the call would have had experience of the value and benefit of the voluntary sector. The priority had been to connect either face-to-face or virtually with residents and then connect residents to each other.

- **Paul Coles requested that Healthwatch City of London be invited to some of these VCS operating model meetings as a guest.**
- **Vanessa Morris and Paul Coles to further work on the Voluntary Sector Operating Model delivery plan.**

#### 11.3 The **City Integrated Commissioning Board**

- **NOTED** the report content, and for it to be used as a basis for a work-plan for the VCSE Enabler group.
- **ENDORSED** a resourced delivery plan; co-produced for the implementation of the Operating Model through the VCSE Enabler Group with the VCSE convener, Programme Director and Workstream Leads
- **AGREED** to sign up to the NCVO good practice guidelines in the development of the VCSE Enabler Group.



- **AGREED** that this Operating Model will support the longer term plans to invest in the VCSE to be a key partner in the ICS. The prevention investment provides an initial non-recurrent investment but a sustainable investment strategy will be needed in the longer term.

#### 11.4 The **Hackney Integrated Commissioning Board**

- **NOTED** the report content, and for it to be used as a basis for a work-plan for the VCSE Enabler group.
- **ENDORSED** a resourced delivery plan; co-produced for the implementation of the Operating Model through the VCSE Enabler Group with the VCSE convener, Programme Director and Workstream Leads
- **AGREED** to sign up to the NCVO good practice guidelines in the development of the VCSE Enabler Group.
- **AGREED** that this Operating Model will support the longer term plans to invest in the VCSE to be a key partner in the ICS. The prevention investment provides an initial non-recurrent investment but a sustainable investment strategy will be needed in the longer term.

## 12. Homelessness Resourcing Update

12.1 Siobhan Harper introduced the report. Cllr Rennison thanked her for the report and noted that it would need to be progressed via finance at a later date. The next crunch point would be the move towards more complex work on provision.

12.2 Marianne Fredericks raised the issue of hotels funding and the need to build this into the support package for rough sleepers. Sandra Husbands responded that funding has been announced in relation to support for rough sleepers but Local Authorities would need to bid for it. Siobhan Harper responded that this was welcome news and would give us an opportunity to shape our influence of what additional health provision would look like.

#### 12.3 The **City Integrated Commissioning Board**

- **NOTED** the report.

#### 12.4 The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

## 13. AOB & Reflections

13.1 Honor Rhodes stated that the reports for the ICB had increased in quality, as had the quality of the presentations. The rough sleepers work had also been a tremendous good news story in difficult times.

### Date and time of next meeting

The next meeting will be held on 13 August – virtual.



## City and Hackney Integrated Commissioning Programme Action Tracker

Ref No	Action	Assigned to	Assigned date	Due date	Status	Update
ICBMay-4	Sunil Thakker to bring back updated progress report on <b>CCG contracting position</b> .	Sunil Thakker	14/05/2020	Aug-20	Open	Guidance still not received - on the forward planner for September.
ICBMay-5	David Maher and Jonathan McShane to share a paper at a future ICB on the <b>provider alliance approach to service delivery, outcomes and patient experience</b> .	Jonathan McShane	14/05/2020	Jul-20	Open	
LOBJul-1	<b>Finance paper</b> to be brought to the next meeting of the Local Outbreak Board.	Sunil Thakker / Sandra Husbands	09/07/2020	Aug-20	Closed	Paper to be discussed at August meeting.
LOBJul-2	Sandra Husbands to make sure information on <b>opening times and locations of testing centres</b> is cascaded to local authorities.	Sandra Husbands	09/07/2020	Aug-20	Open	
LOBJul-3	<b>Data integration dashboard</b> to be taken to the comms and engagement enabler group.	Jon Williams	09/07/2020	Aug-20	Open	In progress.
ICBJul-1	ICB to receive a report at a future meeting on the <b>digital divide</b> caused by moving to virtual by default services.	David Maher	09/07/2020	Sep-20	Open	On the forward planner for September.
ICBJul-2	Report on <b>Adverse Childhood Experiences</b> to be brought back to a future ICB.	Amy Wilkinson	09/07/2020	Sep-20	Open	Progress report on the forward planner for September.
ICBJul-3	Amy Wilkinson further stated that she would explore issues of <b>data integration in the City of London</b> with the ICT Enabler group.	Amy Wilkinson	09/07/2020	Aug-20	Closed	This has been followed-up.
ICBJul-4	Paul Coles requested that <b>Healthwatch City of London</b> be invited to some of the <b>VCS operating model meetings</b> as a guest.	Jake Ferguson	09/07/2020	Aug-20	Closed	Followed-up: Paul Coles to be invited to future VCS operating model meetings.
ICBJul-5	Vanessa Morris and Paul Coles to further work on the <b>Voluntary Sector Operating Model delivery plan</b> .	Paul Coles	09/07/2020	Aug-20	Closed	Paul Coles is invited to the VCS operating model meetings and will work on the operating model with Vanessa Morris.

<b>Title of report:</b>	<b>Support for Care Homes during the Pandemic</b>
<b>Date of meeting:</b>	13 <sup>th</sup> August 2020
<b>Lead Officer:</b>	Nina Griffith, Unplanned Care Workstream Director Simon Galczynski, Director of Adult Services
<b>Author:</b>	Cindy Fischer, Programme Manager, Unplanned Care
<b>Committee(s):</b>	Regular reporting has gone to the System Operational Command Group
<b>Public / Non-public</b>	Public

#### Executive Summary:

This paper summarises the support that was put in place to care homes through the Covid-19 pandemic.

#### 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 checked="" type="checkbox"/>	
Ensure we maintain financial balance as a system and achieve our financial plans	<input type="checkbox"/>	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	
Empower patients and residents	<input type="checkbox"/>	

#### Specific implications for City

There are no care homes within the City of London, however, City residents are placed into care homes in Hackney and across NEL

#### Specific implications for Hackney

This relates to care homes located in Hackney

**Patient and Public Involvement and Impact:**

The work described was undertaken as part of a response to an immediate health crisis. As such, there has not been significant patient and public involvement in it.

However, in advance of the pandemic there was public involvement in our approach to care homes as follows:

- Detailed review of primary care services to care homes undertaken in 2019, which included interviews with care home residents. This has informed the future service model.
- Discharge co-production workshop held to ensure pathways from hospital into step down services are effective.

**Clinical/practitioner input and engagement:**

The work to support care homes has had significant clinical input from care home staff, GP leads in unplanned care, local GPs and Homerton and ELFT community services colleagues and infection prevention control nurses within the CSU.

**Communications and engagement:**

[Does this report, or the work described in the document, require communications and/or stakeholder engagement with patient groups, the public or integrated care partners? If yes, please explain what communications and engagement has been undertaken or will be undertaken. If no – please state why not.]

No

**Comms Sign-off**

[Which Communications and Engagement team member has contributed to the communications and engagement thinking which underpins this work? If not applicable - please state why this is not applicable. ]

n/a – the work described was undertaken in response to an immediate health crisis.

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

[Please set out any equalities issues and particularly in relation to impact on priority groups; e.g. young black men]

This work has focused on care home residents, who fall into the following groups:

- Older adults
- People with dementia
- People with mental health issues
- People with learning disabilities

**Safeguarding implications:**

[Please set out any safeguarding issues or implications emerging from the report]

N/A

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

[Please state how proposals in the report will impact on existing service provision, considering inter-relations between NHS and Local Authority, acute, GP and community services.]

The report describes how existing primary care and community services have been and will continue to provide services to care home residents.

## **Support for Care Homes during the Pandemic**

### **Background**

COVID-19 has provided an unprecedented challenge to adult social care. The challenge has been significant in London due to early and rapid spread of the virus, local patterns of deprivation, high levels of air pollution and the high proportion of ethnic minority populations in most London boroughs.

The London Borough of Hackney (LBH), and the City and Hackney CCG (CCG) worked closely with London Association of Directors of Adult Social Services (ADASS) and other NHS partners to identify issues, and galvanise responses.

Using data and information from providers, we developed a comprehensive understanding of the local adult social care market (home care and care homes) during the spread of Covid-19. Commissioners used this as a key part of their daily interaction to support providers. It has underpinned and strengthened relationships with providers locally and provided information on care homes across borough boundaries, which has streamlined the work and reduced the burden on providers. Since mid-March this has supported local operational responses: prioritising active delivery of PPE, ensuring appropriate staffing levels and providing Public Health infection control advice and support.

Being alert to emerging issues in the system, which led to challenges for care homes, enabled an early response (we started reporting care home deaths and COVID cases from 23<sup>rd</sup> March) and allowed action to be taken. This report provides specific information on the local support offered to care homes within Hackney.

### **Local Demographics**

There are 15 Care Homes based in the London Borough of Hackney (LBH) and no care homes in the City of London. This breaks down into 4 nursing homes for older adults, 5

residential homes for people with learning disabilities and 6 residential homes for people with mental health needs, in total providing 331 beds.

There are an additional 3 care homes located out of borough whose residents are registered with City and Hackney GPs. One home in Islington is for older adults and two homes in Haringey are for people with learning disabilities. In total, there are 20 residents across these residential homes.

In advance of the pandemic, there were already established relationships with the care homes either through the older adults or mental health commissioning teams in LBH and the CCG.

### **Response to the pandemic**

During the pandemic, the adult social care team at LBH mobilised a daily review of care providers (care homes and domiciliary care providers) to provide support and ensure resilience in the care market resilience locally. This included the collection and analysis of all relevant data on care homes, and taking actions immediately where necessary to support them. Actions and any issues are reported to our Borough Emergency Committee (BEC) and GOLD command.

The LBH quality assurance (QA) team has also led joint working with our Care homes, as part of our commissioning support arrangements. During the COVID crisis, LBH and the CCG have in partnership built on existing solid relationships with homes based in Hackney. This has included:

- Phone calls with Care Homes from commissioners and QA staff doing general “health checks” with providers to understand their issues and help with practical solutions where possible.
- QA staff maintaining relationships with care homes.
- CCG and LBH commissioners work closely together to support care homes, promoting integrated working, supporting existing work around trusted assessors and ensuring clinical input into care homes.
- The commissioning Support Unit (CSU) infection prevention and control team have provided specific expertise to all care homes to support reducing risk of infections, outbreaks use of PPE and isolation.

As a system partnership, we have a high level of confidence that our plans are being

actioned. Support to care homes has been a regular agenda item in the System Operational Command Group (SOCG) since the onset of the pandemic.

## **Provision of Clinical Support**

We had pre-existing and robust primary care support arrangements in place for our nursing homes. For one nursing home, we quickly strengthened primary care and geriatrician support focused on clinical management of symptomatic patients, infection control and end of life care advice.

We have aligned care homes to PCNs and assigned GP clinical leads to each care home. In the beginning of June, we implemented a Covid-19 Care Homes service where a weekly check-in or ward round started to take place within all 18 of the care homes.

The Homerton University Hospital Foundation Trust (HUHFT) and East London Foundation Trust (ELFT) provide community health services within all 15 local care homes. The required service input will vary based on the type of home. In particular, the Integrated Learning Disability Service and various mental health teams provide clinical support weekly.

We are also actively planning for the implementation of the Enhanced Health in Care Homes (EHCH) framework, which requires provision of dedicated and proactive primary care and community services into care homes. This is through a new PCN contract which goes live from start Q3 and the standard contract for community health services. We are in the process of identifying a lead clinician for each home from community services teams to ensure better coordination between providers. This will allow a multi-disciplinary approach to supporting the care homes. Service leads are required to ensure an expedient route into services, by providing advice and navigation. Where not already taking place, ward rounds and multi-disciplinary meetings will be in place by the 1 October.

## **Provision of Training**

The partnership has established regular and successful training sessions to all providers including Care homes, supported living schemes and domiciliary care providers and includes a range of topics such as:



- Dementia Support
- Infection Prevention and Control
- Community support and signs of deterioration
- Advanced care planning using Coordinate My Care (CMC)
- Testing for Covid – covering both staff and service users
- Psychological support for staff

As part of a train the trainer programme, the care homes participated in a national infection prevention and control training by the 29 May. Additional weekly sessions have occurred for the broader social care market to attend.

## **Supply of PPE**

As with all health and care providers, care homes in the borough have had challenges accessing sufficient PPE.

Hackney set-up and co-ordinated a centralised ordering, supply and distribution centre to support all our providers, with care homes being the priority. Most of the care homes have accessed this service to bulk supplement their own ordering and supply.

A process of mutual aid was established across health and social care partners, facilitated through the System Operational Command. Care homes and domiciliary care providers reported weekly to SOC on any PPE supply issues and other partners and other partners did provide PPE where they had sufficient stock to do so.

North East London STP also set up an emergency short-term PPE supply chain for any provider that was going to run out of stock within 24 hours. This was in operation from start April to mid-May.

## **Support for Testing**

Hackney has been closely following Government announcements about availability of testing for different groups, and sharing all relevant information about how to access testing with providers. This has included information about the National testing offer, local options

provided by NHS North East London, and the pop-up mobile testing unit in Dalston.

On the 28 April the Secretary of State for Health and Social Care committed to offering a coronavirus test to every staff member and resident in all care homes in England, whether symptomatic or not. In line with this goal, on 11th May 2020, a new online portal was set up, where any CQC registered care home is able to order a batch of testing kits, for all of its residents and staff.

On the 3 July further testing guidance was published which outlines plans for CQC-registered older people's homes to receive testing every month and for staff to be tested weekly. The view is that this will be rolled out to other CQC registered care homes, with residents under 65 years, over July. Despite this announcement there continues to be challenges with all homes being able to access tests for repeat mass testing.

Across Hackney there are 75 non-CQC registered residential care settings that are not yet able to access asymptomatic testing. These sites can order home test kits for unwell residents in the same way that any member of the population can. However, this does not allow for mass testing of asymptomatic residents or staff members. Partners are exploring the options to address wider testing using local acute hospital lab capacity.

Some of the mental health care homes in the borough have reported that it would be difficult for them to undertake the swabbing themselves. Therefore the CCG has arranged for a GP to support two mental health care homes to conduct swabbing of residents and staff. To widen this type of support offer, the CCG and LA commissioners are working with the public health team to commission a local swabbing support programme to extend to all CQC and non-CQC registered accommodations. We are also considering how this team can support with the wider MECC agenda and with flu immunisation.

### **Supply of extra Staff and Alternate Accommodation**

In the beginning of the pandemic the Council commissioned additional staff to support a care home due to the reduction of staff who were unable to work due to staff self – isolating.

The Council and CCG also agreed to block book 13 beds in a local nursing home who could accept people who have tested positive and need to be isolated. These beds are reserved

for people needing this level of intervention, whether for discharge from hospital or a transfer from the community.

Two of our Mental Health care homes do not have the ability to accommodate people who need to be shielded or isolated. The council have a small number of self-contained units and can commission an individual care package for any person requiring to be cared for in this setting.

All of our LD care homes report being able to accommodate people who need to be isolated or shielded.

## **Wellbeing Support**

The CCG commissioned Mind to offer psychological wellbeing support to care homes. This consists of resilience work, psycho-education and staff support groups. The specific offer will depend on the needs of each care home.

## **Financial Support**

Hackney has been very proactive in listening to providers and seeking to address short-term financial pressures, getting funding to our providers as quickly and simply as possible.

ADASS and the LGA released a joint guidance note on 13th March 2020. Subsequently on 8 April 2020, ADASS and LGA issued a [note](#) to councils for local authority commissioners. It summarised pressures on social care providers arising from COVID-19, and outlined three main ways in which commissioners can alleviate these pressures, with recommendations. One of these recommendations was to provide extra funding to suppliers.

Hackney engaged all our providers and asked them to complete a questionnaire on the types of pressures providers were facing. Fig. 1 shows the feedback from providers:

Please indicate where you have seen an increase in cost:

23 responses

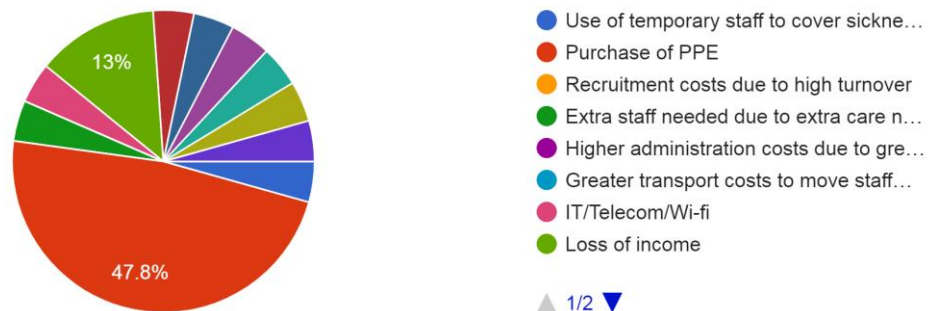


Fig 1.

As a result of this, LBH have offered and made an across the board payment of the equivalent of an extra 10% of base contract price for up to three months to providers (with a review after 2 months).

Additional support has been provided in terms of purchase and supply of PPE, training as highlighted above and support with staff.

The council also maintained existing block purchase arrangements and negotiated a further block arrangement with our main providers, which has helped stabilize their businesses while we carry void costs.

On 13th May, the Government announced an additional £600 million to support providers through a new adult social care 'Infection Control Fund'. For Hackney, this represented a grant income of £508,642

The primary purpose of this fund is to support adult social care providers, including those with whom the local authority does not have a contract, to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience.

The funding guidance states that all funding must be used for COVID-19 infection control measures. Local authorities should pass 75% of each month's funding to care homes within the local authority's geographical area on a 'per beds' basis.

One small LD care home chose not to accept the grant as they felt the administrative burden was exceeded the benefit of the grant. The Homerton also confirmed that Mary Seacole Nursing Home would not take up the grant offer as any costs they have incurred because of Covid-19 are being included in the central funding the Trust will receive. The funding set aside for these two providers will be added to the remaining 25% of the allocation, which is being given to supported living and home care providers.

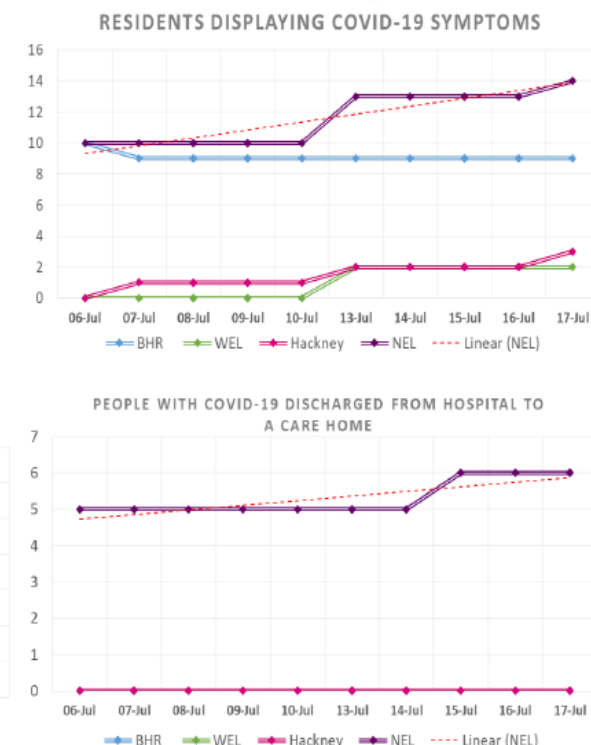
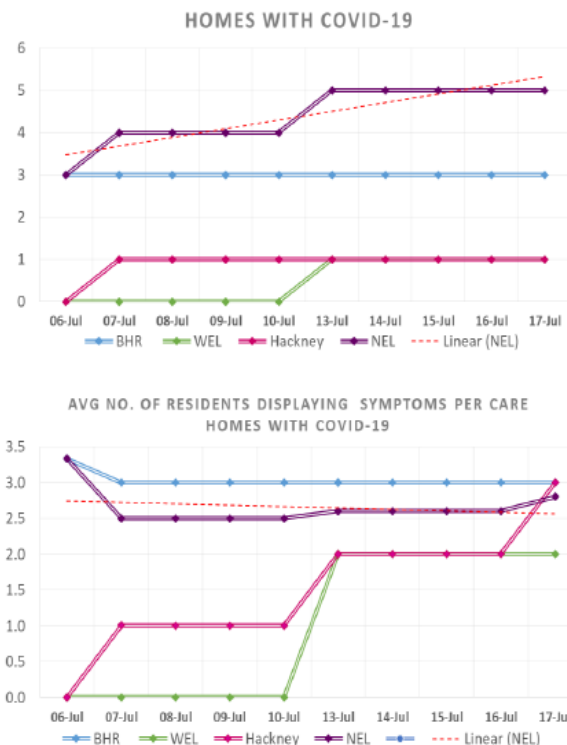
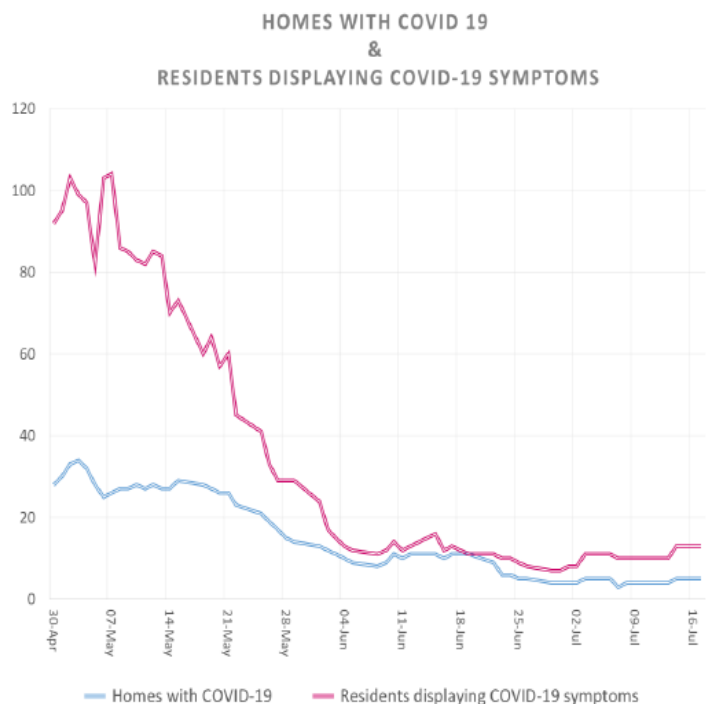
## Supporting Papers and Evidence:

### Appendices

1. Care Homes with Covid-19
2. Deaths in Care Homes
3. Provider Reporting for Infection Control Return – 31/07/2020

## Appendix 1. Care Homes with Covid-19

### Care homes with COVID-19 and residents displaying symptoms show an downward trend



- Overall the number of homes with COVID-19 and residents displaying COVID-19 symptom across NEL shows a downward trend, although BHR, Hackney and Tower Hamlets recorded between 1-4 cases across the latest period.
- During the period WEL included gaps in their submissions.
- Residents displaying symptoms per care home with COVID-19 shows an upwards trend and now stands at 2.7.
- Discharges to care homes from hospital across NEL is reactively stable. However Havering discharged 5-6 residents during the period, in contrast to WEL and Hackney who reported zero discharges.

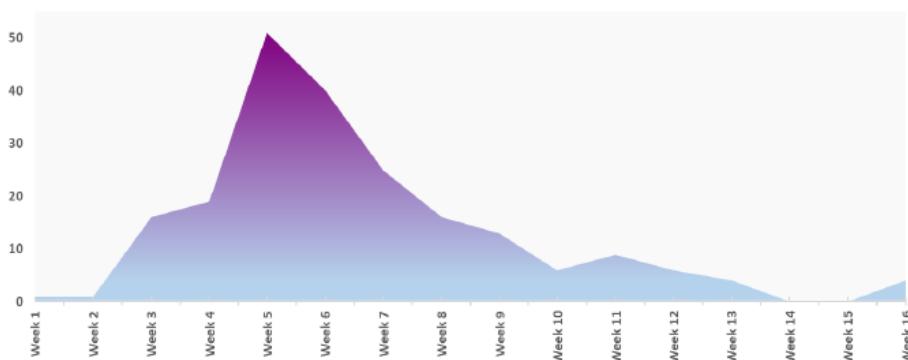
Source: MIS c\_SITREP\_Residents

## Appendix 2. Deaths in Care Homes

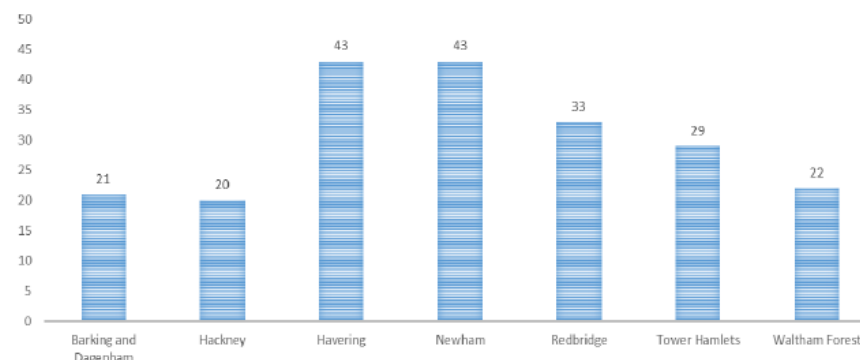
**Across NEL deaths in care homes are reducing and 23% are related to COVID-19**  
(position reported up to 03/07/20)



COVID-19 CARE HOME DEATHS ACROSS NEL



COVID-19 CARE HOME DEATHS BY LOCAL AUTHORITY



Care homes with COVID-19 deaths	20-Mar	27-Mar	03-Apr	10-Apr	17-Apr	24-Apr	01-May	08-May	15-May	22-May	29-May	05-Jun	12-Jun	19-Jun	26-Jun	03-Jul
Barking and Dagenham	1	1	3	0	4	2	4	2	1	0	0	1	1	0	0	1
Havering	0	0	1	4	12	9	2	4	5	0	3	0	2	0	0	1
Redbridge	0	0	0	0	4	4	6	6	2	5	2	1	1	0	0	2
Newham	0	0	9	10	5	7	7	3	0	0	0	2	0	0	0	0
Tower Hamlets	0	0	1	3	13	8	2	1	1	0	0	0	0	0	0	0
Waltham Forest	0	0	0	1	2	7	4	0	4	0	2	2	0	0	0	0
Hackney	0	0	2	1	11	3	0	0	0	1	2	0	0	0	0	0
<b>NEL</b>	<b>1</b>	<b>1</b>	<b>16</b>	<b>19</b>	<b>51</b>	<b>40</b>	<b>25</b>	<b>16</b>	<b>13</b>	<b>6</b>	<b>9</b>	<b>6</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>4</b>
<b>Total no. of care home deaths in NEL</b>	<b>32</b>	<b>48</b>	<b>105</b>	<b>110</b>	<b>153</b>	<b>116</b>	<b>87</b>	<b>41</b>	<b>42</b>	<b>35</b>	<b>31</b>	<b>26</b>	<b>22</b>	<b>27</b>	<b>15</b>	<b>32</b>
<b>% of care home deaths caused by COVID 19</b>	<b>3%</b>	<b>2%</b>	<b>15%</b>	<b>17%</b>	<b>33%</b>	<b>34%</b>	<b>29%</b>	<b>39%</b>	<b>31%</b>	<b>17%</b>	<b>29%</b>	<b>23%</b>	<b>18%</b>	<b>0%</b>	<b>0%</b>	<b>13%</b>

- The information used to produce these statistics is from ONS, which is based on details collected when certified deaths are registered with the local registration office. This report is published every Tuesday on a weekly basis.
- In total, there have been 211 COVID-19 related deaths occurring in care homes, which represents 23% of the overall deaths across the NEL footprint.
- From week 5, the total number of care home deaths related to COVID-19 significantly decreased, however during week 10 to 11 there was a small spike which has shown signs of improvement and is now decreasing.
- From week 14, all boroughs reporting not having any COVID-19 related deaths occurring in their care homes but this has since increased slightly.
- Havering and Newham account for the highest number of deaths overall, with a combined total of 41%.

Source: ONS COVID-19 deaths

## Appendix 3. Provider Reporting for Infection Control Return – 31/07/2020

ASC Infection Control Fund Return - Details													
Care Home	1) Infection Prevention and Control Measures			2) Testing			3) PPE / Clinical Equipment		4) Workforce Support			5) Clinical Support	
	1.1) Ability to quarantine / isolate / cohort when needed	1.2) Actions to restrict staff movement between care homes	1.3) Paying staff full wages while isolating following a positive test	2.1) Registration on the government's testing portal	2.2) Access to testing for all asymptomatic residents and staff	2.3) Testing of all residents discharged from hospital to care homes	3.1) Access to sufficient PPE to meet needs	3.2) Access to clinical equipment needed for COVID-19	4.1) Access to training in the use of PPE from clinical or PH staff	4.2) Access to training on the use of key medical equipment needed for COVID-19	4.3) Access to additional capacity including from locally coordinated returning healthcare professionals or volunteers	5.1) Named Clinical Lead in place for support and guidance	5.2) Access to mutual aid offer (primary and community health support)
Acorn Lodge Care Centre	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No	✓ Yes	✓ Yes
Bayis Shei Limited	✗ No	✗ No	✗ No	✓ Yes	✓ Yes	✗ No	✓ Yes	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Beis Pinchas	✓ Yes	✓ Yes	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Clarence Road	✗ No	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No	✓ Yes	✗ No	✗ No	✓ Yes	✓ Yes
Felstead Street	✗ No	✗ No	✓ Yes	✓ Yes	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No	✗ No	✓ Yes	✓ Yes
Florfield Home	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Forward Support Limited	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No	✓ Yes	✓ Yes	✗ No	✓ Yes	✓ Yes
Forward Support Limited	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No	✗ No	✓ Yes
Mary Seacole Nursing Home	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Newnton House Residential Care Home	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No	✓ Yes	✗ No	✗ No	✓ Yes	✓ Yes
Nonoy Capina - 31 Sach Road	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No	✓ Yes	✗ No	✓ Yes	✗ No	✗ No	✓ Yes	✓ Yes
Riverside House	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No	✓ Yes	✗ No	✗ No	✓ Yes	✓ Yes
St Anne's Home - London	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Yad Voezer 1	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Yad Voezer 2	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes



<b>Title of report:</b>	Integrated Care Operating Model & CCG Merger
<b>Date of meeting:</b>	13 August 2020
<b>Lead Officer:</b>	David Maher
<b>Author:</b>	David Maher
<b>Committee(s):</b>	Segments of this paper have been to the following, for discussion: <ul style="list-style-type: none"> <li>• 5 x GP Consortia (14 to 22 July 2020);</li> <li>• The Clinical Commissioning Forum Members meeting (23 July 2020);</li> <li>• ICB Development Session (23 July 2020);</li> <li>• Integrated Care Communications and Engagement Enabler Group (29 July 2020);</li> <li>• City &amp; Hackney CCG Governing Body (31 July 2020)</li> </ul>
<b>Public / Non-public</b>	Public

### Executive Summary:

The purpose of this paper is to provide Members of the Integrated Commissioning Board (ICB) with an update on:

- The establishment of the **NEL Integrated Care System (ICS)** (See paper attached entitled: “The future of health and care for the people of north east London”);
- Progress with the development of City & Hackney’s **Integrated Care Operating Model**;
- Proposed **next steps** in taking the Operating Model to another layer of detail with system Partners;
- **SOC Phase 2 governance** transitional arrangements
- Some of the **key milestones** which underpin transition to the Operating Model and meeting the April 2021 timeline for the CCG merger;
- **Pose questions to the ICB** – the answers will help steer future work and set priorities through to the end of 2020.

### Recommendations:

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

- To **NOTE** the report;

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

- To **NOTE** the report;

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

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	<input checked="" type="checkbox"/>	The primary focus of the proposed integrated care operating model and CCG merger is to take a holistic view of the population health and care needs of the residents and patients of City & Hackney and direct resources to addressing inequalities.
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Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input checked="" type="checkbox"/>	The integrated care model is founded on placing Neighbourhood Health and Care at the centre of how services are delivering within the local system
Ensure we maintain financial balance as a system and achieve our financial plans	<input type="checkbox"/>	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input type="checkbox"/>	
Empower patients and residents	<input type="checkbox"/>	

### Specific implications for City

None

### Specific implications for Hackney

None

### Patient and Public Involvement and Impact:

- The proposed integrated care operating model and CCG merger have been discussed with the CCG PPI committee.
- A detailed engagement plan covering the new operating model and CCG merger is near completion and will outline what further stakeholder engagement will be undertaken with Patients and the Public. We will be working in partnership with NEL's communications and engagement team.

### Clinical/practitioner input and engagement:

- 5 x GP Consortia (14 to 22 July 2020);
- The Clinical Commissioning Forum Members meeting (23 July 2020);

### Communications and engagement:

The CCG Communications and engagement team and the LBH Healthwatch engagement lead have been integral to the development of the engagement plans. The IC Communications & Engagement Enabler Group will play an active role in overseeing the system-wide communications and engagement on the new operating model and CCG merger.

#### Communications Sign-off

The communications and engagement team are familiar with the content of this report but have not been asked to sign it off.

### Equalities implications and impact on priority groups:

The equalities impact assessment of the new operating model and the CCG merger need to be addressed and documented.

**Safeguarding implications:**

There are no specific safeguarding issues to be drawn out from this report.

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

The implications of this report are that, when implemented, it should result in integrated service provision across *all* system partners and eliminate overlapping services

**Supporting Papers and Evidence:**

Appendix A: The future of health and care for the people of north east London

**Sign-off:**

City & Hackney CCG: David Maher – CCG Managing Director.

# Integrated Care Operating Model & CCG Merger

August 2020



# Integrated Care Operating Model and CCG Merger: An update

The purpose of this paper is to provide Members of the ICB with an update on:

- The establishment of the **NEL Integrated Care System (ICS)** (See paper attached entitled: “The future of health and care for the people of north east London”)
- Progress with the development of City & Hackney’s **Integrated Care Operating Model**
- Proposed **next steps** in taking the Operating Model to another layer of detail with system Partners
- Some of the **key milestones** which underpin transition to the Operating Model and meeting the April 2021 timeline for the CCG merger
- **Pose questions to the ICB**– the answers will help steer future work and set priorities through to the end of 2020.

# What we want to achieve

We have developed five strategic programme objectives which will help us deliver the objectives set out in our vision:

- **Deliver a shift in resource and focus to prevention** to improve the long term health and wellbeing of local people and address health inequalities (Prevention Investment Standard)
- **Deliver proactive community based care** closer to home and outside of institutional settings where appropriate (collaboration between local health and care organisations)
- **Ensure we maintain financial balance** as a system and achieve our financial plans (Developing of a Whole Population Budget)
- **Deliver integrated care** which meets the physical, mental health and social needs of our diverse communities (Neighbourhoods)
- **Empower patients and residents** (Coproduction Charter and Council)

# Our values

In running our programme, we will ensure we consider the following values at all times:

- **Listen to and involve** the public in everything we do
- **Recognise and value diversity** within our communities and our staff
- **Build on** local community assets and individuals' strengths
- **Are honest** about the challenges and opportunities ahead
- **Encourage** staff and patients to be take responsibility for their actions and choices
- **Treat** staff, patients and partners across the health system with respect, compassion and dignity at all times
- **Act for the 'system' and the patient** rather than for the individual organisation

# What is changing and why?

## CHANGES

- NHS England's Long Term Plan sets out a timetable for establishing Integrated Care Systems (ICS) by April 2021 and typically there should be 'a single CCG for each ICS area'
- All CCGs within NEL will merge into a single NEL CCG by April 2021
- This means that we are moving from a "commissioner /Provider" split towards a **system focus on supporting our frontline practitioners to deliver improved health and care outcomes** for our local population
- Within City & Hackney we intend to migrate from an Integrated Commissioning Board to an **Integrated Care Partnership Board (ICPB)** supported by a number of **subgroups**. The ICPB will be responsible for system **oversight** and **assurance**
- A City & Hackney **Neighbourhood Health & Care Services Board** will be responsible for **service planning, service delivery** and **service improvement**. This includes the work within workstreams, major programmes and Covid-19 Phase 2 Recovery programme

## BENEFITS

- **Clinicians** will define how we improve services to the public and patients
- **Clinicians** will have their voice heard throughout the process
- Decision-making will sit as **locally as possible**
- Decision-making starts at the Place base unless it satisfies one of the 3 question test (\*see overleaf)
- An opportunity to **delegate to PCNs** as far as possible and build clinical leadership at a neighbourhood level
- The Integrated Care Partnership Board will be an opportunity for improved integration and **increased accountability** by including our providers as partners
- A NEL ICS helps strengthen what we have achieved. It allows us to **influence specialised commissioning** and creates more efficient interfaces with regulators
- **Increased transparency** for elected members as they will be part of an even more democratic process
- Improved **opportunities for pooling budgets** locally



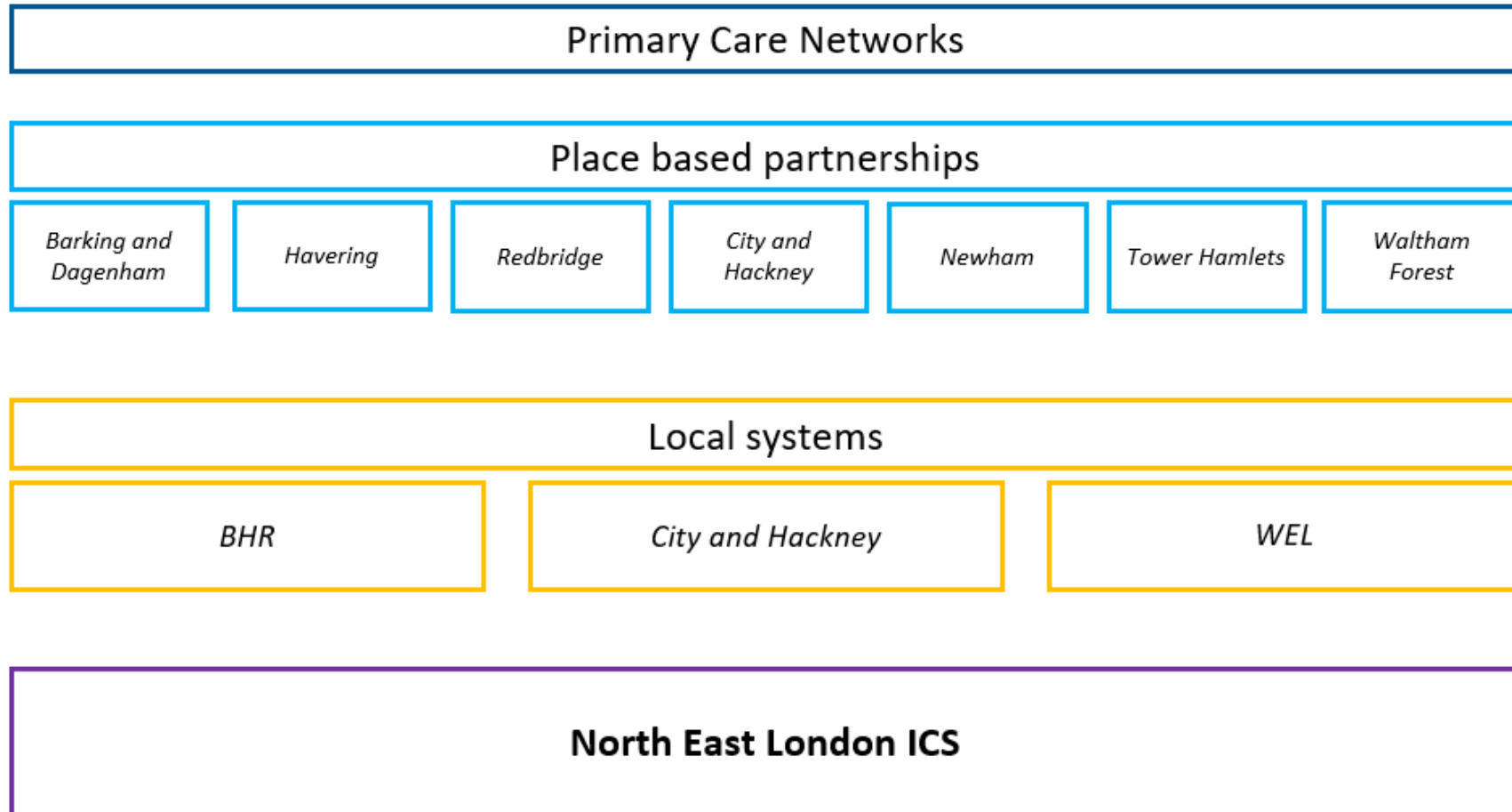
# \*The 3 question test / 80:20 principle

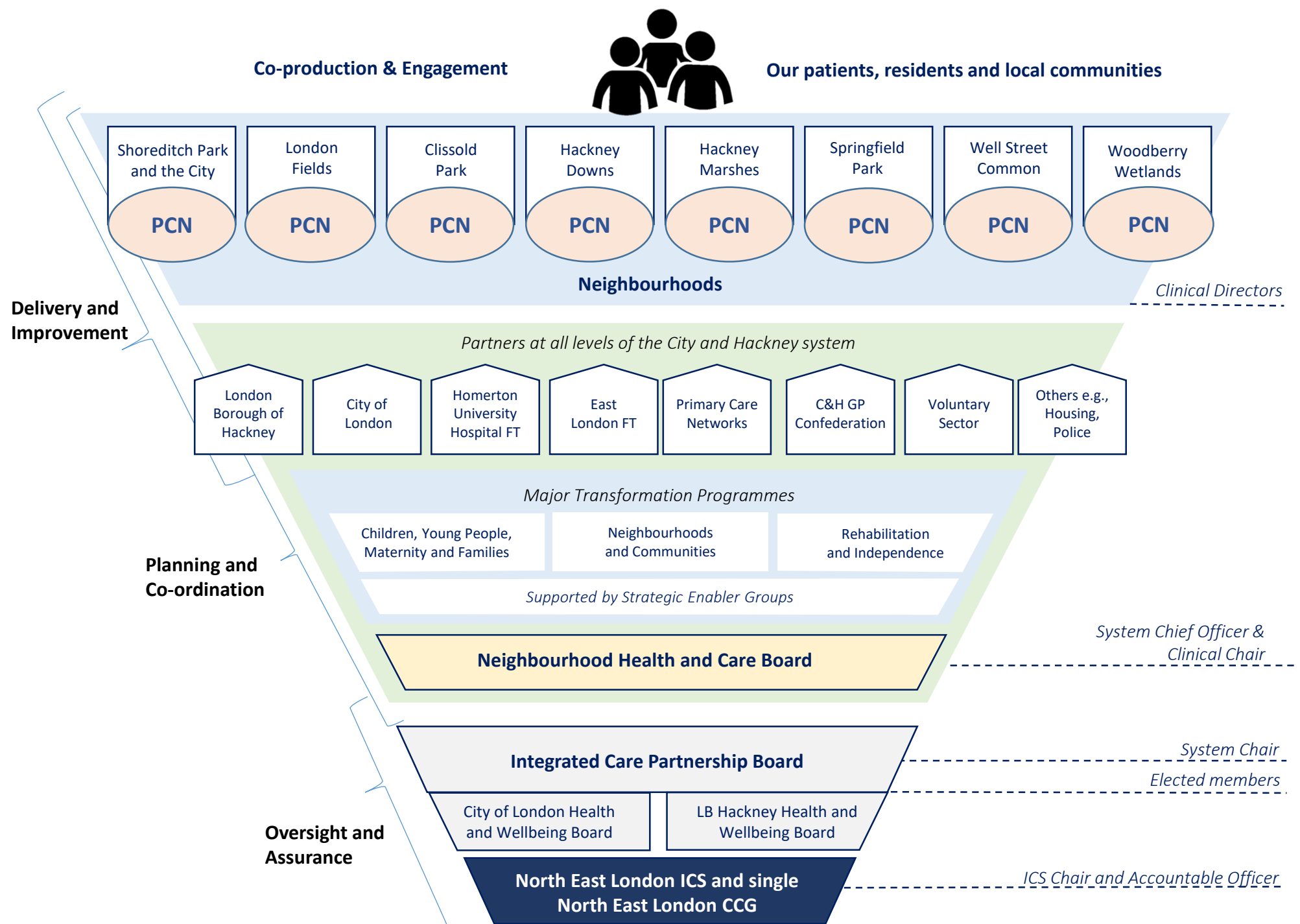
In choosing whether to make decisions at a different level than the Borough/Local system, does it....

- Increase our chances to improve population health or reduce inequalities?
- Make decision-making smoother and/or quicker – does it remove a barrier to making a decision?
- Better align accountability for decision-making with accountability for money?

# What will a NEL Integrated Care System (ICS) look like?

## North East London Integrated Care System

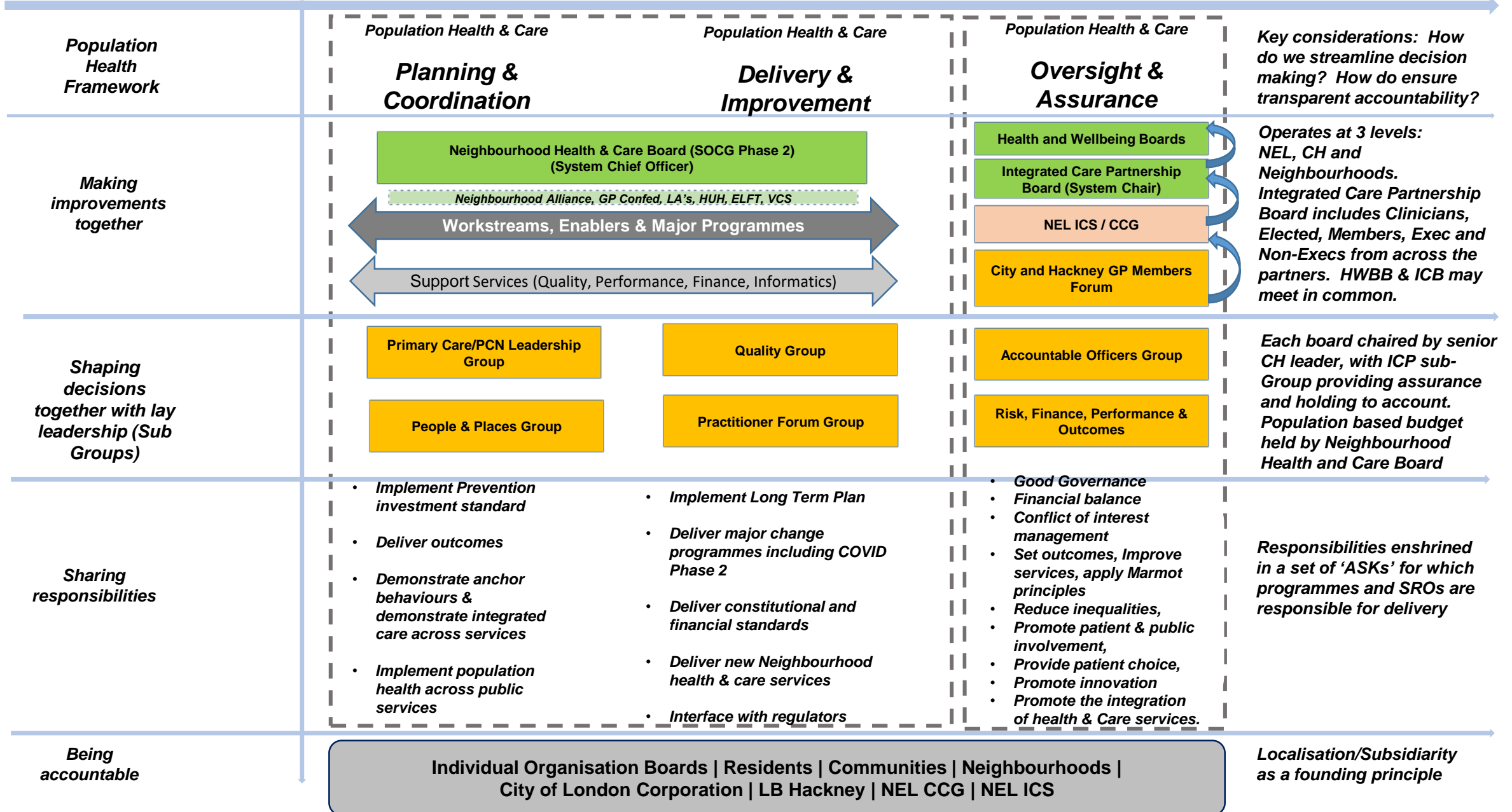




# Organising Principles

- We intend to continue our long history of ensuring **clinical and practitioner leadership** of our integrated health and care system, in order to ensure ownership, safety and quality. Our **Practitioner Forum** will provide this leadership input to the Integrated Care Partnership Board.
- Our system must be locally owned, which means ensuring that **changes we make are co-designed and co-produced with local residents and service users**. This central role for partnership with patients and the public will be enacted throughout our work, starting with the Integrated Care Partnership Board's **People and Places Group**.
- A key element of system assurance is ensuring that we can evidence safe and satisfactorily high quality outcomes for local people. We know that quality outcomes can only be achieved when **quality improvement** is placed at the heart of everything we do. The ICP Board's **Quality Group** reflects this central role for quality within our system.
- The City and Hackney system is characterised by a strong history of **primary care** leadership in relation to quality improvement, admissions avoidance and our neighbourhoods programme, and the new clinical directors of our primary care networks will lead implementation of integrated care. The ICP Board's **Primary Care Group** will support this continued focus on primary care.
- Building on our local track record of **effective and collaborative leadership** we believe that the local system is at a level of maturity where it will benefit from an ICP Chief Officer role (appointed from within the Neighbourhood Health and Care Board) to both continue to support distributed leadership through the **Accountable Officers Group** but also to take accountability and be responsible for driving the changes we want to see.
- The clear accountability of this governance structure, including its key sub-groups as described above, should ensure that the **Neighbourhood Health and Care Board**, with oversight from the **Integrated Care Partnership Board**, will be safely responsible for holding a population health budget and able to make swift and effective decisions in relation to the deployment of delegated resources.
- The **Integrated Care Partnership Board** provides cross partner leadership by setting outcomes and performance parameters and maintains legal accountability for the delivery of health and care across the partnership.

# Proposed Integrated Care Operating Model for City & Hackney



# Questions & observations from ICB, Consortia & CCF Members (1 of 2)

## Power

- Where will the power lie?
- What are the implications for practices if we move to a single CCG?
- How do we protect the good work that City & Hackney CCG have already done?

## Money

- Will the 80:20 principle really minimise C&H needing to subsidise other parts of NEL?
- What are the challenges from pooling social care and NHS resources in the current economic climate?

## Leadership

- How do we manage the tension between the structures: a tension between top-down and bottom-up?
- How do we retain our strengths as clinical leaders, especially work on pathway development which is critical to our success – our autonomy on this is critical?

# Questions & observations from ICB, Consortia & CCF Members (2 of 2)

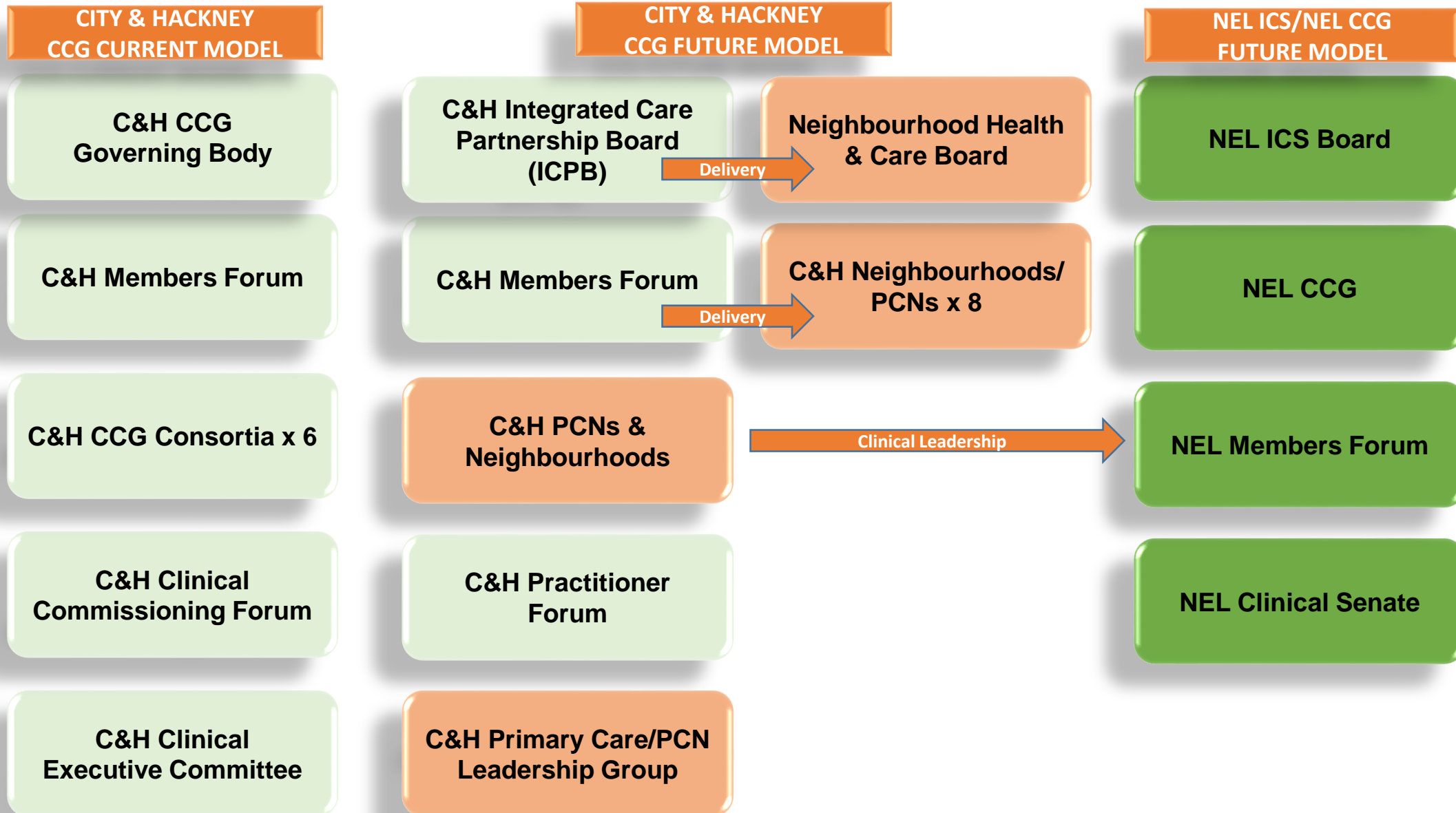
## Decision Making & Clinical Leadership

- How do we keep the strong Primary Care voice in the system?
- What can we do to ensure that it does not feel like it is being done to us?
- Is this the end of the Purchaser/Provider split?

## People & ways of working

- Where will the CCG staff go? How will they be mapped onto the new system?
- How do we retain the institutional memory embedded in City & Hackney CCG staff?
- Why are being asked to make this change after the biggest challenge we have had in Primary Care?
- Will the larger merged CCG be an administratively heavy organisation?

# Where will the City & Hackney clinical voice be heard?





# Further development of the Integrated Care Operating Model – next steps (1 of 2)

- It is proposed to set up a time limited development process running over the summer to a conclusion at the end of October 2020. The process will have 2 elements to it:
  - The development of proposals for the role, remit, process and composition of the new **ICPB** along with any sub-structure, supporting process and resourcing. Included within the remit would be specific proposals for how a delegated budget for health and social care resources might be received and managed by this Board.
  - The development of proposals for the role, remit, process and composition of the **NH&CB** along with the supporting arrangements for leadership and work across the 8 neighbourhoods/PCNs and within each. Included within the proposals would be the composition of the Board and its leadership, and the top-line reporting structure to an overall system leader including proposals for leadership at the Neighbourhood and PCN level. The proposals would include the financial responsibilities and source of funding for the work of the Board and services within its remit.
- The two elements would be championed and led separately, and the two propositions would then be brought together in September/October 2020 at a second stakeholder and ICB development session to follow up the July 24<sup>th</sup> meeting.
- A similar working model would be used for both elements. Each would be steered by a small group of elected members and non-executives with the detailed work being led by an Executive working with nominated individuals from the relevant stakeholder organisations.

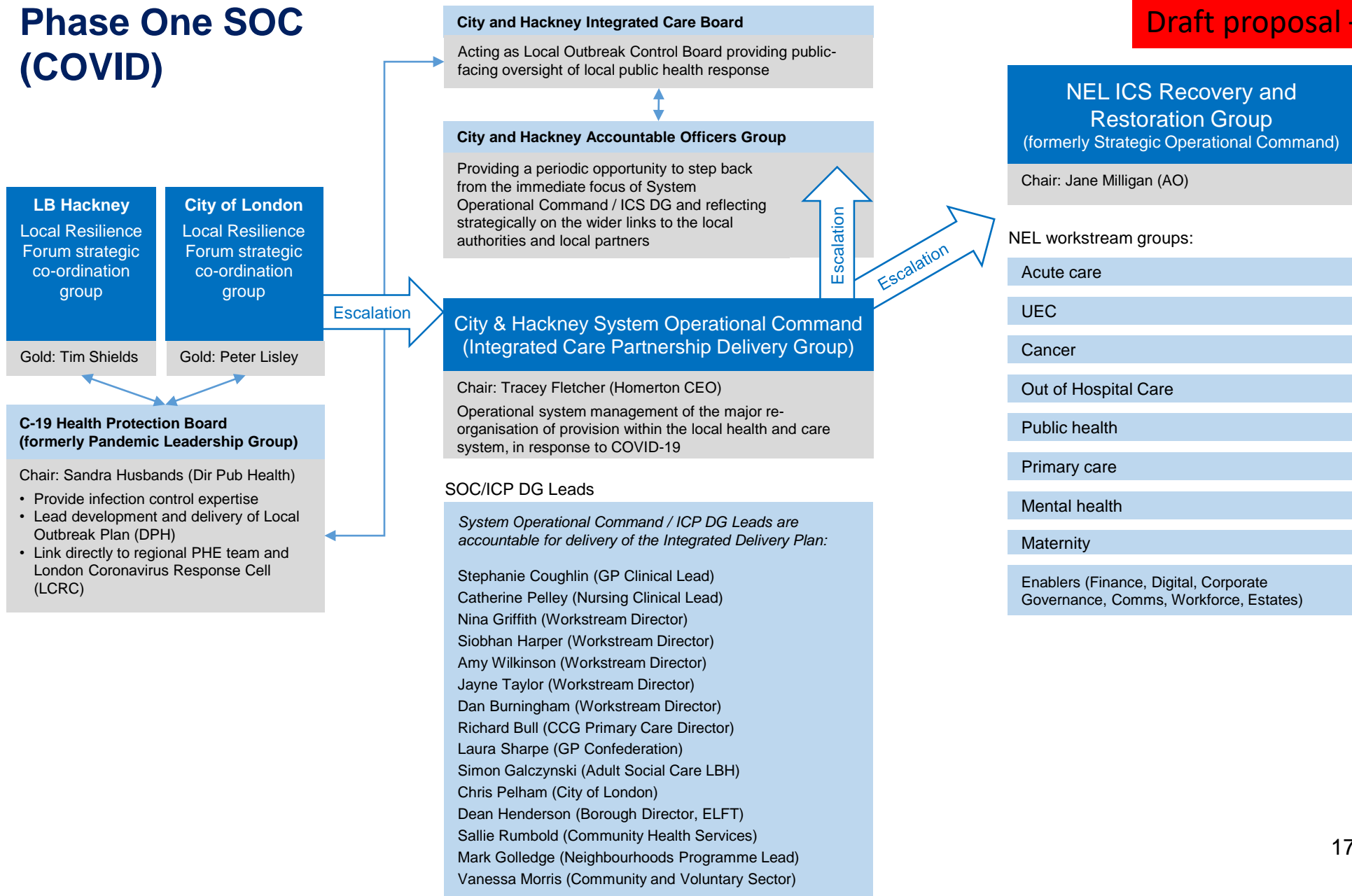
# Further development of the Integrated Care Operating Model – next steps (2 of 2)

- The Transition Groups would be responsible for assuring an appropriate working process and the right level of involvement.
  - The Transition Group for the ICPB development would be ICB co-chairs, Maryanne Fredericks (CoL HWBB), Phil Glanville (LBH HWBB), 2 CCG Governing Body Lay Members and an ELFT & HUHT NED. David Maher will take an executive lead for this work with Jonathan McShane.
  - The Transition Group for the NH&CB would be current SOC Phase 2 governance – transitional arrangements on page 16 onwards. Tracey Fletcher will take an executive lead for this work with Nic Ib.
- It is important that the Executive leads have access to input from each of the stakeholder organisations (City of London Corporation, London Borough of Hackney, Hackney CVS, Healthwatch's, East London FT, the Confederation, Homerton UHT, existing C&H CCG staff and the developing new NEL CCG).
- It is anticipated that the Transitions Groups would meet twice over an 8 week period; the first to agree the remit for the executive work, the issues to be addressed and to agree any particular design requirements including who needs to be actively involved in shaping the proposals. The second meeting would be at the end of the process to agree what would be proposed to a meeting of system stakeholders in late October. It is anticipated the Chairs of each Steering Group would maintain contact with the Executive lead through the process to be sighted on the proposals as they develop.
- Members of each steering group will then be instrumental in making proposals to the stakeholder meeting at the end of October 2020.

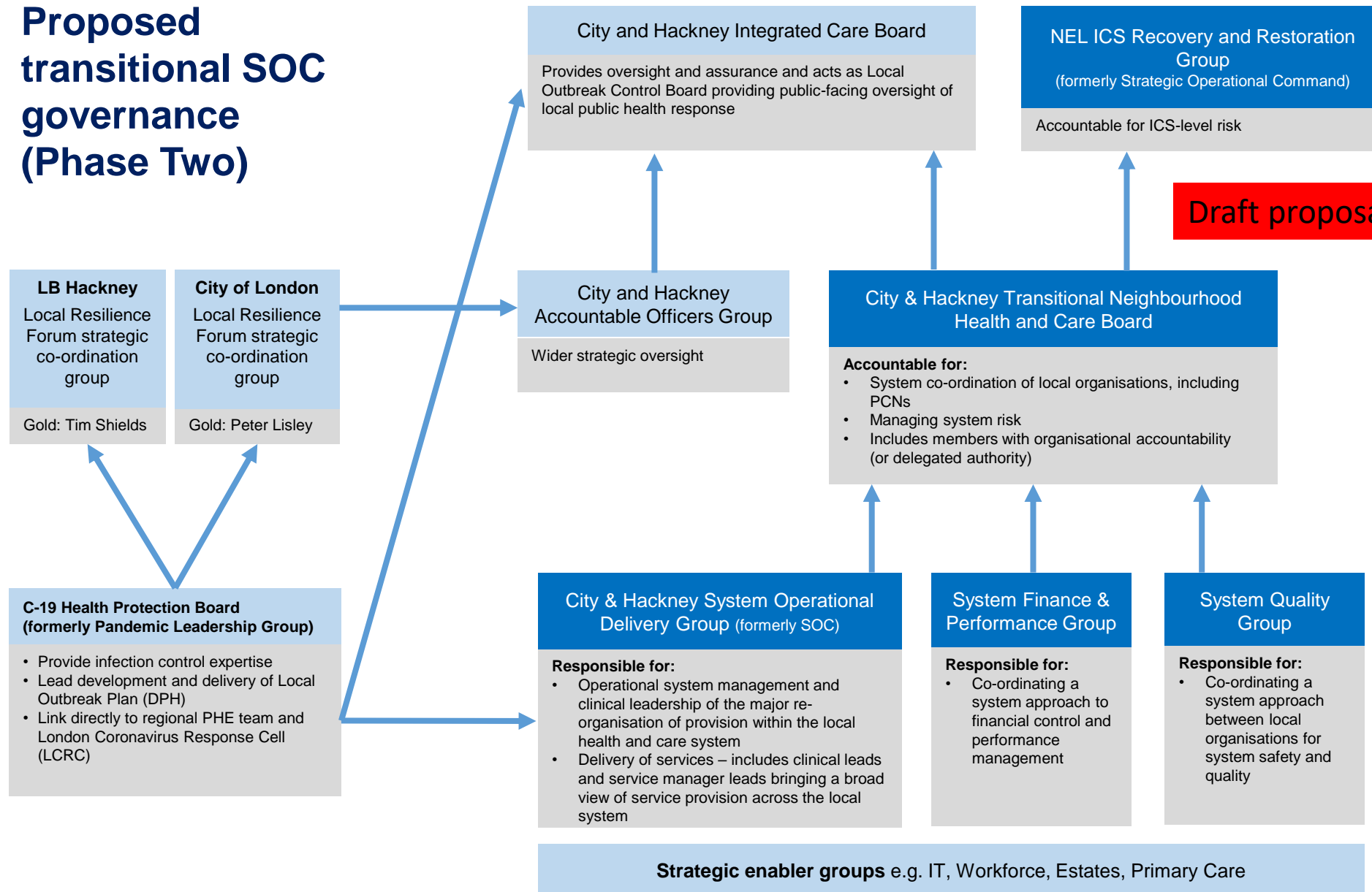
- The purpose of this proposal is to clarify the transitional governance arrangements for SOC during Phase 2 of the COVID-19 pandemic response, which will allow us to prepare, engage on and put in place our long term arrangements for Phase 3
- We are proposing a learning and developmental approach, putting in place transitional structures which will allow us to test, develop and evolve our local system delivery and governance arrangements
- it is unlikely that these arrangements will fully reflect the future approaches that we land on as a result of this developmental journey

Draft proposal – for discussion

## Phase One SOC (COVID)



## Proposed transitional SOC governance (Phase Two)



Draft proposal – for discussion

## Interim relationship between SOC and the C&H integrated commissioning programme

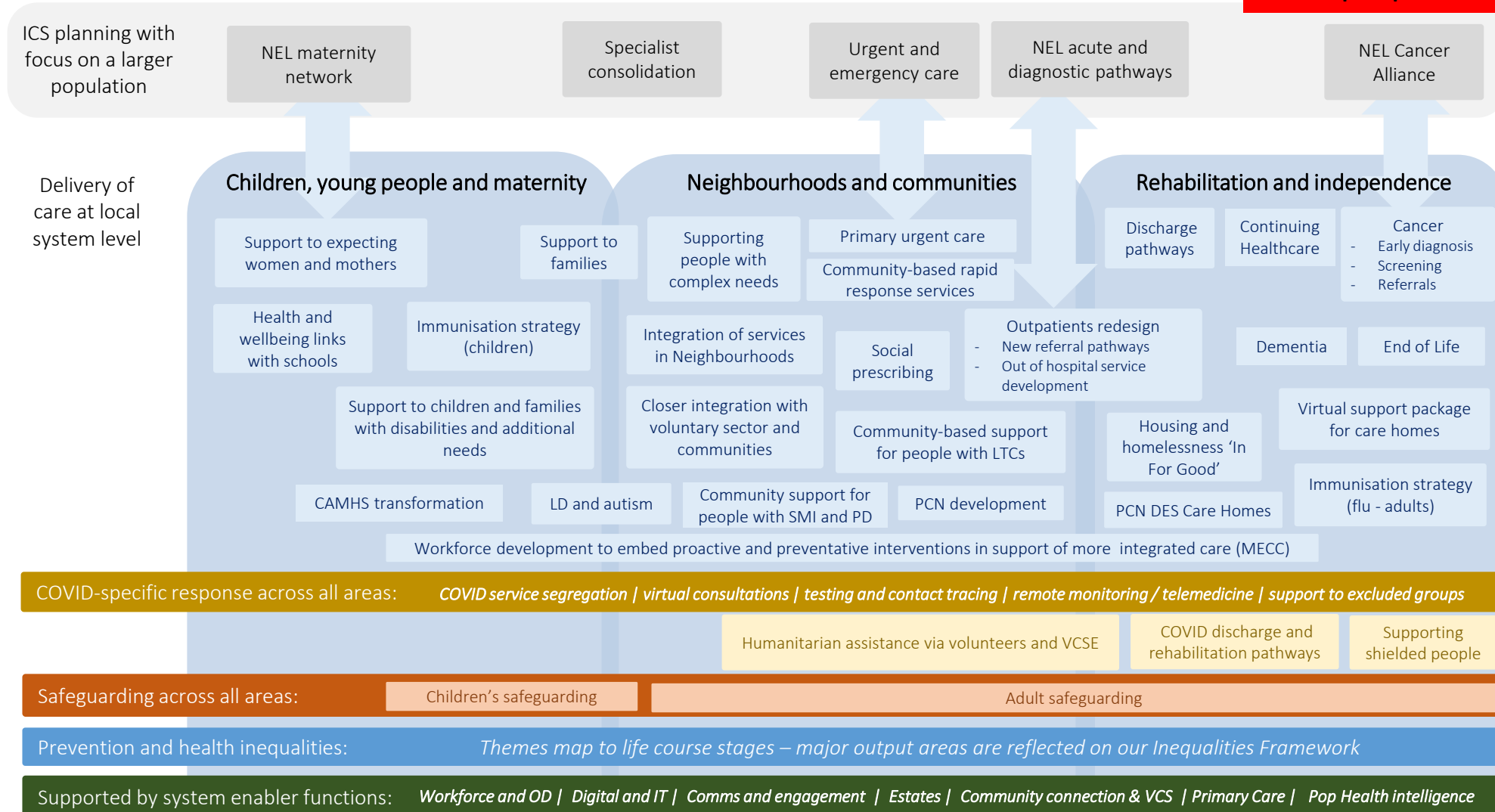
Draft proposal – for discussion

- Pre-COVID, City and Hackney's integrated commissioning programme was structured around workstreams, enabler groups and wider local system governance including the Integrated Commissioning Board and the Accountable Officers' Group
- Phase 2 (July to end of September) will be a transitional phase during which we will collectively review the workstream structure with a view to a future focus on local outcomes and out-of-hospital delivery – the SOC Phase 2 Plan provides a first cut of this thinking under three new organising categories which map to life courses and population health outcomes (*see next slide*)
- During Phase 2 the established IC workstream structures will provide co-ordination to the functions previously held by the Workstream Boards, with some changes to governance
- The Transitional Neighbourhood Health and Care Board will replace the functions previously held by the Workstream Boards
- Local statutory bodies continue to have accountability for risk and financial control under their Board Assurance Frameworks. The IC Programme has held a risk register of system risks, taken from the integrated commissioning programme and workstreams, and reported this to the ICB
- Under these transitional arrangements, integrated commissioning programme and corporate governance support staff will support the System Operational Delivery Group in maintaining an Integrated Delivery Plan and system risk register, and these will be managed by the Neighbourhood Health and Care Board with reporting to the Integrated Commissioning Board (until the Integrated Care Partnership Board is in place).

## Integrated delivery plan on a page – functional areas

This high-level plan details the major programmatic areas of integrated health and care provision which will be delivered by local mental health, primary care, social care, community health and voluntary sector organisations working in partnership in City and Hackney

**Draft proposal – for discussion**



## Proposed transitional SOC governance – by function

**Management of system risk**

**What happens under the Integrated Commissioning programme**

- The CCG corporate governance team maintains a risk register on behalf of the IC programme for which workstreams are responsible
- ICB provides oversight and system accountability

**The transitional measures we are putting in place during Phase 2**

Corporate governance team will continue to maintain a system risk register, ICB will remain accountable, however transitional NHCB will become responsible and SODG will manage, with escalation of system risk to NEL R&G group

**Our current thinking about Phase 3 governance**

Transitional risk management arrangements will transfer over to the full NHCB and the ICPB when they are established

**Financial and performance oversight**

- Developmental system finance and performance working group
- CCG commissioning finance and performance functions stood down during Phase 1

A transitional System Finance and Performance Group will build on the work of the working group and report to the transitional NHPB

Transitional financial and performance arrangements will transfer over to the full NHCB and the ICPB when they are established

**Quality and safety**

- Current arrangements reflect statutory responsibilities of both commissioners and providers
- Quality leads in different organisations have been discussing more collaborative arrangements

A transitional System Quality Group will build on existing collaboration around quality and safety, and report to the transitional NHPB

Transitional financial and performance arrangements will transfer over to the full NHCB and the ICPB when they are established

**Engagement with partners and residents over key decision-making**

The C&H CCG PPI committee, the two local Healthwatch groups and the Comms and Engagement Enabler provide the current formal lead forum and support function for system engagement

- Transitional NHCB to engage stakeholders on most appropriate options for transitional governance
- The strategic enabler will move to support the transitional NHCB and SODG

Current proposals for Phase 3 governance envision a People and Place Group sub-group of the full NHCB

**Programme support, oversight and challenge**

The WSDs, their teams and the IC programme team at the CCG support an integrated commissioning programme on behalf of ICB, which provides oversight. Workstream Boards were accountable pre-COVID

WSDs, their teams and the IC programme team continue to support programmes of work which will be co-ordinated under the transitional NHCB and SODG

Programme arrangements will transition and be further developed as the full NHCB and the ICPB are established, as part of the CCG merger takes place



# C&H Integrated Care Partnership & CCG Merger – key milestones

- ❑ NEL's application to NHSE to become a single NEL CCG – September 2020
- ❑ City & Hackney Members hold an *indicative* vote on CCG merger – early October 2020
- ❑ City & Hackney Members hold a *formal* vote on CCG merger – mid October 2020
- ❑ NHSE approve NEL's application to become a single NEL CCG – end October 2020
- ❑ City & Hackney's Integrated Care Partnership Board (ICPB) in place – Autumn 2020
- ❑ City & Hackney's Neighbourhood Health and Care Partnership Board in place – Autumn 2020
- ❑ City & Hackney's ICPB subgroups put in place - Autumn 2020 to Spring 2021
- ❑ NEL single CCG in place April 2021



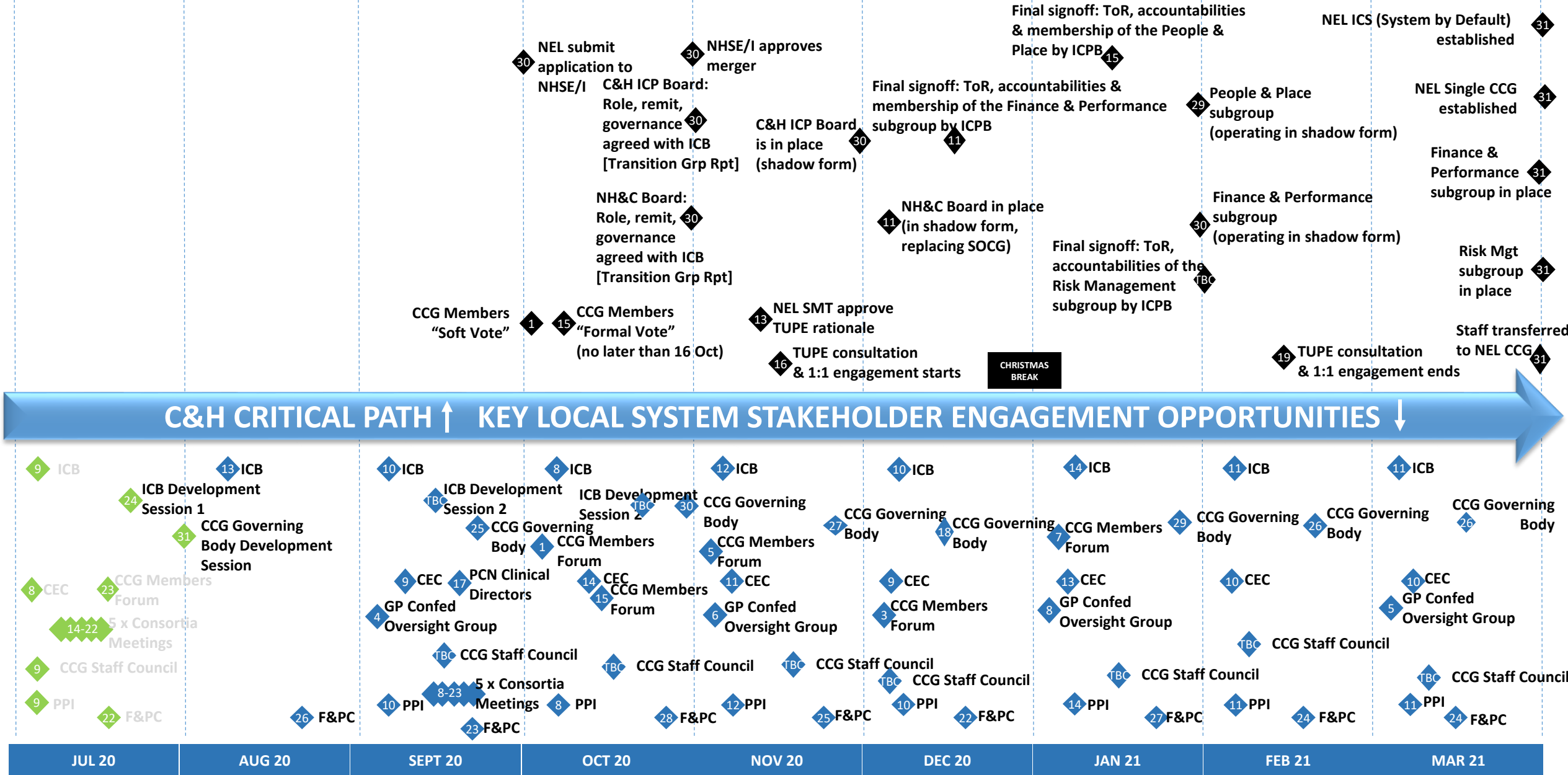
# City & Hackney's Proposed Integrated Care Operating Model & NEL CCG Merger

Major Milestones to April 2021 – Early Draft



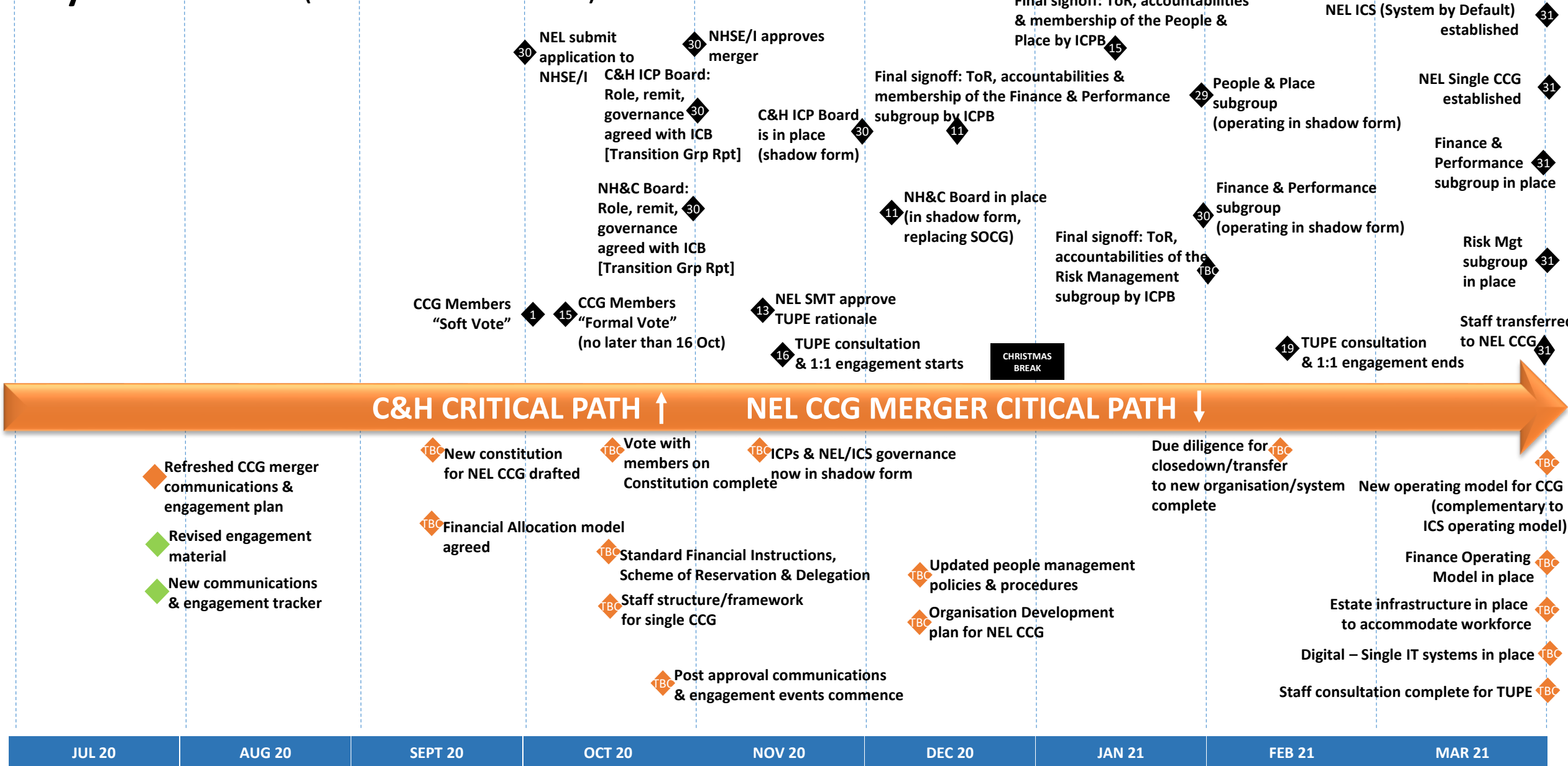
# City & Hackney's Integrated Care Operating Model – Major Milestones

(All black milestone dates are draft. Green milestones = complete)



# City & Hackney's Integrated Care Operating Model – Major Milestones & NEL CCG Merger

## Key Deliverables (All milestone dates are draft)



# The future of health and care for the people of north east London



<b>Executive summary</b>	<b>3</b>
<b>Overview of health and care in north east London</b>	<b>4</b>
<b>A locally led system approach</b>	<b>8</b>
<b>Why create an integrated care system for north east London?</b>	<b>10</b>
<b>Our collective vision for north east London</b>	<b>12</b>
<b>Have your say</b>	<b>14</b>
<b>Appendix: What we have heard so far</b>	<b>15</b>



This is an overview of how we are changing the way we work across north east London (NEL) to improve the health of our communities.

By strengthening our already established local partnerships, streamlining our Clinical Commissioning Group (CCG) administrative and other functions into one joined up organisation and bringing together our partners as an integrated care system for NEL, we will have the infrastructure we need to provide the best health and care for our local populations.



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# Overview of health and care in north east London

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North east London (NEL) has a population of 2.3 million people and is a vibrant, diverse and distinctive area of London steeped in history and culture. The 2012 Olympics were a catalyst for regeneration across Stratford and the surrounding area, bringing a new lease of life and enhancing the reputation of this exciting part of London. This has brought with it an increase in new housing developments and improved transport infrastructure and amenities. Additionally the area is benefiting from investment in health and care facilities with a world class life sciences centre in development at Whitechapel and confirmed funding for the Whipps Cross Hospital redevelopment and a new health and wellbeing hub on the site of St George's Hospital in Havering, making it an exciting time to live and work in north east London.

At the heart of NEL are its people and together as health and care partners we have a collective vision of enabling our population to live healthy lives. This vision is reliant on a wide set of determinants beyond just health and which include: access to education, job opportunities and creating a healthy environment at all stages of a person's life, ensuring they have the best chances possible. To achieve this we need to make sure patients, clinicians and managers are working together in a way that ensures they can all reach their maximum potential.

## Locally led successes across NEL

We have a number of fantastic examples of local leadership and achievements across our local areas. Together we can learn from each other and share our innovations and successes for the benefit of all our local populations. Some of these include:

- **Working together across primary care** – across our local areas we have led the way in supporting primary care to work differently. Through Primary Care Networks GP practices are working together across neighbourhoods and with community, mental health, social care, pharmacy, hospital and voluntary services.
- **Social prescribing** – is at the heart of our work and we have a variety of models in place across our area including link workers who facilitate social prescriptions between clinicians and patients.
- **Supporting our diverse population** – as part of our recovery from Covid-19 we are collectively committed to supporting local people, training, volunteering, education and creating apprenticeships at a local level, to support the recovery of our local economies, which have been significantly impacted by the pandemic.



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## Overview of health and care in north east London

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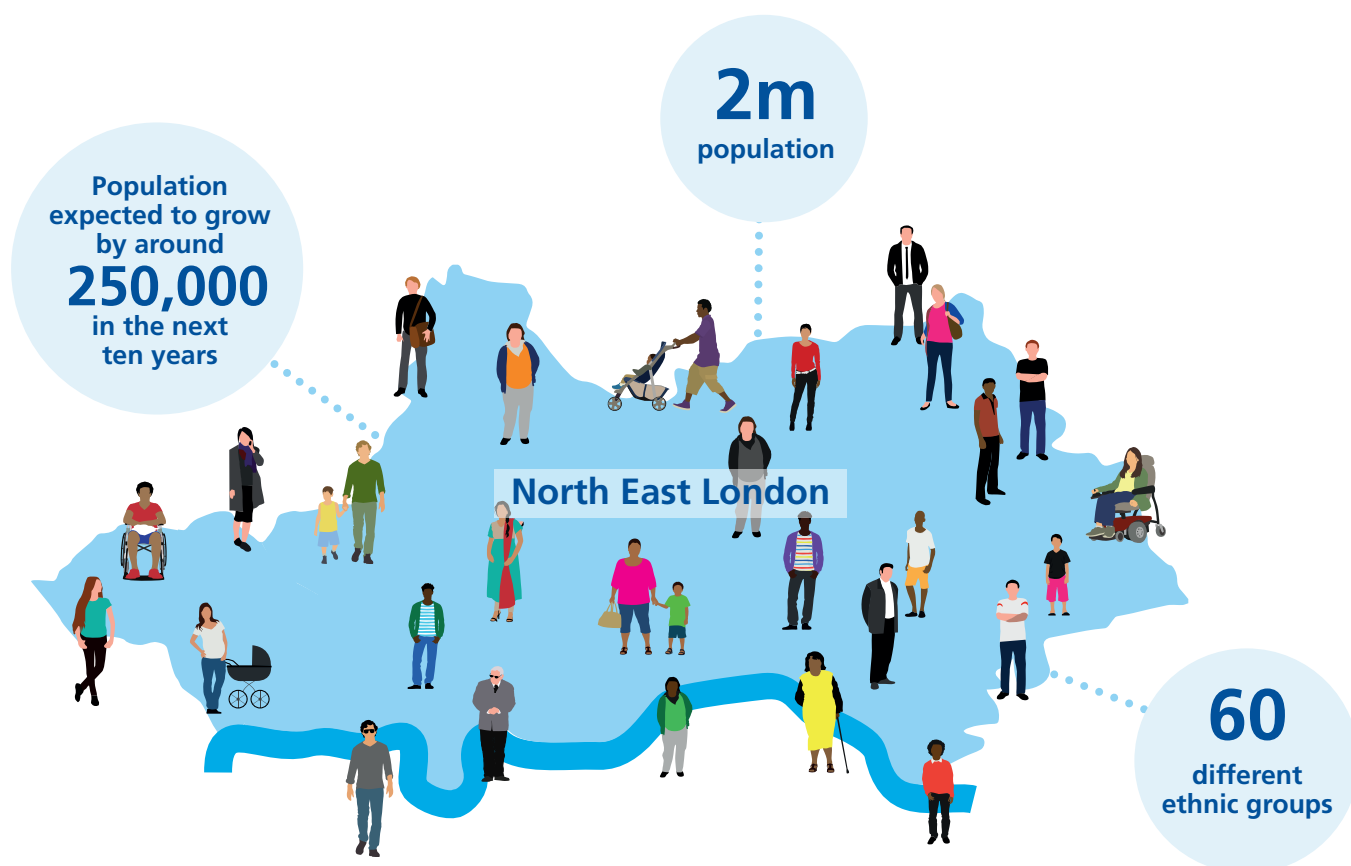
- **Promoting a healthy start in life** – across north east London children benefit from our healthy schools programme which supports children, families and adults to be more active and eat healthily.
- **Acute partnerships across NEL** – we are developing an acute alliance across NEL which brings together Barts Health NHS Trust, Homerton University Hospital Foundation Trust, Barking, Havering and Redbridge University Hospitals NHS Trust to set an overarching strategy for acute services to the benefit of all our people.
- **Urgent care** – to ensure that the Urgent and Emergency Care (UEC) needs of our population are met, we are working together to ensure that we have staff with the right skill mix at the right place and time to care for our people.
- **Mental health** – we are committed to supporting people with severe mental health difficulties and one way of doing this is ensuring they have access to employment opportunities. Across all our partnerships we have rolled out our individual placement and support service which provides tailored support including job placements and guidance for both the employer and the employee.
- **End of life care** – through our multi-disciplinary teams we are able to support patients to die at home or in the community surrounded by their loved ones.
- **Enhancing our local estates** – the regeneration of Whipps Cross, the Barking riverside development and new health and wellbeing hub at St George's will benefit our local populations
- **Digital progress** – we know that patients want to access their own information and only to tell their story once so are committed to improving access to patient records. As a result of Covid-19 patients can engage with services in many more ways: online, telephone, video as well as face to face.
- **Maternity** - across north east London, we work together as the East London Local Maternity System. This benefits staff as they are able to work across the whole patch and also allows us to ensure equal access to services. One priority for us is ensuring more choice and control for women and their families and we are prioritising personalised care plans for vulnerable women.
- **Major long term conditions** – we are working together to improve prevention of diabetes through education and training; running community based enhanced services to support and improve the care of those living with long term conditions and working to ensure services and support are joined up.
- **Ageing well** – we are committed to ensuring our workforce are trained to support our ageing population to support them to age well and maintain their independence, one example is our joined up teams consisting of physiotherapists, occupational therapists, social workers and consultant geriatricians.
- **Homelessness** – during the Covid-19 period we have worked closely with local authorities to provide support and care to rough sleepers. The pandemic offered a unique and powerful opportunity to address the needs of thousands of London's rough sleepers. Charity partners have worked intensively with hotel residents to assess their needs and agree the next steps. Across north east London we are committed to building on what has been achieved so far, working in partnership with local authorities and our voluntary sector colleagues.

## Overview of health and care in north east London

NEL is not without its challenges, with a high level of deprivation and inequality requiring us to work together in the best interests of patients. The Covid-19 pandemic has been a once in a lifetime challenge for all of us, testing us in every way possible not just as health and care providers but as a wider population too. Newham has been particularly impacted with the highest number of deaths in the country and more than ever before we have needed to draw on our strengths and experiences across NEL to respond to this, to learn from it and to ensure that everyone has equal opportunity to health in their lifetime.

As we continue to respond to our challenges and build on our partnership working to date, we are formalising this by coming together as an Integrated Care System (ICS). This will be how we come together as a partnership to strategically manage the health of the whole of our population and future proof ahead of any further legislative changes. Our NEL ICS and single CCG for NEL will provide support to our local places/boroughs, and in BHR's case its local system, where the vast majority of delivery and leadership will take place. We call this the 80:20 principle, placing most of our focus on delivery where it is best placed – closest to the individual. At a local level we will bring together an integrated partnership of local authorities, local acute trusts, local community services, local mental health services, local primary care, voluntary sector and most importantly local residents.

### NEL – who we are





The vast majority of our health and care delivery will continue to be delivered at our local place and borough level, working together as partners with our local population.

### The 80:20 principle

Our basic principle of 80:20 is in recognition of the fact that decisions about health and care will take place as close to local people as possible.

Local partnerships will decide how best to use resources in the best interests of patients.



### **Local integrated care partnerships and local delivery**

Local delivery is critical to the success of this way of working. A key feature of our north east London partnership is our distinct population-focused collaborative systems or integrated care partnerships (ICPs): Barking and Dagenham, Havering and Redbridge (BHR); Waltham Forest, Tower Hamlets and Newham; City of London and Hackney.

Each of these systems has developed local priorities based on the needs of their populations, developed collaboratively across organisations and through working together with local communities. In some instances these priorities are place based and in some areas like BHR they have chosen to work together to develop priorities across a wider area and will continue to collaborate closely as we develop our new arrangements.

None of this is possible without the leadership of the local authority and without involvement from our voluntary sector, patients and the wider public.

At an even more local level we bring together our services to support patients with complex care needs such as frailty, those who are housebound, those who require terminal care and those with learning disabilities.

We remain committed to demonstrating collaborative leadership, this means leadership 'with', rather than leadership 'over'. An example being clinicians working with managers and with patients on developing pathways of care.

### **A clinically led CCG for north east London**

One CCG for NEL would continue to be a clinically led organisation with strong clinical leadership and a GP voice at all levels. There would be one NEL CCG governing body and an ICS partnership board at a NEL level. Most decisions will take place through local governance arrangements. Each place will be represented by a GP chair on the NEL governing body and ICS partnership board.

GP members' forums and representative bodies will be essential to making this successful, working with the GP chair to make decisions about health and care in our local communities.

### **Involving lay members**

We know that lay members bring a diverse range of expertise that augments the best of how we collectively work as clinicians, managers and patients. Their independent input ensures we focus on outcomes, patient voice, value for money and good governance.



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# Why create an integrated care system for north east London?

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We believe that creating an ICS across north east London will allow us to collectively respond to the challenges we face across NEL and benefit our local population in the following ways:

## Benefits for people

- Closer partnership working will enable people at all stages of their life e.g. whether you are pregnant, have a long term condition, require trauma treatment or end of life care, you will have equal access to all services across the whole system.
- The amazing energy of health and care partners will be better shared so that we can keep you healthy.
- Working together with local councils, providers and the voluntary sector across north east London, we will address health inequalities and ensure we do everything possible to stop people getting ill to begin with. We will be truly responsible for the health of all our communities, not just managing health services.
- By working together across our organisations we will make sure that even if you have a complex condition requiring specialist care, you will be supported by all our services.
- We will ensure that wherever you go in the system you won't have to tell your story again if you don't want to.

## Benefits for staff

- We are committed to supporting our workforce to grow and develop and to creating a wider pool of opportunities for career progression and development for everyone. We want north east London to be the place you want to live and work in.
- We want to ensure staff work in an environment with reduced bureaucracy, fewer meetings and a reduction in duplication.
- We want everyone to be a leader no matter where they sit in the organisation
- Our focus will be on relationships and solving problems together.
- Together we will build on our own local plans to develop a single consistent plan for the future, helping us to improve services and reduce variation.

## Financial benefits

- Our overriding priority is to make sure every single pound is spent to the benefit of every single person in north east London. This means we can focus on where we can get the best value in terms of outcomes for patients and wider social value outcomes for our communities and neighbourhoods.

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# Our collective vision for north east London

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What do you want to achieve for our communities in the next few years?

“We support people with long term conditions to take control of their own health and care management allowing them to live full and happy lives”

**Dr Atul Aggarwal, Chair, NHS Havering CCG**



“Working in partnership to ensure that people are supported to age well and that quality of care is improved within our existing acute and community services”

**Dr Ken Aswani, Chair, NHS Waltham Forest CCG**

“Ensuring all our children in north east London have the best possible start in life, with their parents experiencing the best possible pregnancy and birth, right through to supporting schools to maximise the health of all children”

**Dr Sam Everington, Chair, NHS Tower Hamlets CCG**



“Making sure people have choice and control over the way they live their lives, and access to local resources and opportunities”

**Dr Jagan John, Chair, NHS Barking and Dagenham CCG**

“People with mental health conditions are able to live good lives – to be employed, have good relationships, somewhere comfortable to live, and to feel part of their community”

**Dr Anil Mehta, Chair, NHS Redbridge CCG**





## Our collective vision for north east London

"By working together we address the causes of inequality and poor health in NEL, drawing on our collective strengths and experience to improve the lives of our local people"

**Dr Muhammad Naqvi, Chair, NHS Newham CCG**



"Grow our neighbourhood way of working, with thriving primary care networks an essential element, to ensure that across north east London our teams are working together to support local people"

**Dr Mark Rickets, Chair, NHS City and Hackney CCG**

"We make every pound count and invest our health and care resource so it improves population outcomes"

**Henry Black, Chief Finance Officer, NELCA**



"Engaging and involving our local populations continues to be at the heart of everything we do"

**Marie Gabriel, Independent Chair, NEL ICS**

"The benefits of working in partnership will give everyone the best start in life, deliver world-class care for major health problems, such as cancer and heart disease, and help people age well"

**Jane Milligan, Accountable Officer, NELCA**



## Have your say

In September 2020 we will produce a report on our proposal to merge, including feedback from stakeholders for consideration by NHS England who will need to approve our application later in the year.

### How can I have my say?

Each CCG will engage with all its partners and members over the coming months. Engagement will continue through the summer, autumn and beyond. As questions come in we will develop a questions and answers document.

We also want to hear from anyone who wishes to share their views on the proposal set out in this document.

You can either email us at [nel-ics.pmo@nhs.net](mailto:nel-ics.pmo@nhs.net)

Write to us at **NELCA, 4th floor Unex Tower, Station Street, Stratford, E15 1DA**

Visit [www.eastlondonhcp.nhs.uk](http://www.eastlondonhcp.nhs.uk)



As part of our work to create an Integrated Care System over the last 18 months we have undertaken engagement with a wide range of stakeholders. We have listened to feedback and already taken in to account the following:

Topic	You told us you are concerned that...	What we are doing...
<b>Money</b>	Budgets may be held centrally and not passed on at a local level	Ensuring that budgets are devolved to a local level to match existing budget allocation, so there is no impact at a local level
<b>Decision-making</b>	We may lose influence on key decisions at a local level	Putting in place new governance arrangements to ensure that decisions are made at a local level
<b>Clinical leadership</b>	Clinical leadership may weaken as a result of moving to a single CCG	Building on our existing relationships with our clinical leaders and getting their input to shape a new way of working. Clinical leadership will exist at every level within the ICS and will be key to our success. Clinical leadership budgets for each CCG will be maintained, with clinical leaders freed up to lead clinical transformation of services rather than some of the current bureaucratic focus
<b>Impact on services</b>	A single CCG may mean reducing services for patients	Existing hospitals, NHS trusts, GP surgeries and community services will continue with no impact. What we are doing is changing the way we work so that we can deliver a better patient experience with access to more services more easily. By working collectively, we can attract transformation funds to improve services for local people where they are needed most. We will address variation for patients across NEL, with a focus on the highest standards
<b>Impact on jobs</b>	There may be impact on CCG staff as a result of the merger	We are aiming to minimise the impact on staff, maximise opportunities for career progression and training, and to tackle inequalities across our system. We are assuming that requirements to reduce or restructure posts will be minimal

<b>Title of report:</b>	<b>Proposal for the Prevention Workstream</b>
<b>Date of meeting:</b>	13 August 2020
<b>Lead Officer:</b>	Dr Sandra Husbands
<b>Author:</b>	Dr Sandra Husbands, Director of Public Health & Prevention SRO
<b>Committee(s):</b>	Integrated Commissioning Board - 13/08/20 - for decision
<b>Public / Non-public</b>	Public

### Executive Summary:

The prevention workstream has made significant achievements, but we need to go further as a system, to achieve significant population health improvements and reduce health inequalities. However, it is in a precarious position, due to the recent loss of the workstream director and transformation support officer. The prevention workstream manager and project leads are being supervised by a public health consultant, rather than within the integrated commissioning system.

It is proposed that the prevention workstream structure is reviewed, in order both to ensure continued delivery of the current programme activities, with appropriate supervision for the prevention workstream programme manager, as well as accelerate progress in this area across the system. It is recommended that the prevention workstream be disbanded, with prevention activities being embedded across workstreams and a new population health hub created, to support the whole system, including Neighbourhoods.

### Recommendations:

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

- To **NOTE** the report;
- To **CONSIDER** the options set out in the paper for redesign of the prevention activity and Public Health support to the ICB programme;
- To **APPROVE** the recommended option, to disband the prevention workstream, embed prevention in each workstream and create a population health hub, as set out in the report.

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

- To **NOTE** the report;
- To **CONSIDER** the options set out in the paper for redesign of the prevention activity and Public Health support to the ICB programme;

- To **APPROVE** the recommended option, to disband the prevention workstream, embed prevention in each workstream and create a population health hub, as set out in the report.

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

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	<input checked="" type="checkbox"/>	The proposal in this paper seeks to ensure that prevention activity is effectively incorporated across the integrated care system, so that it is embedded in each workstream and care pathway, rather continuing as standalone activity. This, in turn, will more effectively deliver the shift in resources towards prevention and health improvement.
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input type="checkbox"/>	
Ensure we maintain financial balance as a system and achieve our financial plans	<input type="checkbox"/>	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	
Empower patients and residents	<input type="checkbox"/>	

**Specific implications for City**

N/A

**Specific implications for Hackney**

N/A

**Patient and Public Involvement and Impact:**

The proposal was developed without service user involvement. However, having prevention and health improvement embedded in each of the other workstreams is likely to lead to improvements, not only in outcomes from care, but in service users' perceptions and experiences of care, including through increased opportunities to become involved in improving their own health and wellbeing and increase their health literacy.

**Clinical/practitioner input and engagement:**

The proposal has been developed to date without clinician/practitioner input. However, it will be important to engage clinicians in each of the other workstreams, to ensure that

prevention is adequately and effectively embedded. This will enable seamless end to end pathways, with primary and secondary prevention embedded, promoted and appropriately resourced at every opportunity.

**Communications and engagement:**

None required.

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

Equalities impacts have not been assessed formally. However,

**Safeguarding implications:**

None

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

No direct impacts. However, the proposal has implications for all integrated service provision in Hackney and the City.

## Main Report

### Background and Current Position

The ambition for the Integrated Commissioning Board (ICB), with the Provider Alliance, is to become an integrated care partnership, which takes a population health approach, in order to improve health, reduce health inequalities and improve outcomes from care.

The existing integrated commissioning workstream structure has been successful at achieving joint working and alignment and the beginning of co-commissioning. In particular, the prevention workstream has enabled a number of system achievements, to date, including (among other things):

- co-produced Healthy Weight Framework launched; business case for Tier 3 weight management service approved
- launched the Hackney Tobacco Control Alliance and
- developed and rolled out the Making Every Contact Count (MECC) training, building on this to enable a more effective and holistic helpline response during the pandemic
- mental health strategy published and frontline professionals trained in mental health first aid
- well-developed plans for joint commissioning of integrated social prescribing/community navigation services in Hackney, with alignment to the City of London service (interrupted by the pandemic)

A key achievement has been the development of the prevention investment standard (PIN), which is a key first step in shifting resources towards prevention. However, many programmes under the prevention workstream could be considered business as usual for the Public Health Service, which has been providing most of the leadership and programme management capacity to this workstream. At the same time, there has been little Public Health input to the other workstreams to date, in part, due to lack of capacity.

Despite its achievements over the past few years, the current programme structure with a separate prevention workstream and little Public Health support for the others, means that there is little incentive or pressure for other workstreams to include prevention activity in their programmes. This not only makes it difficult to embed prevention in areas that are not traditionally driven by Public Health, but also to shift resources from disease/condition management towards prevention.

Since the arrival of the director of public health in October 2019, there has been a restructure of the Public Health Service and a review of its work programme, including input to the ICB work programme. This has resulted in the creation of and appointment to an additional public health consultant role and appointment of a deputy director of public health. With this additional capacity, reconfiguration of the team and a new work plan, the intention is to have senior public health input to each of the ICB workstreams, either from a



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consultant/deputy director or a principal specialist. In addition, there have been developments within the public health intelligence team, which will enable more timely and actionable population health intelligence support to be provided as well. For the purposes of clarity and more effective management within the Public Health Service, there was also an intention to create a separation between “business as usual” public health activity (e.g. sexual health commissioning) and those activities that are necessarily part of the integrated system, such as MECC.

In recent months, within a few weeks of each other, the prevention workstream director and the transformation support officer have both stepped down from their roles, where they were on secondment, to return to their substantive posts in Public Health. It has not been possible to fill these vacancies, in the short-medium term and the COVID-19 pandemic has interrupted plans to reconfigure public health support to the ICS. However, this has created an opportunity not only to look at the Public Health input, but at the structure of the IC programme, as a whole, to see how prevention might be delivered even more effectively, including action to reduce health inequalities.

## **Proposals**

It is proposed that the prevention workstream structure is reviewed, in order both to ensure continued delivery of the current programme activities, with appropriate supervision for the prevention workstream programme manager, as well as to as well as accelerate progress in this area across the system.

## **Options**

### **Option 1. Do nothing: retain the current workstream structure**

In this option there would be no change to the existing workstream structure. However, it would require the programme to appoint replacements for the workstream director and transformation support officer.

### **Option 2. Embed prevention activity in workstreams and create a population health hub**

This option would increase the likelihood of not only shifting resources towards prevention activity, but also of having that activity mainstreamed as part of the condition management pathway - normalising this for both clinicians and service users. This could achieve increased momentum for prevention and greater impact at population level. This work is already beginning to happen, as clinicians and care workers become trained in MECC and start to embed that approach in their normal practice. Embedding prevention in the workstreams will help to take this further, going beyond brief interventions and making it routine to consider and take action on prevention at each stage.

Creating a population health hub would have the benefit of bringing together the right capacity - skills and expertise - to carry out the data analysis and evidence synthesis and



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provide actionable intelligence and recommendations to the workstreams, based on an understanding of local populations and places. This would support the ICB's current ambition to take a population health approach, at system and neighbourhood levels.

### Conclusion

- Action needs to be taken to secure effective oversight of the prevention activity, following the transformation support officer and prevention workstream director stepping down
- Disbanding the prevention workstream and ensuring senior level public health input to each of the other workstreams will allow prevention to be more effectively embedded across the whole ICS
- Creating a population health hub, including input from senior leaders in the Public Health Service, as well as the Public Health Intelligence Team, will also support each of the workstreams to understand their population health goals, in order to deliver them.
- Taking this recommended course of action ensures that the existing prevention work can continue with effective supervision and oversight and avoids the need for recruitment or further secondments, as well as supporting the development of the ICS towards its stated ambitions, to take a population health management approach and reduce health inequalities.

### Supporting Papers and Evidence:

None

### Sign-off:

Workstream SRO: Dr Sandra Husbands, Director of Public Health & SRO Prevention Workstream

London Borough of Hackney: Denise D'Souza

City of London Corporation: Andrew Carter

City & Hackney CCG: David Maher

<b>Title:</b>	Integrated Commissioning Risk Registers
<b>Date of meeting:</b>	13 August 2020
<b>Lead Officer:</b>	Matthew Knell – Head of Governance & Assurance, CCG Stella Okonkwo – Integrated Commissioning Programme Manager Workstream Directors
<b>Author:</b>	Workstream Directors & Programme Managers
<b>Committee(s):</b>	Integrated Commissioning Board, 13 August 2020
<b>Public / Non-public</b>	Public.

### Executive Summary:

This report presents the detailed risk registers for the Integrated Commissioning workstreams. These have all undergone review and redraft following the Covid-19 pandemic.

Also included is a newly-drafted register for the Integrated Commissioning Operating Model & CCG Merger Risk Register, and a separate NEL risks and mitigations log in relation to Covid-19.

### Recommendations:

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

- To **NOTE** the registers.

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

- To **NOTE** the registers.

### 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:**

**Risk register cover sheets in agenda pack.**  
**Full detailed registers circulated as appendices.**

**Sign-off:**

Siobhan Harper – Director: Planned Care  
 Amy Wilkinson – Director: Children, Maternity, Young People and Families  
 Nina Griffith – Director: Unplanned Care  
 Carol Beckford – Transition Director

Integrated Care Operating Model & CCG Merger - August 2020

Ref#	Description	Senior Management Owner	Inherent Risk Score (pre-mitigation)	Likelihood	Impact	Current Score	Residual Risk Score (post-mitigation)				
							Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	
ICOM 1	<p><b>Covid-19 and winter pressures</b></p> <p>If there is a resurgence of the Covid-19 pandemic coupled with severe winter pressures: <b>There is a risk that the programme of work to put in place the new IC Operating Model and the CCG merger is paused</b></p> <p>The consequence is... The merger will not take place by April 2021 and NEL would continue to act as an ICS by default</p>	<p>Accountable Officer: David Maher</p> <p>Risk Manager: Carol Beckford</p>	15	4	3	12					Accept this risk – if the programme is paused
ICOM 2	<p><b>Creating clarity for CCG Members</b></p> <p>If we do not put in place a specific and targeted engagement programme for clinicians and CCG Members: <b>There is a risk that CCG Members are unclear regarding what they are being asked to vote on in October 2020</b></p> <p>The consequence is... C&amp;H Members do not vote for the dissolution of the City &amp; Hackney CCG in favour of a single NEL CCG</p>	<p>Accountable Officer: David Maher</p> <p>Risk Manager: Carol Beckford</p>	16	3	4	12					<p>Develop a comprehensive stakeholder engagement plan (draft in place July 2020)</p> <p>Engage with GP Consortia and Members in Sept 2020</p> <p>Provide sufficient data for a meaningful “soft vote” in early October – to test opinions with a the official vote taking place by mid-October 2020</p>
ICOM 3	<p><b>Support from Residents and Patients</b></p> <p>If Residents and Patients are not engaged on the proposed changes: <b>There is a risk that Residents and Patients do not support the proposed IC Operating Model or the merged NEL CCG</b></p> <p>The consequence is... Residents and Patient begin to lose confidence in their local health and social care services and leaders</p>	<p>Accountable Officer: David Maher</p> <p>Risk Manager: CCG SMT Member TBC</p>	12	3	4	12					<p>Develop a comprehensive stakeholder engagement plan (draft in place July 2020)</p> <p>Publish the NEL vision document locally week commencing 3 Aug 2020</p> <p>Publish tailored communications and engagement material to support the NEL vision 3 Aug 2020</p> <p>Put in place an initial programme of ongoing engagement though to end Oct 2020</p>
ICOM 4	<p><b>Support from Partner organisations</b></p> <p>If we do not engage with all system Partner organisations: <b>There is a risk that... Partners fail to play a full and active role in the design and delivery of the new IC Operating Model</b></p> <p>The consequence is... There is insufficient buy-in to the new Operating Model and it will not be founded on a solid base</p>	<p>Accountable Officer: David Maher</p> <p>Risk Manager: CCG SMT Member TBC</p>	8	2	4	8					Use existing channels such as AOG, ICB and Partner organisation Board to engage on the new IC operating model to create buy-in (Aug to Sept 2020)
ICOM 5	<p><b>Alignment of SOC and new Operating Model</b></p> <p>We need to bring together the different parts of the local system developing the developing the new operating model, the CCG merger and the Transitional SOCG arrangements otherwise: <b>There is a risk that the arrangements for the CCG merger and new Operating Model will not align with the new structures and processes being put in place by the SOCG</b></p> <p>The consequence is... There will not be a smooth transition from the current Phase 2 SOCG arrangements to the Phase 3 Operating Model.</p>	<p>Accountable Officer: David Maher</p> <p>Risk Manager: CCG SMT Member TBC</p>	8	2	4	8					<p>DM and TF meet regularly, including a fortnightly SOCG Action Plan Review meeting to 30 Sept 2020</p> <p>The Workstream Directors are members of both SOCG and the CCG SMT end Oct 2020</p> <p>New transitional SOCG structures will involve more key CCG leads in transitional planning during the development of Phase 2 to Oct 2020</p>
ICOM 6	<p><b>Relationship between Integrated Care Partnership Board (ICPB) and Neighbourhood Health &amp; Care Board (NH&amp;CB)</b></p> <p>The scope role and remit of the ICPB is not clear yet therefore: <b>There is a risk that there is lack of clarity regarding the relationship and accountabilities between the ICPB and the NH&amp;CB</b></p> <p>It will be hard to plan in detail for either Board because it will not be clear how power is devolved</p>	<p>Accountable Officer: David Maher</p> <p>Risk Manager: CCG SMT Member TBC</p>	12	3	4	12					We are working with NEL partners to clarify legal options arrangements for delegation of money / powers from the single CCG to local systems / ICPs. NEL will share their assumptions by mid September 2020

Ref#	Description	Senior Management Owner	Inherent Risk Score (pre-mitigation)	Likelihood	Impact	Current Score	Residual Risk Score (post-mitigation)				
							Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	
ICOM 7	<p><b>Neighbourhood health and care service delivery infrastructure</b></p> <p>The scope role and remit of the NH&amp;CB is not clear yet therefore: <b>There is a risk that there is uncertainty regarding the shape of the neighbourhood health and care service delivery infrastructure and its resources</b></p> <p>The consequence is... It is not clear how workstream and major programme resources align with the NH&amp;CB, local system Partners and the NEL CCG. This creates uncertainty for CCG staff and seconded staff</p>	<p>Accountable Officer: David Maher</p> <p>Risk Manager: CCG SMT Member TBC</p>	12	3	3	9					<p>We are working with NEL partners to clarify legal options arrangements for delegation of money / powers from the single CCG to local systems / ICPS. NEL will share their assumptions by mid September 2020</p> <p>SOCC Is establishing transitional structures, including a transitional NHCBC, which will allow for iterative development between partners in order to work through the practicalities of delivery through the NHCBC – by mid-September 2020</p>
ICOM 8	<p><b>Staff morale</b></p> <p>If we do not have timely, tailored information for staff on how they fit into the local IC Operating Model and what the CCG merger means for them personally means: <b>There is a risk that staff become disillusioned and morale falls during the period of transition</b></p> <p>The consequence is... Staff leave and local relationships and corporate knowledge about the City &amp; Hackney system is lost – undermining the success of the merger</p>	<p>Accountable Officer: David Maher</p> <p>Risk Manager: CCG SMT Member TBC</p>	12	3	4	12					<p>Ensure that line manager understand the proposed changes and supply them with the material they need to have a meaningful dialogue with their staff (August to April 2020)</p> <p>Ensure that that the people and HR programmes in place support people in being resilient and able to manage/cope with the change (August to April 2020)</p>
ICOM 9	<p><b>ICPB and NH&amp;CB Subgroups</b></p> <p>If there is uncertainty regarding the role of subgroups in providing assurance in the Integrated Care Operating Model and the local system: <b>There is a risk that subgroups may lack the power, respect, authority and autonomy they need to play an effective role in the local system</b></p> <p>The consequence is... Inadequate feedback loop from resident and patient engagement, loose financial and performance management and accountability and a system where inequality and quality are not prioritised</p>	<p>Accountable Officer: David Maher</p> <p>Risk Manager: CCG SMT Member TBC</p>	12	3	3	9					<p>Finance &amp; Performance, Risk management, Quality are already embedded in the transitional NH&amp;SC governance arrangements (from August 2020).</p> <p>The role of remaining sub-groups to be confirmed by October 2020</p>
ICOM 10	<p><b>Coherent system-side culture</b></p> <p>If we fail to create a City &amp; Hackney wide system culture which resonates and brings together the best of all our the partner organisations: <b>There is a risk that...</b></p> <p><b>The City &amp; Hackney system may lack a coherent system-wide culture which will result in partnership work being undermined by poor relationships</b></p> <p>The consequence is... Difficult decisions are avoided and integration work stalls because trust relationships are not cemented and staff adopt unhelpful 'them and us' postures</p>	<p>Accountable Officer: David Maher</p> <p>Risk Manager: CCG SMT Member TBC</p>	12	3	4	12					<p>Develop an OD plan (by mid-Sept 2020) for the system which supports organisations to address not just what work we will do, but how we will work together work to cement the common values of our City and Hackney culture that all staff hold dear</p>
ICOM 11	<p><b>80:20 principle</b></p> <p>The 80:20 rule [i.e. that the majority of the money and decision-making will be delegated from NEL to local systems after the CCG merger] is a principle and not documented in law or policy therefore: <b>There is a risk that the 80:20 principle may be eroded over time in the light of NEL -wide pressures resulting in more budget/money and decision-making is retained by the NEL CCG</b></p> <p>The consequence is... The 80:20 rule becomes invalid and the local system has no power or influence over decisions which may have an adverse impact on City &amp; Hackney</p>	<p>Accountable Officer: David Maher</p> <p>Risk Manager: CCG SMT Member TBC</p>	12	3	4	12					<p>Investigate whether this can be embodied in the Constitution (by September 2020)</p>
ICOM 12	<p><b>PCN/Neighbourhood governance and accountability</b></p> <p>GP Consortia and PCN/Neighbourhood teams are in the process of working out how they will work together so currently: <b>There is a risk that PCN/Neighbourhood governance and accountability remains unclear</b></p> <p>The consequence is... The relationships between PCNs/GP Practices, Neighbourhood teams, and the NH&amp;C Executive could lack clarity</p>	<p>Accountable Officer: David Maher</p> <p>Risk Manager: CCG SMT Member TBC</p>	12	3	4	12					<p>Work has been initiated, and is being led by a Workstream Director, to investigate the short to medium term governance needs of PCNs/Neighbourhoods and Consortia and will report before mid-September 2020</p>

# Children, Young People, Maternity and Families Workstream Risk Register - July 2020

## Cover Sheet

Ref#	Description	Residual Risk Score					Risk Movement	Monthly progress update	Projected next quarter risk score	Objective					
		Inherent Risk Score	Risk Tolerance	Q3 2019/20	Q4 2019/20	Q1 2020/21				Q2 2020/21	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
1	Immunisations for pregnant women. There is a very low uptake of flu and pertussis immunisations to pregnant women in City & Hackney. The effect of low uptake can result in maternal and infant mortality and morbidity.	10	4	4	4	4	4	↔	Plans for improving uptake of imms through HUFT maternity unit (2 immunisers now on site) and with Primary Care as part of post COVID Increasing imms wider planning (alongside flu and childhood imms).	4	✓			✓	
2	Risk that CYP with complex health needs do not receive sufficient additional support in school to meet their needs; and CCG not having a specified recurrent budget to meet these costs. This group are identified as being specifically vulnerable to direct and indirect impacts of the pandemic.	12	8	12	12	12	9	↓	LBH leads are reviewing function of Post 16 Panel and the flow of cases from Transitions Case Management Meeting. Health contributions to EHCP costs: - pathway agreed, plans need to be submitted to DMO /DCO for approval for funding to be released. Plan to integrate this process with the joint funding protocol to streamline processes. Multi agency assessment panel has met once (July 2020) to pilot the Joint Funding protocol. Agreed cases have to be for 18 years and below. Panel members to support links with adults services as required. Education cases to be submitted to the panel in August 2020 to complete the first stage of the pilot, progress will then be reviewed by Strategic Oversight Group.; Agreement required re strategic monitoring of out of borough special school packages - both education and health costs are charged by OOB health services.	9				✓	
3	Risk around the speed at which the offer of Personal Budgets across the health, education and social care system is expanded.	6	6	6	6	6	6	↔	To date, the following actions have been undertaken to ensure all children and young people who require them have personal health budgets 1. All continuing care packages have at least a notional personal budget 2. Children's Social care personal budgets are offered	6		✓		✓	✓

Ref#	Description	Residual Risk Score						Risk Movement	Monthly progress update	Projected next quarter risk score	Objective				
		Inherent Risk Score	Risk Tolerance	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21				Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
4	Strategic challenges associated with collaborative working across a number of organisations and a broad spectrum of work areas have a negative impact of strategic CYPMF workstream deliverables. This may include a lack of 'buy in' from partners across the system and partners 'pulling away' from scoped workstream business - potentially leading to a duplication of work or things not being done, risks re budget pooling / aligning, definition of scope, slippage in timescales and reduced quality of services commissioned. Operational challenges associated with collaborative working across a number of organisations and a broad spectrum of work have a negative impact on service operations leading to reduced quality in outcomes for children.	4	4	4	4	4	4	↔	This is continuing to be managed through the CYPMF Strategic Oversight Group and the wider partnership governance.	4	✓	✓	✓	✓	✓
5	Lack of a robust and integrated system approach to care and provision for CYP with LD and / or autism. Provision is of good quality at points throughout the CYP / family journey but is not a consistent pathway that supports early identification and prevention of escalation of needs.	12	9	12	12	12	9	↔	CETR register is established but CCG is not not receiving the number of referrals expected for monitoring who are not at immediate risk of requiring a community CETR. During COVID services have rag rated their caseloads leading to inter service review of who is in contact with families. Currently reviewing pre a possible 2nd wave those families who may be open but not in recent contact with services.	9				✓	
8	Risk that low levels of childhood immunisations in the borough may lead to outbreaks of preventable disease that can severely impact large numbers of the population	15	4	10	10	10	10	↔	Partnership work developed through the measles outbreak in 2018 and the ongoing non recurrent investment in the GP Confederation has been built on during the pandemic. The integration of the CYP imms work with the winter flu campaign is intended to maintain the highest profile of this priority and to optimise all opportunities to improve coverage. An update report on pre COVID imms work was taken to the ICB in November 2019 and an action plan was agreed. This will be reported back on in 2020. This work is continuing to be monitored through a range of governance across the system.	10		✓		✓	
9	Gap in provision for children who require Independent Healthcare Plans (IHP) in early years settings, relating to health conditions such as asthma, epilepsy and allergies.	16	3	4	4	4	4	↔	As part of the Independent Healthcare Plan (IHP) work, Public Health, the CCG, Hackney Learning Trust and the Homerton Hospital have set up a partnership approach to identify the small number of children effected and take appropriate steps. Consequently there is no gap in provision and we are maintaining a watching brief to ensure this continues.	4				✓	
11	Health of Looked-After Children: Risk to sustaining service performance during transfer of service to new provider and change to service model	12	4		8	8	8	↓	The service has successfully transferred to the Homerton without incident. We will continue to monitor delivery to ensure no issues arise. During covid 19 HUHT used virtual platforms to undertake iHAs and RHAs which will be followed up f2f when lockdown is implemented. Risk is lack of face to face health assessments for UASC may result in reduced identification of health issues including mental health, immunisation requirements, blood borne diseases and communication challenges around interpreting service. UCHL ID clinic has reopened in June and social workers able to refer directly. Virtual iHAs undertaken and to be followed up face 2 face. Designated Doctor for LAC has now retired, HUHT have advertised post. Capacity issues escalated to CCG and HUHT by Designated LAC nurse. HUHT clinicians covering the post for health assessments. GPs informed via CCG GP network. Locum Designated Doctor is now in place since end of July 2020.	6				✓	

Ref#	Description	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective						
		Inherent Risk Score	Risk Tolerance	Q3 2019/20	Q4 2019/20				Q1 2020/21	Q2 2020/21	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
15	There is a risk that Out of Area Looked-After-Children experience longer waiting times to access CAMHS and other services, and that those services provided may not be of as high a standard as those provided within City & Hackney.	12	9 (TBC)		9	9	9	↔	Arrangements are in place for clinical services to travel in order to meet the needs of LAC where possible. Where children are placed further away the clinical service will liaise with services local to the child and the Designated Nurse for Looked After Children and Mental Health Commissioner on a case-by-case basis. Negotiations ongoing for a stronger service provision for City of London UESC.	9				✓	
16	The Named GP for safeguarding children is currently on maternity leave and the post has been uncovered, meaning that we have not been compliant with the Intercollegiate guidance. Additionally we have reduced capacity with the Designated Nurse for Safeguarding on long term leave. Potential increases in safeguarding issues presenting are being prepared for, thinking forward to the return of schools in September.	12	4	9	6	6	3	↓	Named GP returning to work in September 2020. Acting up cover arrangements are in place for the Designated nurse for Safeguarding. Current Safeguarding governance is robust (SAG, CHSCP) locally with a NEL held risk register and these will continue to be monitored. Weekly HUFT / CCG catch ups will continue, to monitor ED activity and patterns of use by children.	3				✓	
17	Gap in delivery of Tier 2 Audiology service for City and Hackney registered population. Service not restarted following pandemic pause in service delivery. Lack of HUHT community paediatricians to restart delivery of service. Plan to transfer service to Barts needs to be fast tracked and interim service solution identified.	12	6				12	New Risk	Risk escalated to risk register and HUHT risk assessment requested 30/07/20	12		✓	✓		
18	Significant staffing and recruitment issues in the HUHT Community Paediatrics service (approx 50% of Doctors)	15	6				12	New Risk	Risk escalated to risk register and HUHT risk assessment requested 30/07/20	12		✓	✓	✓	
19	Potentially significant increased demand for CAMH support throughout the impending phases of the pandemic, at specialist and universal level for children and families.	12	9				12	New Risk	CAMHs have performed well to support families during the peak of COVID, alongside schools and there are robust plans in place for this to continue.	9	✓	✓		✓	✓



## Risk Register and Issues Log

### Planned Care Workstream

Business as Usual or COVID	Ref	Description	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective				
			Inherent Risk Score	Risk Tolerance	Q2 19/20	Q3 19/20				Q4 19/20	Q1 20/21	Focus on prevention to address health inequalities	Community care close to home	Maintain system financial balance
COVID	PC1	Vulnerable patients, including those with a long term condition/learning disability, struggle to access care due to changes to local services.	20	9	n/a	n/a	n/a	20	Access to services has improved since the height of the pandemic. CEG data suggests GP consultations are close to pre-COVID levels and phlebotomy activity is over 80% of pre-COVID level. Community Services are opening up routine f2f services with necessary infection control safeguards. Planned Care are working to launch a domiciliary service pilot for phlebotomy and LTC checks for vulnerable patients. The CCG will also be launching a transport service to enable vulnerable patients to attend their practice without using public transport.  Planned Care ran an inequalities session to identify vulnerable groups and discuss what changes services could make to ensure vulnerable groups continue to have good access. This will be discussed with partners at Core Leadership Group and an action plan developed to ensure vulnerable groups have access. Primary Care also have CEG searches to identify vulnerable patients for proactive care.	15	✓	✓	✓	✓
COVID	PC2	High number of outstanding CHC assessments as a result of the pause due to Covid-19.	15	10	n/a	n/a	n/a	15	There are 50 outstanding CHC assessments. All patients have had a care plan developed by relevant providers and a package of care is in place. The phase 3 letter instructs the NHS to resume assessments from 1st September 2020. Meeting to be held week commencing 10th August to discuss the instructions in the letter and plan for the resumption of CHC assessments.	10		✓	✓	✓
COVID	PC3	Patients do not access elective acute services- due to services being moved out of area with hot/cold site changes	15	9	n/a	n/a	n/a	10	Weekly calls are in place to discuss utilisation of independent sector capacity. Looking at options for tracking the number of patient initiated cancelled appointments as part of the Outpatient and Elective Recovery Dashboard. This will enable effective reporting and tracking to understand the impact. NEL are responsible for communication and engagement to promote access; and so will C&H will feed into this process.	10	✓		✓	✓
COVID	PC4	Limited acute provider elective/diagnostic capacity and routine service closure during COVID-19 results in longer waiting times for patients	20	9	n/a	n/a	n/a	20	At May 20, outpatient and diagnostics activity is at half of the level of pre-COVID. Daycase and Elective is at 20% of pre-COVID activity.  CCG holds weekly meetings with HUH to discuss the recovery. An outpatient and elective recovery dashboard has been developed to track progress and the Outpatient Transformation Programme has been re-gearred to deliver the recovery. NEL are working with the systems to lead on the recovery- it is particularly focusing on daycase/elective. Access to independent sector capacity will be in place until the end of March 2021.	15	✓		✓	

<p>PC6</p>	<p>The 62 day target to begin cancer treatment is not consistently achieved</p>	<p>15 8 6 6 6 20</p>	<p>C&amp;HCCG met 6 out of 8 cancer waiting targets in May 2020. This is broadly in line with cancer waiting performance pre-COVID. Performance for 62 day wait for screening referral has worsened since April, but numbers are relatively low with only an activity of 3 in May.</p> <p>The phase 3 letter has requested that local Cancer Collaboratives develop a local plan to ensure cancer waiting time targets are met. There is a Cancer Collaborative meeting on Monday 10th August where the development of the plan will be discussed. The letter requests that collaboratives submit their plans in early September.</p>	<p>10</p>	<p>✓</p>					
<p>PC7</p>	<p>B/ground to NCSO: During 2017/18, limited stock availability of some widely prescribed generics significantly drove up costs of otherwise low cost drugs. The price concessions made by DH to help manage stock availability of affected products, were charged to CCGs - this arrangement (referred to as NCSO) presents C&amp;H CCG with an additional cost pressure.</p>	<p>20 4 4 4 4 20</p>	<p>↔</p> <p>For 2019/20 year end, the annual cost pressure from NCSO was <b>£348,516</b> in addition to a cost pressure of <b>£653,903</b> for increased drug tariff pricing for drugs prescribed. An additional cost pressure from increased costs of category M products as a consequence of DH announcement to claw back £15M from CCGs by increasing the cost of these drugs. The cost impact for C&amp;H CCG for Aug2019-Mar2020 was <b>£380,568</b>.</p> <p>The C&amp;H primary care prescribing costs for year end for 2019/20 showed break even position despite these cost pressures.</p> <p>For 2020/21, as of August 2020 prescribing data is only available for April &amp; May 2020. Based on the 2 months data, the estimated annual cost pressure for NCSO is <b>£943,878</b> in addition to a cost pressure of <b>£86,070</b> for the associated cost pressure of increased Drug Tariff pricing for drugs prescribed. An additional cost pressure from increased costs of category M products as a consequence of DH announcement to claw back £15M from CCGs by increasing the cost of these drugs from June 2020. The cost impact for C&amp;H CCG for June2020-Mar2021 is estimated at <b>£480,618</b>.</p> <p>During 2017-18 the total year end impact for C&amp;H was £1.3M NCSO - however the wider QiPP work delivered savings higher than the £1.3M cost pressure. This was a similar picture in 2018-19 &amp; then for 2019-20 in that savings on the prescribing budget outweighed the NCSO cost pressure and the overall prescribing budget was underspent. In light of this, this risk was rescored to reduce the potential impact.</p>	<p>4</p>		<p>✓</p>	<p>✓</p>	<p>✓</p>		

BAU	PC8	There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners	20	9	20	20	20	20	↔	<p>Joint funding work is still under completion and due to be complete by autumn 2020. A further multiagency workshop needs to take place to ratify the tool and processes to be used, this will then establish joint funding as business as usual.</p> <p>A new transition governance structure is in place but work is still being undertaken to ensure accurate data captured around needs and so transition can happen in a planned way as per Education Health and Care Plans and through use of the dashboard.</p> <p>Sign off of the final version of the LD Strategy has been delayed due to the COVID-19 response. Looking to be presented at the ICB in the near future.</p>	15	✓	✓	✓	✓	✓
BAU	PC12	Failure to commission an Adult complex obesity Service	15	6	9	9	9	15	↔	<p>Delay in commissioning adult complex obesity service due to COVID. Business case has been approved and specification developed, but there are challenges with regards to securing funding for the service due to current block arrangements with the Homerton and the CCG's current position.</p>	10	✓			✓	
BAU	PC13	No long term funding is secured for the Housing First programme and there is a risk that the service will finish at the end of the year 1 pilot	25	5	n/a	25	25	25	↔	<p>As part of the COVID-19 response, both LBH and CoL provided housing for all rough sleepers, including those with NRPf. LBH have committed to continuing this provision until the end of March 2021 and have procured two hotels near Finsbury Park to provide accommodation. CoL have also indicated they will carry on with the scaled up provision. The GLA are working with local authorities to decant the rough sleepers housed in their accommodation. The GLA are working with local authorities to ensure this transition is smooth. Health and Public Health are looking at how to coordinate wrap around care to ensure residents are well supported.</p> <p>This level of housing is in line with the principles of Housing First. Housing First had secured funding for the first year, but the outlook beyond this was less clear. Central Government made funding available for scaled up provision in the immediate response to COVID, but it's unclear whether funding will be made available in the medium-long term.</p>	25	/	/	/	/	/

# Unplanned Care Workstream Risk Register

## Cover Sheet

Ref#	Description	Inherent Risk Score	Risk Tolerance	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective				
				Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21				Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
1	Failure to deliver the workstream financial objectives for 2020/21	16	8	12	12	12		↔	Financial reporting in place. New block arrangement with NHS providers gives assurance on spend, but also reduces opportunities to invest in out of hospital services in order to reduce acute activity. Full programme of demand management activities still in place.	12			✓	✓	
3	If Primary care and Community Services are not sufficiently developed and are not established as a first point of call for patients this could lead to an increase in the number of inappropriate attendances at A&E and unplanned admissions to hospital.	20	6	12	12	12		↔	Continued work to increase utilisation of both core ParaDoc and ParaDoc Falls service. Falls Service - There is a low level of conveyance to hospitals, and the service is cost effective based on current levels of activity. The service will be continued in 2019/20. Evaluation of proactive Care Home Visiting service in August 2018 - the Board endorsed a proposal to continue investment of PMS money into the proactive care practice-based service for 2019/20, for recommendation to the Primary Care Quality Board and the CCG Contracts Committee. The service is being evaluated. A&E Action Plan being carried out. A review of Duty Doctor took place in July-August 2019, and the Unplanned Care Board agreed in October that the GP Confederation will take forward work to raise awareness and improve comms relating to the service.	12			✓		

Ref#	Description	Inherent Risk Score	Risk Tolerance	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective						
				Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21				Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents		
4	Workstream fails to successfully integrate patients and the public in the design and development of services; services are not patient focused, and are thus limited in reach and scope	16	6	12	12	12		↔	<p>A range of engagement has taken place in relation to the Unplanned Care Workstream since the agreement of Co-Production principles in May 2019. These include:</p> <ul style="list-style-type: none"> <li>- Urgent Care Event held at Ridley Road market in July 2019</li> <li>- Commencement of Discharge Workstream Co-production Task &amp; Finish Group</li> <li>- LAS 111 IUC PPG established and operational since July 2019.</li> <li>- A wide range of engagement has taken place around the Falls programme; both one-off engagement events and a co-production group, working with Healthwatch.</li> </ul>	12					✓	✓	✓
5	Risk that Homerton A&E will not maintain delivery against four hour standard for 2019/21	16	8	8	8	8		↔	<p>A review of Duty Doctor took place in July-August 2019, and the Unplanned Care Board agreed in October that the GP Confederation will take forward work to raise awareness and improve comms relating to the service. The Unplanned Care Board noted a paper setting out £678k of funding for Winter Resilience schemes on 31 January.</p>	8					✓	✓	

Ref#	Description	Inherent Risk Score	Risk Tolerance	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective				
				Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21				Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
7	<p>The new Integrated Urgent Care (111) service might have a negative impact on quality of urgent care for City &amp; Hackney patients, and on downstream services:</p> <p>Quality of Care:</p> <ul style="list-style-type: none"> <li>- Possible issues with quality of clinical assessment and increased waiting times (call-back time from clinicians);</li> <li>- Recruitment of senior clinicians in CAS</li> </ul> <p>Downstream service impact:</p> <ul style="list-style-type: none"> <li>- General increase in demand due to availability of free-to-call number, quick answer times</li> <li>- Increased demand on acute (A&amp;E/999) due to risk-averse nature of 'pathways' assessment,</li> <li>- issues with direct booking into urgent Primary Care, and</li> <li>- possible issues with quality of clinical assessment.</li> </ul>	16	4	9	9	9		↔	<p>Set up of CAS transformation group complete, with senior clinical and operational representation and agreed terms of reference. Agreed service specification for data flow into CSU.</p> <p>There has been a 2nd draft of NELIUC Performance report produced - no significant change from previous position.</p> <p>A review of Duty Doctor took place in July-August 2019, and the Unplanned Care Board agreed in October that the GP Confederation will take forward work to raise awareness and improve comms relating to the service.</p>	9		✓		✓	✓
9	<p>Discharge and Hospital Flow processes are not effective, resulting in increased DToCs and failure to meet Length of Stay Targets</p>	20	6	15	15	12		↓	<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. 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>	12		✓		✓	

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12	Current IT infrastructure limits delivery of integrated working	12	4	12	12	12		↔	<p>Significant work has been undertaken on this area during COVID. As part of the rollout of Neighbourhood Teams and Neighbourhood MDTs we have worked closely on the use of MDTs as the platform for MDTs. This has enabled virtual MDTs to take place.</p> <p>Work is progressing with the IT enabler on maximising the use of the East London Patient Record for MDT working. Work is planned with Cerner to test development of new functionality for shared MDT working.</p> <p>Initial work is underway in relation to population health and using the CCG tool Co-Plug but this is at early stages and is not yet a sustainable solution in the long-term (funding from Innovate UK has only been for one year and therefore needs wider NEL engagement).</p>	12		✓	✓	✓	
13	Risk that we cannot get sufficient engagement from front line staff across all of our partner organisations in order to deliver the scale and pace of change required.	12	3	12	12	12		↔	<p>Presentations to SOC on Neighbourhoods Programme priorities and work plan.</p> <p>Work is underway to establish the Neighbourhoods Delivery Group and potentially Engagement Forum involving key partners from across the system and ensuring that the Neighbourhoods work is co-produced.</p> <p>Neighbourhood teams have been established and MDT meetings have commenced across eight Neighbourhoods. This has involved directly identifying link people from the different services but has also engaged relevant frontline professionals. It has also involved working closely with the PCN Clinical Directors to develop the approach.</p>	12		✓	✓		

Ref#	Description	Inherent Risk Score	Risk Tolerance	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective				
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15	Ongoing difficulties in recruiting GP staff across unplanned care services, including OOH, PUC and Primary Care puts pressure on the whole C&H health system - risk that patients are thus seen in acute settings such as A&E, with impact on HUH 4 hour target and cost	16	6	16	12	12		↓	As of October 2019 the 6 month report on the GPOOH service at HUHFT showed that all shifts have been filled and at no point did the service not have full GP coverage. We will continue to monitor this and to take reasonable steps to mitigate the risk.	9			✓	✓	
17	New ways of working in Neighbourhoods may require information to be shared across providers and this may not be covered by existing information sharing protocols. This is a particular issue for the voluntary sector who currently have very limited information sharing protocols in place.	9	6	n/a	9	9		↔	<p>We have put in place arrangements to support data sharing between partners – developing a DPIA, drafting privacy notices for the public, preparing comms on information sharing for Neighbourhood Teams and working through storage and sending of this information between those involved in the Neighbourhood MDT.</p> <p>We are bringing together the DPOs / data sharing leads or other key points of contact from organisations who have been more regularly involved in the Neighbourhood MDTs so far to share materials and to support organisations (both large and small) to discuss data sharing as part of wider Neighbourhood day-to-day working.</p>	9		✓		✓	
19 / UCTBC2	Risk that there is an increase in non-elective acute demand - either driven by a return to normal levels of admissions or a further peak in covid demand.	20	12	n/a	n/a	16		New Risk	<p>01/05/2020 update: Delivery of the 'talk before you walk agenda' to reduce A&amp;E attendances</p> <p>Strengthen community and primary care services to support people within the community (through SOC)</p> <p>Need to consider admission avoidance pathways-through HAMU and through ACPs</p> <p>Need to ensure robust escalation plan in place in advance of further covid peaks</p>	TBC			✓	✓	



Ref#	Description	Inherent Risk Score	Risk Tolerance	Residual Risk Score				Risk Movement	Monthly progress update	Projected next quarter risk score	Objective				
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20 / UCTBC2	Risk that we do not understand and/or do not reduce the impact of health inequalities for local populations across the workstream.	20	12	n/a	n/a	16		New Risk	The neighbourhoods programme is focused on addressing inequalities: -the neighbourhoods approach means that we take a population health approach across a small population of 30-50,000, which allows a very local focus on health needs and inequalities -the voluntary sector are key partners and are supporting identification of inequality and in-reach into particular communities	TBC	✓	✓		✓	✓

## Covid-19 NEL Risks and Mitigations

### Enabler 3a: Risks - TBC

## Our plans do carry risks – relating principally to finance, capacity, and workforce – that we are mitigating at each level of the ICS (1 of 2)

### Risks to managing a second COVID surge

**System resilience** – there's a risk that the impact of sickness and shielding during a future COVID peak impacts the ability of WEL's providers of community care to deliver existing and additional services and to drive the improvement of care according to WEL's recovery and restoration plans

**Local care capacity** – there may be insufficient capacity in community, social care and primary care to manage future peaks in demand over winter.

**Workforce** – excessive staff burnout and operational implications of protecting at-risk staff

**PPE** – availability of PPE required to maintain safe delivery of services over a prolonged period, including a large scale and proactive winter flu vaccination programme

### Mitigation

- Scenario planning on workforce availability within and across providers
- Development of agreed service and transformation prioritisation protocols for use at varying levels of workforce availability
- Capacity planning is being overseen by the system planning Groups with an early focus on winter planning
- All organisations undertaking risks assessments of staff in workplace.
- PCNs are looking at how they provide mutual aid where there is a risk of a practice not being able to provide sufficient F2F care because of the number of clinicians deemed at risk and not able to provide F2F care
- Supply chain and distribution planning across NEL
- Identification of mechanisms for escalation in the event of procurement challenges

### Risks to managing a second COVID surge

**Preparedness for a second wave local outbreak** - within local communities that have been disproportionately affected to date

**Non-urgent elective care referrals** – how we identify people on waiting lists who have deteriorated and need a different intervention

### Mitigation

- We have seen higher mortality amongst people who were not born in the UK. Many of these people do not speak English as a first language. Making public guidance, information on track and trace and the testing booking systems available in English will be a priority to ensure greater future access
- We are focussing on LTCs and managing most vulnerable and most vulnerable to COVID e.g. frail housebound, with an emphasis on proactive care to make sure their general health as good as possible right now
- Supporting any deterioration and need for different intervention will be managed through local multi-disciplinary team working and the wider Neighbourhood MDT operating model

## Enabler 3b: Risks - TBC

# Our plans do carry risks – relating principally to finance, capacity, and workforce – that we are mitigating at each level of the ICS (2 of 2)

### Risks to our longer-term ambitions

Risk to full delivery of the sub-system plans for primary and community care caused by the uncertainty around the **future financial regime** for the NHS and potential cuts to social care services driven by in year local authority budget cuts

**Economic pressure and affordability** of our response (particularly social care) as national funding for specific responses (e.g. humanitarian aid, national discharge process, support for rough sleepers) are withdrawn or scaled back

### Mitigation

- Engagement with NEL finance leads on the developing ICS financial framework and ensuring that all relevant sub-system plans are fully costed
- Engagement with council finance directors on best and worst case financial and service planning scenarios, with this reflected in borough and system plans as required
- Partners are supporting London-wide and NEL-wide combined responses to specific issues such as support for rough sleepers
- Local authority partners are giving consideration to options for brokering arrangements with other local authorities across NEL to manage higher volumes of discharge from non-local hospitals

### Risks to our longer-term ambitions

**Economic impact of coronavirus** will have an impact on MH and wellbeing – we will need to link more closely with benefits advice / debt advice / etc to pick up support for those whose economic circumstances may impact negatively on self-care in relation to multiple LTCs

Capacity of social care and community services to operate a revised discharge model which responds to more elective work happening at hospitals across NEL

### Mitigation

- LA partners establishing Neighbourhood Recovery Planning Groups bringing together housing, benefits and debt advice and social care to determine financial and health impacts for those with long term conditions and vulnerable groups. This framework ensures early identification on issues to undertake mitigating response planning.
- Local authority advice services on housing, benefits and debt needs are also being directly linked with Neighbourhood Multi-Disciplinary Teams, community connectors, social prescribers and Wellbeing Practitioners
- Local authority partners are giving consideration to options for brokering arrangements with other LAs across NEL to manage higher volumes of discharge from non-local hospitals.
- For example, an option of developing a single point of access for discharge teams for the City services aligning with LB Hackney service is being considered as a viable option to support any potential increase in discharges from non-local acute providers.

<b>Title of report:</b>	Consolidated Finance (income & expenditure) 2020/2021 Month 3
<b>Date of meeting:</b>	13/08/20
<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:

In response to COVID-19, a temporary financial regime has been put in place to cover the period 1 April 2020 to 31 July 2020. At month 3, the CCG reported a year to date overspend of £1.3m against a year to date allocation of £121m. The allocation is based on the 2019/20 M11 run rate with the 4-month allocation given to the CCGs with the view that this allocation will cover recurrent costs in 2020/21. The forecast outturn at month 3 was £2.2m deficit due to a combination of Covid related costs and an over spend on programme running cost.

At Month 2 (the local authority do not report a Month 3 position), LBH is forecasting an overspend of £6.4m inclusive of £5.3m in relation to Covid 19 expenditure (across both pooled and aligned budgets). The remaining £1.1m overspend is driven by care package costs in Learning Disabilities (LD) and Physical and Sensory Support.

The City of London is reporting a year-end favourable position of £0.9m 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 [Please check box including brief statement]:

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

**Specific implications for City**

N/A

**Specific implications for Hackney**

N/A

**Patient and Public Involvement and Impact:**

N/A

**Clinical/practitioner input and engagement:**

N/A

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

N/A

**Safeguarding implications:**

N/A

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

N/A

**Sign-off:**

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

City of London Corporation: Mark Jarvis, Head of Finance

City & Hackney CCG: Sunil Thakker, Director of Finance



City and Hackney  
Clinical Commissioning Group



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

## Integrated Commissioning Fund Financial Performance Report

Month 3 - 2020/21

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# City and Hackney CCG – Position Summary at Month 03, 2020/21

- In response to COVID-19, a temporary financial regime has been put in place to cover the period 1 April 2020 to 31 July 2020.
- The revised financial regime and service changes will have an impact on the CCG's financial position and affordability against the 4 month allocation provided by NHSE/I.
- The difference between projected monthly net expenditure and the 2020/21 monthly allocation will be prospectively adjusted by NHSE/I, ensuring the CCG's cumulative surplus is not impacted for the period.
- Table 1 summarises the baseline categories and high-level approach to calculating the 2020/21 expected expenditure
- Table 2 overleaf reflects the 4 month allocation and financial performance at workstream level, however in the main these are being reported to break even
- In addition to this BCF budgets (which constitute the 'Pooled Budgets') are still being finalised between the CCG, London Borough of Hackney and City of London – these are expected to be finalised by Month 4.

**Table 1**

Baseline service categories	Baseline provider categories	2020/21 expenditure calculation method
- Acute	NHS Trusts	Block contract value covering all NHS services
- Mental health		
- Community health		
- Continuing care	Independent sector providers included within the scope of national contracts (Appendix 2)	Baseline adjustments to exclude spend on acute services for suppliers included in the national IS contract
- Prescribing		
- Other primary care	Other providers	Growth assumptions have been applied to adjusted baseline positions to calculate expected 2020/21 spend
- Other programme services		
- Primary care delegated		
- Running costs		

# City and Hackney CCG – Position Summary at Month 03, 2020/21

## Month 3 Summary

At month 3, the CCG reported a YTD overspend of £1.3m against a YTD allocation of £121m. The allocation is based on the 2019/20 M11 run rate with a 4 month allocation given to the CCGs with the view that this allocation will cover recurrent costs in 2020/21.

The forecast outturn at month 3 was £2.2m deficit due to a combination of:

- Covid overspend totalling £1.8m generated by a part receipt of allocation; and
- Programme and Running cost overspend due to phasing/timing differences in the way the 4 month allocation has been calculated.

It should be noted that the headline £2.2m deficit will be restated to breakeven upon receipt of retrospective “top up” allocations.

The reported position excludes all non-recurrent spend that was earmarked for 2020/21, therefore the position reported to date is a prudent view.

**Table 2**

Pooled Budgets	ORG	WORKSTREAM	YTD Performance				Forecast	
			Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's
Commissioned		Unplanned Care	6,153	3,367	3,367	0	6,159	(6)
		Planned Care	2,228	1,647	1,640	7	2,228	0
		Prevention	88	66	66	0	88	0
		Childrens and Young People	0	0	0	0	0	0
		<b>Pooled Budgets Grand total</b>	<b>8,469</b>	<b>5,080</b>	<b>5,074</b>	<b>7</b>	<b>8,475</b>	<b>(6)</b>

Aligned	ORG	WORKSTREAM	YTD Performance				Forecast	
			Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's
Commissioned		Unplanned Care	40,453	30,573	30,477	96	40,453	0
		Planned Care	70,409	53,445	53,430	15	70,425	(16)
		Prevention	1,207	905	905	0	1,207	0
		Childrens and Young People	18,978	14,633	14,733	(100)	19,044	(66)
		Corporate and Reserves	5,233	4,174	5,467	(1,293)	7,349	(2,116)
	<b>Aligned Budgets Grand total</b>	<b>136,280</b>	<b>103,730</b>	<b>105,012</b>	<b>(1,281)</b>	<b>138,478</b>	<b>(2,198)</b>	
<b>Subtotal of Pooled and Aligned</b>			<b>144,749</b>	<b>108,811</b>	<b>110,086</b>	<b>(1,275)</b>	<b>146,953</b>	<b>(2,204)</b>

In Collab	Primary Care Co-commissioning	16,332	12,249	12,249	0	16,332	0
<b>Grand Total</b>		<b>161,081</b>	<b>121,060</b>	<b>122,335</b>	<b>(1,275)</b>	<b>163,285</b>	<b>(2,204)</b>
<b>CCG Total Resource Limit</b>		<b>161,081</b>					
<b>SURPLUS</b>		<b>(0)</b>					

- At Month 03, the year-to-date overspend of £1.3m and adverse forecast outturn of £2.2m is being driven in the main by Covid-19 expenditure totalling £1.1m YTD and £1.8m forecast outturn (FOT).
- The Acute portfolio is reporting a breakeven position against the block payments which is in line with the plan value. NHS provider expenditure is expected to be the same as the NHS contract values for the first four months. Trend and activity information will be reported in subsequent months.
- Mental Health and Community Services also broke even against the block payments in month 3. In addition, the Prescribing budget has managed to absorb any increases relating to cost pressures from high cost drugs and drug tariff increases within the allocation
- Non-Acute expenditure is overspent by £0.1m, in the main, due to Programme projects.
- **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 03 these are expected to break even.
- **Aligned budgets:** The adverse £1.2m YTD and £2.1m forecast within Corporate and reserves is being driven by Covid 19 related expenditure.
- Non-recurrent schemes and QIPP Transformation schemes continue to be on-hold.

# London Borough of Hackney – Position Summary at Month 2, 2020/21

The ICB table Pooled/Aligned Funds table is currently being updated to reflect Better Care Fund (BCF) contributions that have recently been agreed with City and Hackney Clinical Commissioning Group. This table will be updated and provided for all future reports.

- At Month 2, LBH is forecasting an overspend of **£6.4m** inclusive of £5.3m in relation to Covid 19 expenditure - this is across both pooled and aligned budgets. Covid-19 related expenditure includes significant investment to support the market through uplifts to care providers, additional staffing and PPE costs. This does not include Covid-19 NHS discharge related spend where there is an agreement to fully recharge the cost to the CCG. The remaining £1.1m overspend is driven by care package costs in Learning Disabilities (LD) and Physical and Sensory Support which are within Planned Care, further details are set out below.
- Government Funding announced to date (£21.5m) to mitigate the impact of Covid-19 falls short of the Council's estimate of total spend and as a result the Council may need to consider the extent to which it stops expenditure on non-essential work across both the revenue and capital budgets and what resources can be reallocated to fund the Council's response to the COVID-19 crisis as part of the Medium Term Financial Planning process.

In addition, to funding referred to above the Council has been allocated specific funding for care homes and NHS Track and Trace Services:

- For Adult Social Care, £600m was allocated for infection control in care homes to fight COVID-19. The Council is required to passport the majority of these funds to care homes.
- £3.1m was allocated to Hackney as part of the launch of the wider NHS Test and Trace Service. This funding will enable the local authority to develop and implement tailored local Covid 19 outbreak plans. A working group has been established and plans are being developed to allocate these funds accordingly.

Forecast positions in relation to the workstreams are as set out below:

- **CYPM & Prevention Budgets:** Public Health constitutes vast majority of LBH CYPM & Prevention budgets which is forecasting a very small underspend. The Public Health grant increased in 2020/21 by £1.569m. This increase included £955k for the Agenda for Change costs, for costs of eligible staff working in organisations such as the NHS that have been commissioned by the local authority. The remaining grant increase has been distributed to Local Authorities on a flat basis, with each given the same percentage growth in allocations from 2019/20.
- **Unplanned Care:** forecasting a small underspend in this area with underspends being offset by additional costs within the Hospital Social Work Team and Information and Assessment Teams.
- **Planned Care:** The Planned Care workstream is driving the LBH overspend. This is primarily due to:
  - Learning Disabilities (LD) Commissioned care packages within this work stream is the most significant area of pressure, with a £0.8m overspend after a contribution of £2.7m forecasted (actual position currently is £2.1m agreed) from the CCG for joint funded care packages. Remaining cases still to be assessed for JF will be reviewed in 2020/21 as agreed by all partners.
  - Physical & Sensory Support reflects an overspend of £3.6m, whilst Memory/Cognition & Mental Health ASC (OP) has a further budget pressure of £0.7m. Cost pressures being faced in both service areas have been driven by the significant growth in client numbers as a result of hospital discharges, and these forecasts include Covid 19 related expenditure.
  - Mental Health is forecasted to overspend by £1.2m and this is due to externally commissioners care packages (£1.3m) which is offset by an underspend on staffing (£0.1m). The Section 75 MH meetings will focus on developing management actions in collaboration with ELFT to reduce this budget pressure going forward.
- Management actions to mitigate the cost pressures include *My Life, My Neighbourhood, My Hackney* and increasing the update of direct payments. These actions are subject to ongoing review.

# London Borough of Hackney - Risks and Mitigations Month 2, 2020/21

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	6,400	100%	6,400	100%
	Coronavirus expenditure	TBC	100%	TBC	TBC
	<b>TOTAL RISKS</b>	<b>6,400</b>	<b>200%</b>	<b>6,400</b>	<b>100%</b>
	Mitigations	Full Mitigation Value £'000	Probability of success of mitigating action %	Expected Mitigation Value £'000	Proportion of Total %
	Personalisation and DPs - Increasing Uptake	TBC	TBC	TBC	TBC
	Three Conversations	TBC	TBC	TBC	TBC
	Review one off funding	6,400	100%	6,400	100%
<b>Uncommitted Funds Sub-Total</b>	<b>6,400</b>	<b>100%</b>	<b>6,400</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.

# London Borough of Hackney – Wider Risks & Challenges

- Covid 19 is having a major impact on the operation and financial risk of the Council Latest estimates show the impact across the General Fund and Housing Revenue Account totalling £72m with £44m being in relation to loss of income. To date, the Government has only allocated £21.5m of Emergency Grant Funding to Hackney. Final details of the Scheme to compensate for loss of income are also still to come forward but based upon the initial guidance we anticipate c£10m in compensation to be what we can draw down but it is as yet unclear how this 'claim' process will work. We have set out in a report to Cabinet in July a detailed position for the current and future years and will update this Board in September.
- 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 03 , 2020/21

				YTD Performance			Forecast Outturn	
Pooled Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Outturn £000's	Variance £000's
	Comm'n'd & *DD		Unplanned Care	65	30	-	30	65
		Planned Care	118	45	-	45	85	33
		Prevention	60	30	-	30	60	-
Pooled Budgets Grand total			243	105	-	105	210	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
	Comm'n'd & *DD		Unplanned Care	342	78	7	72	342
		Planned Care	4,214	1,042	883	159	3,223	991
		Prevention	1,270	232	1	231	1,270	-
		Childrens and Young People	1,391	288	313	(26)	1,494	(103)
		Non - exercisable social care services (income)	-	-	-	-	-	-
Aligned Budgets Grand total			7,217	1,640	1,204	436	6,329	888
<b>Grand total</b>			<b>7,460</b>	<b>1,745</b>	<b>1,204</b>	<b>541</b>	<b>6,539</b>	<b>921</b>

\* DD denotes services which are Directly delivered .

\* Aligned Unplanned Care budgets include iBCF funding - £313k

\* Comm'n'd = Commissioned

- At Month 03, the City of London Corporation is forecasting a year end favourable position of £0.9m.
- 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 have been set against City budgets for 2020/21.

# Integrated Commissioning Fund – Savings Performance Month

## City and Hackney CCG

- All transformation and QIPP initiatives planned for 2020/21 have been put on hold as instructed by NHSE/I, whilst the providers and commissioners of health and care respond to COVID-19.
- At Month 03, these schemes continue to be on-hold.

## London Borough of Hackney

- LBH budgets have not been confirmed for 20/21 and as yet no savings have been identified.

## City of London Corporation

- The CoLC did not identify a saving target to date for the 2020/21 financial year.

## Integrated Commissioning Glossary

ACEs	Adverse Childhood Experiences	
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.
COPD	Chronic Obstructive Pulmonary Disease	
CS2020	Community Services 2020	The programme of work to deliver a new community services contract from 2020.
DES	Directed Enhanced Services	
DToC	Delayed Transfer of Care	A delayed transfer of care is when a person is ready to be discharged from hospital to a home or care setting, but this must be delayed. This can be



		for a number of reasons, for example, because there is not a bed available in an intermediate care home.
ELHCP	East London Health and Care Partnership	The East London Health & care Partnership brings together the area's eight Councils (Barking, Havering & Redbridge, City of London, Hackney, Newham, Tower Hamlets and Waltham Forest), 7 Clinical Commissioning Groups and 12 NHS organisations. While East London as a whole faces some common problems, the local make up of and characteristics of the area vary considerably. Work is therefore shaped around three localized areas, bringing the Councils and NHS organisations within them together as local care partnerships to ensure the people living there get the right services for their specific needs.
FYFV	NHS Five Year Forward View	The NHS Five Year Forward View strategy was published in October 2014 in response to financial challenges, health inequalities and poor quality of care. It sets out a shared vision for the future of the NHS based around more integrated, person centred care.
IAPT	Improving Access to Psychological Therapy	Programme to improve access to mental health, particularly around the treatment of adult anxiety disorders and depression.
IC	Integrated Commissioning	Integrated contracting and commissioning takes place across a system (for example, City & Hackney) and is population based. A population based approach refers to the high, macro, level programmes and interventions across a range of different services and sectors. Key features include: population-level data (to understand need across populations and track health outcomes) and population-based budgets (either real or virtual) to align financial incentives with improving population health.
ICB	Integrated Commissioning Board	The Integrated Care Board has delegated decision making for the pooled budget. Each local authority agrees an annual budget and delegation scheme for its respective ICB (Hackney ICB and City ICB). Each ICB makes recommendations to its respective local authority on aligned fund services. Each ICB will receive financial reports from its local authority. The ICB's meet in common to ensure alignment.

ICS	Integrated Care System	An Integrated Care System is the name now given to Accountable Care Systems (ACSs). It is an 'evolved' version of a Sustainability and Transformation Partnership that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners.
IPC	Integrated Personal Commissioning	
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.
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	
LBH	London Borough of Hackney	Local authority for the Hackney region
LD	Learning Difficulties	
LTC	Long Term Condition	
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.
MI	Myocardial Infarction	Technical name for a heart attack.
	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.
PD	Personality Disorder	
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.
SOCG	System Operational Command Group	An operational meeting consisting of system leaders from across the City & Hackney health, social care and voluntary sector. Chaired by the Chief Executive of the Homerton Hospital. Set up to deal with the immediate crisis response to the Covid-19 pandemic.
SMI	Severe Mental Illness	
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.
VCSE	Voluntary Community and Social Enterprise	