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Integrated Commissioning Board

Date: **WEDNESDAY, 20 SEPTEMBER 2017**

Time: **3:30pm**

Venue: **Tomlinson Centre, Queensbridge Road, E8 3ND**

Members:
Clare Highton –Chair of the City & Hackney CCG Governing Body
Paul Haigh – Chief Officer, City & Hackney CCG
Honor Rhodes – Governing Body Lay Member, City & Hackney CCG
Dhruv Patel – Chair, Community and Children's Services Committee, City of London Corporation
Joyce Nash – Member, Community and Children's Services Committee, City of London Corporation
Randall Anderson – Deputy Chair, Community and Children's Services Committee, City of London Corporation

John Barradell
Town Clerk and Chief Executive

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

Integrated Commissioning Board

Meeting on Wednesday 20 September, 2017, 15.30-17.30

Tomlinson Centre, Queensbridge Road, E8 3ND

Item no.	Item	Lead and action for boards	Documentation	Page No.	Time
1.	**Apologies / Introductions**				
2.	**Questions from the Public**	Chair	Verbal		15.30
3.	**Declarations of Interest**	Paul Haigh *For noting*	3 – Register of interests	1-5	15.35
4.	**Minutes of Previous Meeting**	Chair *For approval* *For information* *For noting*	4.1 – Minutes of City ICB Meeting, 2 August 2017 4.2 – Minutes of Hackney ICB Meeting, 2 August 2017 4.3 – ICB Action Log	7-13	15.40
5.	**Updates to Integrated Commissioning Governance**	Paul Haigh *For discussion and endorsement*	5 - Updates to Integrated Commissioning Governance	14-31	15.45
6.	**2016/17 Clinical Priority Area Ratings (Cancer) Action Plan**	Paul Haigh / Siobhan Harper *For noting*	6 - 2016/17 Clinical Priority Area Ratings (Cancer) Action Plan	32-55	15.55
7.	**Social Prescribing Contract Extension**	Jayne Taylor / Gareth Wall *For endorsement*	7 - Social Prescribing Contract Extension	56-70	16.15
8.	**Service (and Budget) Transfer between Workstreams**	Philippa Lowe / Ian Williams / Mark Jarvis *For approval*	8 - Service (and Budget) Transfer between Workstreams	71-80	16.35
9.	**Integrated Finance Report - Month 4**	Philippa Lowe / Ian Williams *For noting*	9 – Integrated Finance Report	81-94	16.45

10.	**Minutes of the Transformation Board**	Chair *For noting*	10 – Minutes of Transformation Board, 11 August 2017	95-102	17.00
11.	**Joint Community Grants Scheme (City and Hackney Innovation Fund and Healthier Hackney Fund)**	Catherine Macadam / David Maher *For noting*	11 – Joint Community Grants Scheme	103-113	17.05
12.	**Reflection on ICB Meetings**	Chairs *For discussion*	Verbal		17.10
13.	**Any Other Business**	Chair	Verbal		17.20
	Items for Information: ICB Forward Plan (Paper 14, p.114-116)				

Integrated Commissioning
2017/2018 Register of Interests

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Paul	Haigh	23/03/2017	Transformation Board Member - CHCCG	City & Hackney CCG	Chief Officer	Pecuniary Interest
			CoLC ICB Member - CHCCG	NHS England	Spouse is Regional Director of People & Organisational Development (London)	Indirect interest
			LBH ICB Member - CHCCG	Hackney Health & Wellbeing Board	Board Member	Non-Pecuniary Interest
				City of London Health & Wellbeing Board	Board Member	Non-Pecuniary Interest
				NEL STP Board	Board Member	Non-Pecuniary Interest
				N/A	Resident of Westminster & Registered with Westminster GP	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Penny	Bevan	25/03/2017	Transformation Board Member - DPH, LBH & CoLC	London Borough of Hackney	Director of Public Health	Pecuniary Interest
				City of London Corporation	Director of Public Health	Pecuniary Interest
				Association of Directors of Public Health	Member	Non-Pecuniary Interest
				British Medical Association	Member	Non-Pecuniary Interest
				Faculty of Public Health	Member	Non-Pecuniary Interest
				National Trust	Member	Non-Pecuniary Interest
Neal	Hounsell	23/03/2017	Transformation Board Member - CoLC CoLC ICB Member - CoLC	City of London Corporation	Acting Director of Community and Children's Services	Pecuniary Interest
				Hackney Volunteer & Befriending Service	Volunteer	Non-Pecuniary Interest
				n/a	Tenant - De Beauvoir Road, Hackney	Non-Pecuniary Interest
				n/a	Registered with the De Beauvoir Practice	Non-Pecuniary Interest
Janine	Adridge	30/03/2017	Transformation Board Member - Healthwatch City of London	Healthwatch City of London	Officer	Pecuniary Interest
				Royal College of Pathologists	Public Affairs Officer	Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Clare	Highton	23/12/2016	Transformation Board Member - CHCCG CoLC/CCG ICB Chair LBH ICB Member - CHCCG	City & Hackney CCG	Chair	Pecuniary Interest
				Body and Soul	Daughter in Law works for this HIV charity.	Indirect interest
				CHUHSE	Sorsby and Lower Clapton Group Practice's are members	Pecuniary Interest
				GP Confederation	Sorsby and Lower Clapton Group Practice's are members and shareholders	Pecuniary Interest
				Local residents	Myself and extended family are Hackney residents and registered at Hackney practices, 2 grandchildren attend a local school.	Non-Pecuniary Interest
				Lower Clapton Group Practice (CCG Member Practice)	Partner at a GMS and an APMS practices which provide a full range of services including all GP Confederation and the CCG's Clinical Commissioning and Engagement contracts, and in addition child health, drug, minor surgery and anticoagulation clinics. We host CAB, Family Action, physiotherapy, counselling, diabetes and other clinics. The buildings are leased from PropCo, and also house community health services. The practices are members of CHUHSE and the GP Confederation. Lower Clapton is a teaching, research and training practice, and I am a GP trainer. I am a member of the BMA and Unite. One partner is a member of the LMC.	Pecuniary Interest
				Sorsby Group Practice (CCG Member Practice)	Partner at a GMS and an APMS practices which provide a full range of services including all GP Confederation and the CCG's Clinical Commissioning and Engagement contracts, and in addition child health, drug, minor surgery and anticoagulation clinics. We host CAB, Family Action, physiotherapy, counselling, diabetes and other clinics. The buildings are leased from PropCo, and also house community health services. The practices are members of CHUHSE and the GP Confederation. Lower Clapton is a teaching, research and training practice, and I am a GP trainer. I am a member of the BMA and Unite. One partner is a member of the LMC.	Pecuniary Interest
				Tavistock and Portman NHS Trust	Husband is Medical Director of Tavistock and Portman NHS FT which is commissioned for some mental health services for C&H CCG.	Non-Pecuniary Interest
				N/A	Daughter is a trainee Psychiatrist, not within the City and Hackney area.	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Philippa	Lowe	22/12/2016	Transformation Board Member - CHCCG CoLC ICB Attendee - CHCCG LBH ICB Attendee - CHCCG	City & Hackney CCG	Joint Chief Finance Officer	Non-Pecuniary Interest
				GreenSquare Group	Board Member, Group Audit Chair and Finance Committee member for GreenSquare Group, a group of housing associations. Greensquare comprises a number of charitable and commercial companies which run with co-terminus Board.	Non-Pecuniary Interest
				NHS Oxford Radcliffe Hospital	Member of this Foundation Trust	Non-Pecuniary Interest
				PIQAS Ltd	Director at PIQAS Ltd, dormant company.	Non-Pecuniary Interest
Honor	Rhodes	05/04/2017	Member - City / Hackney Integrated Commissioning Boards	Tavistock Relationships	Director of Strategic Devleopment	Pecuniary Interest
				The School and Family Works, Social Enterprise	Special Advisor	Pecuniary Interest
				Oxleas NHS Foundation Trust	Spouse is Tri-Borough Consultant Family Therapist	Indirect interest
				Early Intervention Foundation	Trustee	Non-Pecuniary Interest
				n/a	Registered with Barton House NHS Practice, N16	Non-Pecuniary Interest
Gary	Marlowe	06/04/2017	GP Member of the City & Hackney CCG Governing Body	City & Hackney CCG Governing Body	GP Member	Pecuniary Interest
				De Beauvoir Surgery	GP Partner	Pecuniary Interest
				City & Hackney CCG	Planned Care Lead	Pecuniary Interest
				Hackney GP Confederation	Member	Pecuniary Interest
				British Medical Association	London Regional Chair	Non-Pecuniary Interest
				n/a	Homeowner - Casimir Road, E5	Non-Pecuniary Interest
				City of London Health & Wellbeing Board	Member	Non-Pecuniary Interest
				Local Medical Committee	Member	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				CHUHSE	Member	Non-Pecuniary Interest

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

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
				Association of Lloyd's members	Member	Non-Pecuniary Interest
				High Premium Group	Member	Non-Pecuniary Interest
				Avanti Court Primary School	Chairman of Governors	Non-Pecuniary Interest
Joyce	Nash	06/04/2017	Member - City Integrated Commissioning Board	City of London Corporation	Deputy	Pecuniary Interest
				Neaman Practice	Registered Patient	Non-Pecuniary Interest
				Feltmakers Livery Company	Lifemember of Headteachers' Association	Non-Pecuniary Interest
Peter	Kane	12/05/2017	Attendee - City Integrated Commissioning Board	City of London Corporation	Chamberlain	Pecuniary Interest
Randall	Anderson	13/06/2017	Member - City Integrated Commissioning Board	City of London Corporation	Deputy Chair, Community and Children's Services Committee	Pecuniary Interest
				n/a	Self-employed Lawyer	Pecuniary Interest
				n/a	Renter of a flat from the City of London (Breton House, London)	Non-Pecuniary Interest
				City of London School for Girls	Member - Board of Governors	Non-Pecuniary Interest
				Neaman Practice	Registered Patient	Non-Pecuniary Interest
Andrew	Carter	05/06/2017	Attendee - City Integrated Commissioning Board	City of London Corporation	Director of Community & Children's Services	Pecuniary Interest
				n/a	Spouse works for FCA (fostering agency)	Indirect interest

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

City Integrated Commissioning Board

Meeting of 2 August 2017

MEMBERS

Clare Highton –Chair of the City & Hackney CCG Governing Body

Paul Haigh – Chief Officer, City & Hackney CCG

Honor Rhodes – Governing Body Lay Member, City & Hackney CCG

Cllr Dhruv Patel – Chair, Community and Children's Services Committee, City of London Corporation

Cllr Joyce Nash – Member, Community and Children's Services Committee, City of London Corporation

Cllr Randall Anderson – Deputy Chair, Community and Children's Services Committee, City of London Corporation

FORMALLY IN ATTENDANCE

Philippa Lowe – Joint Chief Finance Officer, City & Hackney CCG

STANDING INVITEES

Penny Bevan – Director of Public Health, London Borough of Hackney

Geoffrey Rivett – City of London Healthwatch

OFFICERS PRESENT

Devora Wolfson – Integrated Commissioning Programme Director

Neal Hounsell – Assistant Director of Commissioning and Partnerships, City of London Corporation

Mark Jarvis – Chief Finance Officer, City of London Corporation

Ellie Ward – Integration Programme Manager, City of London Corporation

Matt Hopkinson – Integrated Commissioning Governance Manager, City & Hackney CCG (*Minutes*)

Hackney

CITY OF LONDON

NHS
City and Hackney Clinical Commissioning Group

APOLOGIES

Standing Invitees

Andrew Carter – Director, Community & Children's Services, City of London Corporation

Peter Kane – Chamberlain, City of London Corporation

Gary Marlowe –Governing Body GP Member, City & Hackney CCG

1. Introductions

1.1.1. The Chair welcomed members and attendees to the meeting.

2. Declarations of Interest

2.1. The Board **NOTED** the register of members' interest.

2.2. No conflicts of interest were raised relating to items on the City ICB agenda meeting on its own, but Clare Highton declared an interest in Item 6 – Primary Care 8-8 Access, and Item 7 – Anticoagulation Service Extension, as she is a GP. This interest was not considered significant and the Board agreed that Dr Highton would contribute to discussion, but abstain from involvement in decision-making.

3. Questions from the Public

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

4. Minutes of the City ICB Meeting, 28 June 2017

4.1. The Board **APPROVED** the minutes of the previous meeting as an accurate record, subject to typographical corrections and an amendment on page 19 to state that 'consultation was on *limiting* treatments' (rather than stopping them).

4.2. The Board **NOTED** the minutes of the City ICB meeting on 28 June 2017.

4.3. The Board discussed matters arising and **NOTED** progress on actions recorded at the previous meeting.

5. Integrated Finance Report

5.1. Mark Jarvis and Philippa Lowe presented the report on finance performance for the period from April to June 2017 across the London Borough of Hackney, City of London Corporation and CCG integrated commissioning funds. The CCG was forecasting that it would meet its financial targets for the year, assuming that it is able to meet its Quality, Innovation, Productivity and Prevention (QIPP) savings targets.

5.2. It was noted that the recent cyber-attack had impacted on the ability of NHS provider organisations to provide up-to-date activity data, but the CCG was in regular contact with them.

5.3. The ICB **NOTED** the Integrated Finance Report.

6. Any Other Business

6.1. Neal Hounsell noted that the East London Healthcare Partnership (ELHCP) was bringing forward a large number of meetings and projects, which were beyond the capacity of the City of London Corporation to attend and engage with. Consideration might need to be given therefore, to working in tandem with the London Borough of Hackney in covering these duties.

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

Hackney Integrated Commissioning Board

Meeting of 2 August 2017

MEMBERS

Cllr Jonathan McShane – Chair, Lead Member for Health, Social Care and Devolution, London Borough of Hackney

Clare Highton –Chair of the City & Hackney CCG Governing Body

Paul Haigh – Chief Officer, City & Hackney CCG

Honor Rhodes – Governing Body Lay Member, City & Hackney CCG

FORMALLY IN ATTENDANCE

Haren Patel - Governing Body GP Member, City & Hackney CCG

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

Ian Williams – Group Director, Finance, London Borough of Hackney

Philippa Lowe – Joint Chief Finance Officer, City & Hackney CCG

STANDING INVITEES

Penny Bevan – Director of Public Health, London Borough of Hackney

Jon Williams – Director, Hackney Healthwatch

OFFICERS PRESENT

Devora Wolfson – Integrated Commissioning Programme Director

Matt Hopkinson – Integrated Commissioning Governance Manager, City & Hackney CCG (*Minutes*)

APOLOGIES

Members

Cllr Geoffrey Taylor – Lead Member for Finance & Corporate Services, London Borough of Hackney

Cllr Anntoinette Bramble – Lead Member for Children's Services, London Borough of Hackney

Standing Invitees

Jake Ferguson – Chief Executive, Hackney Council for Voluntary Services

Formally in Attendance

1. Apologies and Introductions

1.1.1. The Chair welcomed members and attendees to the meeting.

1.1.2. The meeting was inquorate, since only one of the three London Borough of Hackney members was present. It was **NOTED** that any decisions made in the Hackney ICB ordinary meeting or in the joint session with the City ICB would have to be formally ratified at the next meeting by a quorum of members.

2. Declarations of Interest

2.1. The Board **NOTED** the register of members' interest.

2.2. Haren Patel and Clare Highton declared an interest in Item 6 – Consultation on 8-8 Extended Access to General Practice, as they are both GPs. There was no apparent conflict, however, and it was agreed that both should take part in discussions as usual, but abstain from involvement in decision-making.

3. Questions from the Public

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

4. Minutes of the Hackney ICB Meeting, 28 June 2017

4.1. The Board **APPROVED** the minutes of the previous meeting as an accurate record.

4.2. The Board **NOTED** the minutes of the City ICB meeting on 28 June 2017.

4.3. The Board discussed matters arising and **NOTED** progress on actions recorded at the previous meeting.

5. Integrated Finance Report

5.1. Philippa Lowe presented the report on finance performance for the period from April to June 2017 across the London Borough of Hackney, City of London Corporation and CCG integrated commissioning funds. The LBH forecast was for a £3.5m adverse position, reflecting pressures within Learning Disabilities commissioned care packages; £3m of which was undelivered savings from previous years and which reflected increases in complexity of clients, resulting in higher costs. Work is ongoing within LBH to attempt to mitigate this pressure.

5.2. It was noted that the recent cyber-attack had impacted on the ability of NHS provider organisations to provide up-to-date activity data, but the CCG was in regular contact with them.

5.3. The ICB **NOTED** the Integrated Finance Report.

6. Any Other Business

6.1. None.

City and Hackney Integrated Commissioning Boards Action Tracker - 2017/18

Ref No	Action	Assigned to	Assigned from	Assigned date	Due date	Status	Update	Update provided by
CICB1705-1	To invite the CoLC Social Value Panel to a future meeting of the City ICB to discuss their work, alongside a wider discussion on sustainability.	Matt Hopkinson / Ellie Ward	City Integrated Commissioning Board	23/05/2017	18/10/2017	Open	In progress. An item has been provisionally placed on the forward plan for the October meeting and discussions are taking place to confirm.	Ellie Ward
CICB1705-4	To bring a paper on joint commissioning intentions, including the local authority procurement plans, to the Integrated Commissioning Board meetings in September 2017.	Paul Haigh / Anne Canning	City Integrated Commissioning Board	23/05/2017	18/10/2017	Open	In progress. Item added to Forward Plan for October 2017.	
HICB1705-1	To give consideration to how to procure to achieve social value, and to come back to a future ICB meeting with a discussion paper.	Devora Wolfson	Hackney Integrated Commissioning Board	24/05/2017	15/11/2017	Open	In progress. Item added to the Forward Plan for November 2017.	Devora Wolfson
HICB1706-1	To arrange a short 'masterclass' session for ICB members, before an ICB meeting on how to read finance reports.	Ian Williams / Sunil Thakker / Devora Wolfson	Hackney Integrated Commissioning Board	28/06/2017	15/11/2017	Open	In progress.	
CICB1706-5	To bring a paper to the ICB for decision outlining further proposals for pooled budgets in support of the Integrated Commissioning Programme.	Paul Haigh / Devora Wolfson	City Integrated Commissioning Board	28/06/2017	15/11/2017	Open	This will be included in Care Workstream Assurance Point 2, to be presented at the ICBs in November 2017.	Devora Wolfson
JICB1708-1	To draft a formal response from the ICBs to the NHSE letter regarding the outcome of the s75 legal review, to be reviewed and approved by the membership and signed by the Chairs.	Paul Haigh	Joint ICBs	02/08/2017	20/09/2017	Open		
JICB1708-2	To seek legal advice on how future meetings of the two ICBs can be held in common.	Devora Wolfson	Joint ICBs	02/08/2017	20/09/2017	Closed	Complete. Beachcrofts LLP were consulted regarding the governance of the ICBs. Please refer to Agenda Item 6.	Matt Hopkinson

Title:	**Updates to Integrated Commissioning Governance**
Date:	20 September 2017
Lead Officer:	Paul Haigh, City & Hackney Clinical Commissioning Group (CCG) Anne Canning, Group Director, Children, Adults and Community Health (LBH) Neal Hounsell, Assistant Director of Commissioning & Partnerships (CoLC)
Author:	Matt Hopkinson, Integrated Commissioning Governance Manager, C&HCCG
Committee(s):	Integrated Commissioning Boards, 20 September 2017 London Borough of Hackney Council, 25 October 2017 City of London Corporation Community and Children's Services Committee
Public / Non-public	Public

Executive Summary:

This paper sets out proposals to make amendments to the Integrated Commissioning Board (ICB) Terms of Reference relating to meetings in common and to the appointment of deputies in the case of members' absence.

Meetings in Common

At the meeting on the Integrated Commissioning Board (ICB) on 2 August, members agreed that consideration should be given to holding meetings-in-common between all three Integrated Commissioning Committees, on a more regular footing. Advice was subsequently received from legal counsel, as follows:

> Each ICB comprises two committees meeting in parallel. They don't have any members in common. When an ICB meets now, it is two committees meeting alongside each other, each taking its own decision. If the two ICBs met together, to cover City and Hackney together, it would just be three committees meeting alongside each other. Each of the three would still have to take its own decision, and the CCG Committee would need to ensure its decision covered both City and Hackney, or take two decisions - one for each area – but the legal position would be no more complex.
>
> Since no person is common to two committees it should be simple for every person to understand his/her responsibilities and authority in a three-organisation meeting. Each person simply represents his/her organisation and has the same authority as he/she would have in a two-organisation ICB.

In meeting-in-common across three organisations, it is proposed that a rotating-chair arrangement is put in place, with the chair changing every six months.

Appendix 1 sets out supplementary terms of reference to govern such 'three-party' board meetings.

The Integrated Commissioning Team will seek to move towards meetings-in-common for the remainder of 2017/18 and in future, subject to members' availability.

Nomination of Deputies

The ICB terms of reference states that in order for a meeting to be quorate, two out of three members of each Integrated Commissioning Committee should be present. Since there are so few members, and in order to avoid disruption of business, it is proposed that the terms of reference are amended to include the following paragraph:

> Any member of the CCG Committee or the COLC Committee who is unable to attend a meeting of the Board may send a deputy provided that the deputy has authority (authorised in accordance with the procedures of the CCG or COLC as appropriate) equivalent to the member that he/she represents. Any member appointing a deputy for a particular meeting of the Board must give prior notification of this to the Chair.

The updated Terms of Reference are presented as Appendix 2, below.

Subject to endorsement by the ICBs, the revised terms of reference will be submitted for approval by the relevant body (respectively, the CCG Governing Body, the LBH Council and the CoLC Community & Children's Services Committee).

If the proposals are approved, the Integrated Commissioning team will take steps to support the nomination of these deputies.

Recommendations:

The Integrated Commissioning Board is asked to:

- **ENDORSE** the proposed supplementary ICB terms of reference determining arrangements for meetings-in-common as a 'three-party-board';
- **ENDORSE** the proposed approach for chairmanship of 'three-party-board meetings' set out in the supplementary terms of reference; and
- **ENDORSE** the amendments to the ICB terms of reference allowing for the nomination of deputies by members.

Supporting Papers and Evidence:

- **Appendix 1** - Terms of Reference of the City of London Corporation Integrated Commissioning Sub-Committee, the London Borough of Hackney Integrated Commissioning Committee and the NHS City & Hackney Clinical Commissioning Group Integrated Commissioning Committee ("known collectively as the Three-party Integrated Commissioning Board")
- **Appendix 2** - Updated Integrated Commissioning Board Terms of Reference

NHS CITY & HACKNEY CLINICAL COMMISSIONING GROUP, LONDON BOROUGH OF HACKNEY AND THE CITY OF LONDON CORPORATION

Terms of Reference of the City of London Corporation Integrated Commissioning Sub-Committee, the London Borough of Hackney Integrated Commissioning Committee and the NHS City & Hackney Clinical Commissioning Group Integrated Commissioning Committee ("known collectively as the Three-party Integrated Commissioning Board")

The City of London Corporation ("COLC") has established an Integrated Commissioning Sub-Committee ("the COLC Committee") under its Community and Children's Services Committee. The London Borough of Hackney ("LBH") has established an Integrated Commissioning Sub-Committee ("the LBH Committee") and NHS City & Hackney Clinical Commissioning Group ("the CCG") has also established an Integrated Commissioning Committee ("the CCG Committee"). The COLC Committee, the LBH Committee and the CCG Committee may meet in common and shall when doing so be known together as the Three-party Integrated Commissioning Board ("the Three-party Board").

The COLC Committee has authority to make decisions on behalf of COLC, which shall be binding on the authority, in accordance with these terms of reference and the scheme of delegation and reservation.

The LBH Committee has authority to make decisions on behalf of LBH, which shall be binding on the authority, in accordance with these terms of reference and the scheme of delegation and reservation.

The CCG Committee has authority to make decisions on behalf of the CGG, which shall be binding on the authority, in accordance with these terms of reference and the scheme of delegation and reservation.

Except where stated otherwise (in which case the terms "the COLC Committee" and/or "the LBH Committee" and/or "the CCG Committee" or "the committees" are/is used), all references in this document to the "Three-party Board" refer collectively to the three committees described above. The Role and Responsibilities of the Three-party Board, as described below, are the roles and responsibilities of the individual committees insofar as they relate to the individual committee's authority.

The Three-party Board shall meet from time to time as considered necessary by COLC, LBH and the CCG. Meetings of the Three-party Board supplement regular meetings of the COLC Committee with the CCG Committee (known collectively as the COLC/CCG ICB), and the regular meetings of the LBH Committee with the CCG Committee (known collectively as the LBH/CCG ICB).

The COLC/CCG ICB and the LBH/CCG ICB shall continue to manage the respective Pooled Funds for which they have been assigned authority. No funds are pooled across COLC, LBH and the CCG so the Three-party Board has no authority in respect of any such funds. To the extent that decisions are made about pooled funds at meetings of the Three-party Board, these decisions will in fact be made by the COLC/CCB ICB (in respect the funds pooled by COLC and the CCG) and by the LBH/CCG ICB (in respect of funds pooled by LBH and the CCG).

For Aligned Fund services the Three-party Board acts as an advisory group making recommendations to the CCG Governing Body or the COLC Community and Children's Services Committee or the LBH Cabinet as appropriate.

Role and Responsibilities of the Three-party Board

The Three-party Board exists to support the COLC/CCG ICB and the LBH/CCG ICB in their roles as the principal fora which ensure that commissioning improves local services and outcomes and achieves integration of service provision and of commissioning and delivers the North East London Sustainability and Transformation Plan (NEL STP). The COLC/CCG ICB and the LBH/CCG ICB remain the fora for decision making and monitoring of activity to integrate the commissioning activities of the CCG and COLC and the CCG and LBH respectively (to the extent defined in the s75 agreements).

The Three-party Board supports the COLC/CCG ICB and the LBH/CCG ICB to discharge their remits in respect of services that are Pooled Funds (including the Better Care Fund budgets) within the respective Integrated Commissioning Fund (ICF).The Three-party Board also has a remit with regard to Aligned Funds, whereby it is an advisory group making recommendations to the CCG Governing Body or the COLC Community and Children's Services Committee or the LBH Cabinet as appropriate.

The CCG and COLC and the CCG and LBH respectively shall determine the funds, and therefore the services, that are to be pooled or aligned at any time (and shall include requirements in respect of Better Care Fund budgets). Once defined, the remit will be stated in these Terms of Reference or in another appropriate document that is provided to the Three-party Board (and similar documents for the COLC/CCG ICB and the LBH/CCG ICB).

In performing its role the Three-party Board will exercise its functions in accordance with, and to support the delivery of, the City and Hackney Locality Plan and the City of London supplement and the North East London Sustainability and Transformation Plan (NEL STP).

In carrying out its role the Three-party Board will be supported by the Transformation Board.

The duties of the Three-party Board defined below are subject to the Schemes of Delegation for the COLC/CCG ICB and the LBH/CCG ICB respectively, and subject to the financial framework which outlines which budgets are pooled and which are aligned and the role of the Board in relation to each.

Specifically, the Three-party Board will support the COLC/CCG ICB and the LBH/CCG ICB to:

Commissioning strategies and plans

- Lead the commissioning agenda of the locality, including inputs from, and relationships with, all partners
- Ensure financial sustainability and drive local transformation programmes and initiatives
- Determine and advise on the local impacts of commissioning recommendations and decisions taken at a NEL level
- Ensure that the Locality plan is delivering the local contribution to the ambitions of the NEL STP
- Lead the development and scrutiny of annual commissioning intentions as set out in the Integrated Commissioning Strategy, including the monitoring, review, commissioning and decommissioning of activities
- Provide advice to the CCG about core primary care and make recommendation to the CCG's Local GP Provider Contracts Committee
- Ensure that the locality plan delivers constitutional requirements, financial balance, and supports the improvement in performance and outcomes established by the Health and Wellbeing Board

- Promote health and wellbeing, reduce health inequalities, and address the public health and health improvement agendas in making commissioning recommendations
- Ensure commissioning decisions are made by the ICB in a timely manner that address financial challenges of both the in-year and longer term plans.
- Ensure that local plans can demonstrate their impact on City residents and City workers where appropriate.

Service re-design

- Approve all clinical and social care guidelines, pathways, service specifications, and new models of care
- Ensure all local guidelines and service specifications and pathways are developed in line with NICE and other national evidence, best practice and benchmarked performance
- Drive continuous improvement in all areas of commissioning, pathway and service redesign delivering increased quality performance and improved outcomes
- Ensure that services are designed and delivered, using "design lab" principles – i.e. co-developed by residents and practitioners working together

Contracting and performance

- Oversee the annual contracting and planning processes and ensure that contractual arrangements are supporting the ambitions of the CCG and COLC to transform services, ensure integrated delivery and improve outcomes
- Oversee local financial and operational performance and decisions in respect of investment and disinvestment plans

Stakeholder engagement

- Ensure adequate structures are in place to support patient, public, service user, and carer involvement at all levels and that the equalities agenda is delivered
- Ensure that arrangements are in place to support collaboration with other localities when it has been identified that such collaborative arrangements would be in the best interests of local patients, public, service users, and carers
- Ensure and monitor on-going discussion between the ICB and provider organisations about long-term strategy and plans

Programme management

- Oversee the work of the Transformation Board including their work on the workstreams and enabler groups ensuring system wide implications are considered
- Ensure that risks associated with integrated commissioning are identified and managed, including to the extent necessary through risk management arrangements established by the CCG and COLC.

Safeguarding

- In discharging its duties, act such that it supports the CCG and CoLC to comply with the statutory duties that apply to them in respect of safeguarding patients and service users.

<u>Geographical Coverage</u>

The responsibilities for the Board will cover the geographical area of the COLC. It is noted that there will need to be decisions made about how to address the issues of resident and registered populations across the CCG and COLC and city workers.

Membership

The membership of the COLC Committee shall be as follows:

- The Chairman of the Community and Children's Services Committee (Chair of the COLC Committee)
- The Deputy Chairman of the Community and Children's Services Committee
- 1 other Member from the Community and Children's Services Committee

The membership of the LBH Committee shall be as follows:

- LBH Lead Member for Health, Social Care and Devolution
- LBH Lead Member for Children's Services
- LBH Lead Member of Finance and Corporate Services

The membership of the CCG Committee shall be as follows:

- Chair of the CCG (Chair of the CCG Committee)
- CCG Governing Body Lay Member
- CCG Chief Officer

As the three committees shall meet in common, the members of each committee shall be in attendance at the meetings of the other two committees.

The following shall be expected to attend the meetings of the Three-party Board, contribute to all discussion and debate, but will not participate in decision-making:

- CCG Governing Body GP
- CCG Chief Financial Officer
- The Director of Community and Children's services (Authorised Officer for COLC)
- The City of London Corporation Chamberlain
- LBH Group Director – Finance and Corporate Services
- LBH Group Director – Adults and Children's Services

The following will have a standing invitation to attend the meetings of the Three-party Board, contribute to all discussion and debate, but will not participate in decision-making:

- COLC Director of Public Health
- A person nominated by the Chief Financial Officers of the CCG and COLC
- Representative of City of London Healthwatch

- LBH Director of Public Health
- A person nominated by the Chief Financial Officers of the CCG and LBH
- Representative of London Borough of Hackney Healthwatch
- Representative of Hackney Voluntary and Community Services.

When the three committees are meeting in common as the Three-party Board, the Chair of the CCG Committee shall lead and facilitate the discussions of the Three-party Board for the first six months after its formation; the Chair of the LBH Committee shall perform the same role for the following six months; and the Chair of the COLC shall perform the same role for the six months after that. Thereafter the role shall swap between three Chairs, with each performing it for six months at a time.

If the Chair nominated to lead and facilitate discussions in a particular meeting or on a particular matter is absent for any reason – for example, due to a conflict of interests – another of the committees' Chairs shall perform that role. If all three Chairs are absent for any reason, the members of the COLC Committee, the LBH Committee and the CCG Committee shall together select a person to lead and facilitate for the whole or part of the meeting concerned.

The membership will be kept under review and through approval from relevant fora within COLC, LBH and the CCG; other parties may be invited to send representatives to attend the Board's meetings in an non-decision making capacity.

The Board may also call additional experts to attend meetings on an ad hoc basis to inform discussions.

Meetings

The Three-party Board's members will be given no less than five clear working days' notice of its meetings. This will be accompanied by an agenda and supporting papers and sent to each member no later than five clear days before the date of the meeting. In urgent circumstances the requirement for five clear days' notice may be truncated.

The Three-party Board shall meet whenever COLC, LBH and the CCG consider it appropriate that it should do so. When the Chairs of the CCG, LBH and COLC Committees deem it necessary in light of urgent circumstances to call a meeting at short notice this notice period shall be such as they shall specify.

Meetings of the Three-party Board shall be held in accordance with Access to Information procedures for COLC, LBH and the CCG, rules and other relevant constitutional requirements. The dates of the meetings will be published by the CCG, LBH and COLC. The meetings of the Three-party Board will be held in public, subject to any exemption provided by law or any matters that are confidential or commercially sensitive.. This should only occur in exceptional circumstances and is in accordance with the open and accountable local government guidance (June 2014).

Secretarial support will be provided to the Three-party Board and minutes shall be taken of all of the its meetings, with one set being prepared for each of the committees in common and submitted to the relevant forum as determined by the CCG, LBH and COLC. Agenda, decisions and minutes shall be published in accordance with partners' access to Information procedures rules.

Decisions made by the CoLC Committee may be subject to referral to the Court of Common Council in accordance with COLC's constitution. Executive decisions made by the LBH committee may be subject to call-in by members of the Council in accordance with LBH's constitution. Executive decisions made by the CCG committee may be subject to review by the CCG's Governing Body and/or Members Forum in accordance with CCG's constitution. However, the CCG, LBH and COLC will manage the business of the Three-party Board, including consultation with relevant fora and/or officers within those organisations, such that the incidence of decisions being reviewed or referred is minimised.

Decision making

Each of the COLC, LBH and CCG committees must reach its own decision on any matter under consideration, and will do so by consensus of its members where possible. If consensus within a committee is impossible, that committee may take its decision by simple majority, and the Chairman's casting vote if necessary.

The COLC Committee, the LBH Committee and CCG Committee will each aim to reach compatible decisions.

Matters for consideration by the three committees meeting in common as the Three-party Board may be identified in board papers as requiring positive approval from all three committees in order to proceed. Any matter identified as such may not proceed without positive approval from all of the COLC Committee, the LBH Committee and the CCG Committee.

These decision-making arrangements shall be included in the review of these terms of reference as set out below.

Quorum

For the CCG committee the quorum will be two of the three members.

For the COLC committee the quorum will be two of the three members.

For the LBH committee the quorum will be two of the three Council members.

Conflicts of interests

The partner organisations represented in the Three-party Board are committed to conducting business and delivering services in a fair, transparent, accountable and impartial manner. Three-party Board members will comply with the Conflicts of Interest policy statement developed for the

COLC/CCG ICB and the LBH/CCG ICB, as well as the arrangements established by the organisations that they represent.

A declaration of interest will be completed by all members and attendees of the Three-party Board and will be kept up to date in line with the policy. Before each meeting the each member or attendee will examine the agenda to identify any matters in which he/she has (or may be perceived to have) an interest. Such interests may be in addition to those declared previously. Any such conflicts should be raised with the chair and the secretariat at the earliest possible time.

The Chair will acknowledge the register of interests at the start of the meeting as an item of business. There will be the opportunity for any potential conflicts of interest to be debated and the chair (on the basis of advice where necessary) may give guidance on whether any conflicts of interest exist and, if so, the arrangements through which they may be addressed.

In respect of the CCG Committee, the members will have regard to any such guidance from the Chair and should adopt it upon request to do so. Where a member declines to adopt such guidance it is for the Chair to determine whether a conflict of interests exists and, if so, the arrangements through which it will be managed.

In respect of the COLC Committee, it is for the members to declare any conflicts of interests which exist (taking into account any guidance from the chair) and, if so, to adopt any arrangements which they consider to be appropriate.

In some cases it may be possible for a person with a conflict of interest to participate in a discussion but not the decision that results from it. In other cases, it may be necessary for a person to withdraw from the meeting for the duration of the discussion and decision. Where the Chair (of either committee) or another person selected to lead and facilitate a meeting has a conflict of interests, the arrangements set out above (under Membership) shall apply.

When considering any proposals relating to actual or potential contractual arrangements with local GP providers the Three-party Board will seek independent advice from the CCG Local GP Provider Contracts Committee who provide a scrutiny function for all such matters, particularly that the contract is in the best interests of local people, represents value for money and is being recommended without any conflict of interest from GPs.

All declarations and discussions relating to them will be minuted.

Additional requirements

The members of the Three-party Board have a collective responsibility for the operation of it. They will participate in discussion, review evidence, and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view. They will take advice from the Transformation Board and from other advisors where relevant.

The Three-party Board functions through the schemes of delegation and financial framework agreed by the CCG and COLC and the CCG and LBH respectively, who remain responsible for their statutory functions and for ensuring that these are met and that the Three-party Board is operating within all relevant requirements.

The Three-party Board may assign tasks to such individuals or committees as it shall see fit, provided that any such assignments are consistent with each parties' relevant governance arrangements, are recorded in a scheme of delegation for the relevant ICB, are governed by terms of reference as appropriate, and reflect appropriate arrangements for the management of any actual or perceived conflicts of interest.

Reporting and relationships

The Three-party Board will report to the relevant forum as determined by the CCG, LBH and COLC. The matters on which, and the arrangements through which, the Three-party Board is required to report shall be determined by the CCG, LBH and COLC (and shall include requirements in respect of Better Care Fund budgets). The Three-party Board will present for approval by the CCG, LBH and COLC as appropriate proposals on matters in respect of which authority is reserved to the CCG and/or COLC and/or LBH (including in respect of aligned fund services). The Three-party Board will also provide advice to the CCG about core primary care and make recommendation to the appropriate CCG Committee.

The Three-party Board will receive reports from the CCG, LBH and COLC on decisions made by those bodies where authority for those decisions is retained by them but the matters are relevant to the work of the Three-party Board.

The Three-party Board will provide reports to the Health and Wellbeing Board and other committees as required.

Review

These terms of reference will apply until 31 March 2018, subject to their agreement by the 3 statutory organisations.

The terms of reference will be reviewed not later than six months from initial approval and then annually thereafter, such annual reviews to coincide with reviews of the s75 agreements.

[Insert dates of approval of these TOR at each relevant forum within the CCG, LBH and COLC] – To be added

16 August 2017

NHS CITY & HACKNEY CLINICAL COMMISSIONING GROUP AND THE LONDON BOROUGH OF HACKNEY

Terms of Reference of the London Borough of Hackney Integrated Commissioning Committee and the NHS City & Hackney Clinical Commissioning Group Integrated Commissioning Committee ("known collectively as the Integrated Commissioning Board")

The London Borough of Hackney (LBH) has established an Integrated Commissioning Committee and NHS City & Hackney Clinical Commissioning Group (the CCG) has also established an Integrated Commissioning Committee. Those two committees shall meet in common and shall be known together as the Integrated Commissioning Board ("the Board").

LBH's Integrated Commissioning Committee has authority to make decisions on behalf of LBH, which shall be binding on the authority, in accordance with these terms of reference and the scheme of delegation and reservation.

The CCG's Integrated Commissioning Committee has authority to make decisions on behalf of the CGG, which shall be binding on the authority, in accordance with these terms of reference and the scheme of delegation and reservation.

Except where stated otherwise (in which case the term "committees" is used), all references in this document to the "Board" refer collectively to the two committees described above. The Role and Responsibilities of the Board, as described below, are the roles and responsibilities of the individual committees insofar as they relate to the individual committee's authority.

The CCG and LBH committees (i.e. "the Board") will manage the Pooled Fund element of the Integrated Commissioning Fund in the delivery of the Locality Plan. For Aligned Fund services the Committees act as an advisory group making recommendations to the CCG Governing Body or the LBH Cabinet.

Role and Responsibilities of the Board

The Board is the principal forum to ensure that commissioning improves local services and outcomes and achieves integration of service provision and of commissioning and delivers the North East London Sustainability and Transformation Plan (NEL STP). It is the forum for decision making and monitoring of activity to integrate the commissioning activities of the CCG and LBH (to the extent defined in the s75 agreement).

The Board's remit is in respect of services that are Pooled Funds (including the Better Care Fund budgets) within the Integrated Commissioning Fund (ICF). The Board also has a remit with regard to Aligned Funds, whereby it is an advisory group making recommendations to the CCG Governing Body or the LBH Cabinet.

The CCG and LBH shall determine the funds, and therefore the services, that are to be pooled or aligned at any time (and shall include requirements in respect of Better Care Fund budgets). Once defined, the remit will be stated in these Terms of Reference or in another appropriate document that is provided to the Board.

In performing its role the Board will exercise its functions in accordance with, and to support the delivery of, the City and Hackney Locality Plan and the North East London Sustainability and Transformation Plan (NEL STP).

In carrying out its role the Board will be supported by the Transformation Board.

The duties of the Board defined below are subject to its Scheme of Delegation and subject to the financial framework which outlines which budgets are pooled and which are aligned and the role of the Board in relation to each.

Specifically, the Board will:

Commissioning strategies and plans

- Lead the commissioning agenda of the locality, including inputs from, and relationships with, all partners
- Ensure financial sustainability and drive local transformation programmes and initiatives
- Determine and advise on the local impacts of commissioning recommendations and decisions taken at a NEL level
- Ensure that the Locality plan is delivering the local contribution to the ambitions of the NEL STP
- Lead the development and scrutiny of annual commissioning intentions as set out in the Integrated Commissioning Strategy, including the monitoring, review, commissioning and decommissioning of activities
- Provide advice to the CCG about core primary care and make recommendation to the CCG's Local GP Provider Contracts Committee
- Ensure that the locality plan delivers constitutional requirements, financial balance, and supports the improvement in performance and outcomes established by the Health and Wellbeing Board
- Promote health and wellbeing, reduce health inequalities, and address the public health and health improvement agendas in making commissioning recommendations
- Ensure commissioning decisions are made by the ICB in a timely manner that address financial challenges of both the in-year and longer term plans
- Ensure that local plans can demonstrate their impact on Hackney residents.

Service re-design

- Approve all clinical and social care guidelines, pathways, service specifications, and new models of care
- Ensure all local guidelines and service specifications and pathways are developed in line with NICE and other national evidence, best practice and benchmarked performance
- Drive continuous improvement in all areas of commissioning, pathway and service redesign delivering increased quality performance and improved outcomes
- Ensure that services are designed and delivered, using “design lab” principles – i.e. co-developed by residents and practitioners working together.

Contracting and performance

- Oversee the annual contracting and planning processes and ensuring that contractual arrangements are supporting the ambitions of the CCG and LBH to transform services, ensure integrated delivery and improve outcomes

- Oversee local financial and operational performance and decisions in respect of investment and disinvestment plans

Stakeholder engagement

- Ensure adequate structures are in place to support patient, public, service user, and carer involvement at all levels and that the equalities agenda is delivered,
- Ensure that arrangements are in place to support collaboration with other localities when it has been identified that such collaborative arrangements would be in the best interests of local patients, public, service users, and carers
- Ensure and monitor on-going discussion between the ICB and provider organisations about long-term strategy and plans

Programme management

- Oversee the work of the Transformation Board including their work on the workstreams and enabler groups ensuring system wide implications are considered
- Ensure that risks associated with integrated commissioning are identified and managed, including to the extent necessary through risk management arrangements established by the CCG and LBH.

Safeguarding

- In discharging its duties, act such that it supports the CCG and LBH to comply with the statutory duties that apply to them in respect of safeguarding patients and service users.

Geographical Coverage
The responsibilities for the Board will cover the geographical area of LBH.

It is noted that there will need to be decisions made about how to address the issues of resident and registered populations across the CCG and LBH.

Membership
The membership of the LBH Committee shall be as follows:

- LBH Lead Member for Health, Social Care and Devolution
- LBH Lead Member for Children's Services
- LBH Lead Member of Finance and Corporate Services

The membership of the CCG Committee shall be as follows:

- Chair of the CCG
- CCG Governing Body Lay Member
- CCG Chief Officer

Any member of the CCG Committee or the LBH Committee who is unable to attend a meeting of the Board may send a deputy provided that the deputy has authority (authorised in accordance with the procedures of the CCG or LBH as appropriate) equivalent to the member that he/she represents. Any member appointing a deputy for a particular meeting of the Board must give prior notification of this to the Chair.

As the two committees shall meet in common, the members of the LBH Committee shall be in attendance at the meeting of the CCG Committee, and the members of the CCG Committee shall be in attendance at the meeting of the LBH Committee.

The following shall be expected to attend the meetings of the Board, contribute to all discussion and debate, but will not participate in decision-making:

- CCG Governing Body GP
- CCG Chief Financial Officer
- LBH Group Director – Finance and Corporate Services
- LBH Group Director – Adults and Children's Services

The following shall have a standing invitation to attend the meetings of the Board, contribute to all discussion and debate, but will not participate in decision-making:

- LBH Director of Public Health
- A person nominated by the Chief Financial Officers of the CCG and LBH
- Representative of London Borough of Hackney Healthwatch
- Representative of Hackney Voluntary and Community Services.

Meetings of the Board shall be chaired by either (1) the Chair of the CCG or (2) the cabinet member for health, social care and devolution / the cabinet member for Children's services. The Chair shall rotate between CCG and LBH every six months, with whoever isn't Chair becoming the Deputy Chair of the Board.

In the event of the Chair being unavailable for a meeting or when the Chair is conflicted regarding an agenda item and is required to leave the meeting, the Deputy Chair will assume the chairing of the meeting. Where the Deputy Chair is unavailable or is conflicted, a quorum of the members of each Committee will by consensus select a chair for the whole or part of the meeting concerned. Where the Board is making a decision to award a contract or funding to a local GP provider organisation or considering a recommendation to the CCG about core primary care services, that item will be chaired by the Deputy Chair if the CCG Chair is the Chair of the Board.

The membership will be kept under review and through approval from the CCG's Governing Board and LBH's elected Mayor. Other parties may be invited to send representatives to attend the Board's meetings in a non-decision making capacity.

The Board may also call additional experts to attend meetings on an ad hoc basis to inform discussions.

Meetings

The Board's members will be given no less than five clear working days' notice of its meetings. This will be accompanied by an agenda and supporting papers and sent to each member no later than five clear days before the date of the meeting. In urgent circumstances the requirement for five clear days' notice may be truncated.

It is anticipated that the Board will routinely meet monthly. When the Chair and Deputy Chair of the Board deem it necessary in light of urgent circumstances to call a meeting at short notice this notice period shall be such as s/he shall specify.

Meetings of the Board shall be held in accordance with partners' Access to Information procedures, rules, and other relevant constitutional requirements. The dates of the meetings will be published by the CCG and LBH. The meetings of the Board will be held in public, subject to any exemption provided by law or any matters that are confidential or commercially sensitive. This should only occur in exceptional circumstances and in accordance with the open and accountable local government guidance (June 2014).

There may be occasions where an Integrated Commissioning Board established by the City of London Corporation meets in common with the Board for Hackney to consider the same items of business. The terms of reference for the respective Boards still apply in such circumstances.

Secretarial support will be provided to the Board and minutes shall be taken of all of the Board's meetings, with one set being prepared for each of the committees in common and submitted to the relevant forum as determined by the CCG and LBH. Agenda, decisions and minutes shall be published in accordance with partners' access to Information procedures rules.

Executive decisions made by the LBH committee may be subject to call-in by members of the Council in accordance with LBH's constitution. Executive decisions made by the CCG committee may be subject to review by the CCG's Governing Body and/or Members Forum in accordance with CCG's constitution. However, the CCG and LBH will manage the business of the Board, including consultation with relevant fora and/or officers within those organisations, such that the incidence of decisions being called-in is minimised.

Decision making

Each committee must reach its own decision on any matter under consideration, and must do so by consensus.

These decision-making arrangements shall be included in the review of these terms of reference as set out below.

Quorum

For the CCG committee the quorum will be two of the three members.

For the LBH committee the quorum will be two of the three Council members.

Conflicts of interests

The partner organisations represented in the Board are committed to conducting business and delivering services in a fair, transparent, accountable and impartial manner. Board members will comply with the Conflicts of Interest policy statement developed for the ICBs, as well as the arrangements established by the organisations that they represent.

A declaration of interest will be completed by all members and attendees of the Board and will be kept up to date in line with the policy. Before each meeting the each member or attendee will examine the agenda to identify any matters in which he/she has (or may be perceived to have) an interest. Such interests may be in addition to those declared previously. Any such conflicts should be raised with the chair and the secretariat at the earliest possible time.

The Chair will acknowledge the register of interests at the start of the meeting as an item of business. There will be the opportunity for any potential conflicts of interests to be debated and the chair (on the basis of advice where necessary) shall determine whether any conflicts of interests exist and, if so, the arrangements through which they shall be addressed.

In some cases it may be possible for a person with a conflict of interest to participate in a discussion but not the decision that results from it. In other cases, it may be necessary for a person to withdraw from the meeting for the duration of the discussion and decision. When the chair has a conflict of interests relating to an agenda item which obliges them to withdraw, the members of the board will select from among their number a chair for the whole or part of the meeting.

When considering any proposals relating to actual or potential contractual arrangements with local GP providers the Board will seek independent advice from the CCG Local GP Provider Contracts Committee who provide a scrutiny function for all such matters, particularly that the contract is in the best interests of local people, represents value for money and is being recommended without any conflict of interest from GPs.

All declarations and discussions relating to them will be minuted.

Additional requirements

The members of the Board have a collective responsibility for the operation of the Board. They will participate in discussion, review evidence, and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view. They will take advice from the Transformation Board and from other advisors where relevant.

The Board must operate within the schemes of delegation and financial framework agreed by the CCG and LBH, who remain responsible for their statutory functions and for ensuring that these are met and that the Board is operating within all relevant requirements.

The Board may assign tasks to such individuals or committees as it shall see fit, provided that any such assignments are consistent with each parties' relevant governance arrangements, are recorded in a scheme of delegation for the Board, are governed by terms of reference as appropriate, and reflect appropriate arrangements for the management of any actual or perceived conflicts of interest.

Reporting and relationships

- The Board will report to the relevant forum as determined by the CCG and LBH. The matters on which, and the arrangements through which, the Board is required to report shall be determined by the CCG and LBH (and shall include requirements in respect of Better Care Fund budgets). The Board will present for approval by the CCG and LBH proposals on matters in respect of which authority is reserved to the CCG and/or LBH (including in respect of aligned fund services). The Board will also provide advice to the CCG about core primary care and make recommendation to the appropriate CCG Committee.

The Board will receive reports from the CCG and LBH on decisions made by those bodies where authority for those decisions is retained by them but the matters are relevant to the work of the Board.

The Board will provide reports to the Health and Wellbeing Board and other committees as required.

Review

These terms of reference will apply for the year from 1 April 2017 to 31 March 2018, subject to their agreement by the 2 statutory organisations.

The terms of reference will be reviewed not later than six months from initial approval and then annually thereafter, such annual reviews to coincide with reviews of the s75 agreements.

[Insert dates of approval of these TOR at each relevant forum within the CCG and LBH] – To be added

3 February 2017

Title:	Integrated Assessment Framework (IAF) Cancer Improvement Plan
Date:	8th September 2017
Lead Officer:	Siobhan Harper - Workstream Director Planned Care
Author:	Sue Maughn – NEL Cancer Commissioning Director
Committee(s):	Integrated Commissioning Board – 20 September 2017 Transformation Board – 8 September 2017
Public / Non-public	Public

Executive Summary:

This paper summarises the current action plan in place to improve the IAF assessment for cancer for City and Hackney Clinical Commissioning Group (CCG) which is in 'greatest need for improvement'. The plan focuses on improving the assessment for City and Hackney CCG in respect of the four metrics which combine to give the rating:

- Cancers diagnosed and staged at an early stage
- Delivery of the 62 day urgent GP referral to treatment standard
- One year survival rates
- Improved patient experience

It should be noted that a systems approach is required to impact on these metrics and this is now in place with multiple commissioners and providers working collaboratively at the London and North East London (NEL) level to drive improvements. A particular emphasis with North Central London partners is achieved via the UCLH Cancer Collaborative (vanguard). These partners have worked together to agree action plans to support the necessary improvements across the cancer services system.

To date City and Hackney CCG has had a local Cancer Board working largely with the Homerton and has participated in the East London Cancer Board which, supported by Macmillan, has seen positive improvements at Barts Health. Going forwards the newly named City and Hackney Cancer Collaborative will support the Planned Care Workstream in delivering its 'asks' as well as the continued delivery of the NEL action plan. Taken together these actions should move towards an improved IAF assessment though some of the outcomes are likely to be improved in the longer term. The Planned Care Workstream will seek added value in its cancer work and its plans; by widening the focus and involvement of partners and providers, additional plans will identify opportunities for increased screening uptake and for better patient experience by greater attention to supporting patient recovery across the system. There will be more detail on this as part of assurance point 2. There will be more detail on this as part of assurance point 2 though it is expected this will involve working with the Prevention Workstream on the opportunity for reducing risk factors for cancer such as smoking and obesity for our patients and residents as well as implementing an 'Every contact counts' approach with existing providers.

Recommendation:

- The Integrated Commissioning Board is asked to **NOTE** the report.

Links to Key Priorities:

Cancer is a priority project for the Planned Care Workstream

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

Patient Experience Groups have been actively involved in the work of the East London Cancer Board, NEL Cancer Board and within City and Hackney Patient and Public Involvement structures, supporting the local cancer board. Discussions are on-going with the workstream patient representative regarding co-production within the development of new service plans.

The IAF assessment may present a worrying picture to local residents of cancer services and providers which may cause concern, particularly to cancer patients and their families. All the relevant partners should offer reassurance to the public that improving the delivery of cancer care is a major priority. Further thought on how to convey this through working with local patient groups and organisations will be discussed with the workstream patient representative and the engagement enabler group.

Clinical/practitioner input and engagement:

Primary and secondary care clinicians, including nursing staff are involved in all the current planning structures and in developing action plans to date. More thought on the involvement of social care and mental health practitioners will be considered by the workstream.

Impact on / Overlap with Existing Services:

N/A

Main Report

City and Hackney CCG IAF-Cancer Action plan: 3

City and Hackney CCG IAF-Cancer Action plan:

Cancer Indicators:

There are four indicators which are used in the assessment of the IAF cancer rating. These all have a direct link to either constitutional standards or the recommendations of the national cancer task force strategy.

The most recently published assessment gives the CCG an inadequate rating. This rating is given to 5 out of the 7 CCGs across the STP with improvements of all key metrics also reflected in the STP delivery plan.

A full breakdown of the indicators and the scoring methodology is given in appendix 3.

1 Cancers diagnosed at an earlier stage:

Stage at diagnosis of a cancer gives an indication of short term prognosis and likely survival following active treatment. A low stage makes treatment with a curative intention more likely with a better

survival benefit. It has also been demonstrated that costs to the NHS are reduced.

The national ambition is that by 2020 62% of new cancers diagnosed are at stages 1 and 2.

Provider trusts are required to record stage at diagnosis as part of the Cancer Outcomes and Services dataset (COSD). The 2016/17 indicator refers to patients diagnosed in 2015. A final stage must be recorded within 6 months of diagnosis.

In 2015 the national average was 51%.

In 2015 53% of patients with a new diagnosis of cancer resident in C&H were recorded as having stage 1 or 2 disease.

It gives an indication as to the success of earlier diagnosis interventions at a local level.

Reviewing trend data for this indicator demonstrates that for C&H this had varied up to 58%

Actions linked to diagnosing cancers at an earlier stage can also be influential in increasing the one year survival metric too.

Action 1: HUH and BH to be requested to give a current position of stage 1 and 2 cancers by providing an extract from their COSD data. To include data completeness

Action 2: Trusts to provide an action for improvements for recording of stage if required.

Screening:

Screening aims to reduce the numbers of deaths from breast, cervical and bowel cancer by;

- finding the precancerous signs of cervical and bowel cancer and treating these
- identifying the very early signs of breast, cervical and bowel cancer, leading to a greater chance of survival and less aggressive treatments

There is evidence that interventions delivered through primary care can have a significant impact on improving participation in screening, overcoming some of the barriers and inequalities experienced by different groups.

Most recent data to January 2017 is shown below:

Screening Programmes Summary to Jan-17	Performance up to Jan-17				
	Bowel	Bowel	Breast	Breast	Cervical
	Uptake (60-74)	Coverage (60-74)	Uptake (50-70)	Coverage (50-70)	Coverage (25-64)
Standard	60%	60%	80%	80%	80%
Lower threshold	55%	55%	70%	70%	75%
	Bowel Cancer Extended Age(60-74) Uptake	Bowel Cancer Extended Age(60-74) 2.5Y Coverage	Breast Cancer Standard Age(50-70) Uptake	Breast Cancer Standard Age(50-70) 36M Coverage	Cervical Cancer Target Age(25-64) 3.5/5.5Y Coverage
London	**48.4%**	**49.2%**	**65.6%**	**65.8%**	**65.5%**
North East London	**47.3%**	**47.8%**	**65.5%**	**65.0%**	**64.9%**
NHS BARKING AND DAGENHAM CCG	43.2%	38.5%	65.2%	62.3%	66.8%
NHS CITY AND HACKNEY CCG	42.4%	44.3%	62.5%	59.6%	65.5%
NHS HAVERING CCG	55.2%	50.5%	75.5%	75.3%	73.6%
NHS NEWHAM CCG	40.3%	44.2%	63.3%	59.8%	63.5%
NHS REDBRIDGE CCG	49.1%	44.4%	63.5%	68.4%	64.5%
NHS TOWER HAMLETS CCG	39.7%	42.3%	65.8%	64.1%	62.3%
NHS WALTHAM FOREST CCG	47.5%	48.7%	68.0%	68.1%	67.6%

From Feb 2016-Jan 2017 there was an increase in both coverage (+2.6%) and uptake (+ 2.3%) to the bowel cancer screening programme across the CCG.

Pan London best practice actions for Primary Care to increase screening uptake:

- Check patient contact details at each encounter and regularly maintain the practice list
- Designate a cancer screening lead from a member of the practice healthcare team
- Ensure that Prior Notification Lists (PNLs) and advance lists, where available for bowel screening are dealt with promptly
- Ensure that when DNA or non-responder reports are received for a patient, this is flagged on their notes, using the correct Read code
- Offer cervical screening opportunistically, if due or appointment missed
- Promote cancer screening within the practice
- Do not omit patients with special needs and ensure arrangements are in place for them
- Ensure all practice staff know how to use the gFOBt bowel screening kit, and where required, the details of how to request a new kit
- Make screening and signposting information for each screening programme readily available.

Actions currently underway 2017/18:

Cervical - Dr Natalie Chandler is doing a piece of work with the confederation to produce a best practice protocol for practices on smear taking and recall. Directed at practices with poor uptake.
Breast - NHSE have commissioned Community Links to call women when they are invited for breast screening to endorse uptake and also to call non-responders. No evaluation of the impact so far.
Bowel - the CCG has had a contract with the GP confederation for practices to endorse bowel screening. The increase in uptake has been very modest.

Future actions to support improvement:

- Evaluate all of the current interventions once data becomes available for planning future actions
- Undertake a baseline against the Pan London best practice to look for further opportunities
- Engage with PHE and screening commissioners for smooth transition to the new cervical screening programme

- Prepare practices for the change to qFIT and consider early adoption if possible.
- Work with other partners e.g. TCST/UCLHCC to promote uptake to the bowel scope screening programme

2. Delivery of the 62 day urgent GP referral standard:

Residents of C&H CCG are likely to have their first definitive cancer treatment at one of four treating trusts:

HUH, Bart's Health, UCLH, RFL with the vast majority at HUH or Bart's Health.

NHSE has made a commitment that all providers will achieve the 62 day Urgent referral from GP standard by September 2017.

Current performance at HUH is below the expected level but improving in other parts of NEL.

Cancer waiting times are reviewed and plans for sustainability are produced at a NEL and Vanguard level. The current plan for sustainable waiting times applicable to HUH is reflected in Appendix 2(this is an extract of an ELHCP level plan).

3. One year survival all cancers*:

The one year survival index all cancers is the aggregated survival of 14 individual cancers. It should be noted that Prostate cancer is excluded from this.

In 2014 the rate of 1 year survival for this index in C&H was 69.2% set against an England average of 70.4%. The task force ambition for 2020 is 75%

In order to understand what actions the CCG can take which might impact on this a further breakdown has been done and trends reviewed to inform this:

Cohort (2014)	C&H	C&H trend	England	gap
All cancers 2014 (15-99yrs)	69.2%		70.4%	**-1.2%**
Lung	38.4%		36.8%	**+1.8%**
Colorectal	74%		77.2%	**-3.2%**
Breast	96.1%		96.5%	**-0.4%**
All cancers 55-64yrs	75%		77.9%	**-2.9%**
All cancers 75-99 yrs	59.5%		58.2%	**+1.3%**

The increase in the index for the 75-99 years old age group has been considerable over the period 1997 – 2012 and is a major factor in the narrowing of the gap in the all ages index between City and Hackney and England

Trend data would suggest a focus on colorectal cancer and raising awareness in the 55-64yrs age group could improve 1 year survival across the CCG.

One year survival is most closely linked to stage at diagnosis which along with fitness will influence the treatment options. Therefore actions should be linked with those which will lead to an earlier diagnosis.

One year survival metrics are only currently available on an annual basis but the % of patients who first present as an emergency is generally used as a proxy as this cohort has a poor 1 year survival and is measured quarterly. Therefore actions to reduce the % of emergency presentations should see a one year survival benefit.

Earlier Diagnosis Primary care actions currently underway:

- From July 2017 GPs in C&H will have direct access to the full range of diagnostic investigations set out in NICE NG12(2015)- Referral guidance for suspected cancers
- A local protocol for direct access to chest CT for suspicious cases with a normal CxR
- Local protocol for Direct access to Abdominal and Pelvis CT being introduced
- Yearly visit from GP cancer lead and CRUK facilitator focussing on implementation of the pan-London recommendations on cancer care in primary care (see attached GP visit checklist) - items relevant to early diagnosis highlighted below:
- yearly audit of all new cancer diagnoses to encourage reflection on practice, opportunities for shared learning
- annual cancer profile discussion in each consortium

- education events held in 2016 on implementation of NG12 NICE guidance on referral for suspected cancers - reiterated during practice visits
- safety-netting of all fast-track referrals and now all direct access diagnostic tests for suspected cancer
- check on use of pan-London fast track referral forms
- education on new direct access to diagnostics
- check that practices displaying Be Clear on Cancer campaign materials
- review of screening practice

Future actions:

- Extend the scope and membership of the current City and Hackney cancer board to include PH expertise for an integrated approach.
- Maximise the uptake of the Bowel scope programme
- Increase the uptake to the bowel screening programme
- Increase public awareness in the younger 55-64 age group
- Link with colleagues in Tower Hamlets to consider joint activities as they are also seeing a downward trend in survival from colorectal cancer

- Further innovation in the lung cancer pathway to improve 1 year survival further to match England's best CCGs
- Consider repeating the Cancer Awareness Measure (CAM) survey last done in 2009/10 to inform strategies going forward.

4. Improving patient experience

CCG level results for the national cancer patient experience survey

The outcomes of the national cancer patient experience (NCPES) for 2016 were published in July 2017. Due to changes that were made in 2015 to reflect feedback received, it is not possible to look back any further than 2015 to get a meaningful comparison.

When asked to rate their care on a scale of zero (very poor) to 10 (very good), respondents gave an average rating of 8.4

The IAF framework uses the overall quality of care score; recent results are:-

	2016	2015
City and Hackney CCG	8.4	8.3
HUH	8.2	8.1

An additional challenge for understanding the views of C&H cancer patients is that the methodology used in the national survey will only report where a specific number of responses are received.

The local survey therefore only reports on a limited number of questions and from patients with a limited number of tumour sites due to small numbers in some specialties.

It is only possible to get a full view from people with breast cancer.

League tables are produced comparing the number of questions above and below the expected range.

In league tables C&H CCG rates 28= in London and 200= in England.

A full briefing on the survey can be found in Appendix 2.

Areas for Action:

Response rate/Sample Size:

The response rate at 51% is significantly below the national response rate of 67% this contributed to no answers being reported for some questions and insight in to a number of the tumour sites is not

given.

The methodology only surveys those who have had an inpatient episode or are admitted for a day case in a 3 month period.

Actions:

- To develop a local survey for the 2018/19 audit cycle with the HUH to capture the views of a larger cohort
- As part of the above audit ensures that there is coverage across all tumour sites as the national survey does not provide insight in to patients on a number of key pathways, Lung, Urology and Gynaecology for example.
- Develop a specific action plan following the local audit.

Questions outside of expected range

Appendix 2 provides a breakdown of where CCG responses are outside of the expected range for their cohort of patients and consideration needs to be given to these with tailored actions accordingly.

Across London there are a number of stakeholders who will also be reviewing this data and it will be important to link with other pieces of work to avoid duplication and to maximise efforts for improvement.

Actions:

- Through the City and Hackney cancer collaborative review all questions which are outside of expected range and consider local action
- Link with the INEL(WEL) cancer collaborative patient experience group to understand and support any actions at Bart's Health
- Link with the UCLHCC Vanguard to understand work planned across C&H in relation to patient experience.

Working across the UCLHCC Vanguard and the East London Health and Care Partnership (ELHCP) and other partners

From a cancer perspective the City and Hackney population reside within the footprint of the UCLHCC which is the overarching organisation for the UCLH cancer Vanguard and the London Cancer alliance.

Many of the actions described in this paper have been developed in conjunction with the UCLHCC, local delivery systems, the Healthy London partnership cancer team (TCST), Macmillan Cancer support and Cancer research UK (CRUK).

Any UCLHCC pilots and studies will be subject to full evaluation and commissioning case prior to being adopted as business as usual so that the local population has access to evidenced based best practice pathways and interventions.

Where evaluations demonstrates that some interventions are best delivered and or contracted for at a system level the processes currently under development within the East London Health and care partnership (ELHCP) will enable this to happen.

Summary and next steps

This paper sets out a number of potential actions that could be taken to improve the CCGs IAF cancer ratings.

Following review by the transformation board the C&H cancer collaborative will bring this together in to an overarching work programme linked to ELHCP and national cancer priorities.

The paper will be shared with the NEL cancer commissioning board for STP assurance.

At the time of writing UCLHCC has not had any 2017/18 cancer transformation funding released as performance against the 62 day urgent GP standard remains non-compliant.

Much of the UCLHCC transformation funding is linked to projects to support earlier diagnosis across NEL and therefore the risk this poses to the CCGs ability to improve earlier diagnosis needs to be documented. However this plan shows that by strengthening the C&H cancer collaborative and by working with other stakeholders including the ELHCP, TCST, Macmillan and CRUK.

Appendix 1

C&H system Specific actions from the ELHCP 62 day sustainability work plan

Initiative	Objective/ Work plan	Q1 Actions	UCLH Vanguard resource [i]	Local resource	NEL/BHR/ WEL/C&H Programme	Key stakeholders to make it happen	Comments	Impact on performance	milestone	RAG
Implement National Optimal Lung Pathway	Reduce length of pathway and commence treatment earlier Improve survival and to achieve sustainable CWT performance	• Review Local compliance with the updated version of the optimal pathway published in August 2017	Earlier and Faster Diagnosis #16 £220K pan NCEL	SM/ TL/ delivery group	NEL/C&H	Provider Trusts (BH, BHRUT, HUH) LC Lung Pathway Board Programme Manager	Implemented in full at HUH, but let down by histology turnaround times.	Impact already seen in early part of the pathway but patients breaching due to histopathology and PETCT waits. Achieved 95% compliance across the STP in March 2018.	December 2017	
Implement Straight to Test/Triage for colorectal / lower GI endoscopy at all sites across	Consistent approach pan NEL • All referrals are triaged and scoped more	• Undertake local baseline assessment (BHRUT, HUH and BH), identify gaps, develop • Identify	Earlier and Faster Diagnosis #15 - £30K pan NCEL – Project Manager	SM/KK/TL/3 delivery systems	NEL	Lower GI leads at Trusts Endoscopy leads at Trusts Vanguard	In place at HUH and BHRUT. Audit of proportion of those who	Impact already seen at HUH although % going STT currently lower than	December 2017	

NEL	quickly • 2WW pts. go straight to test where clinically appropriate • Expected conversion to STT achieved.	working- group(s) where work will be undertaken/overseen • Review proportion of referrals who have test. Work with clinical leads to improve where possible				Project Manager TCST Diagnostic Lead	after triage have STT. Agree actions to improve % where possible.	expected. LGI pathway was compliant in March 17 at 87.5 %		
Implement direct access for upper GI endoscopy across all site in NEL	Consistent approach pan NEL whereby: • 'routine' referrals are triaged and scoped more quickly • 2WW pts. go straight to test	• Undertake local baseline assessment (BHRUT, HUH and BH), identify gaps, develop plan • Identify local working- group(s) where work will be undertaken/overseen	None	SM/KK/TL	NEL	Upper GI leads at Trusts Endoscopy leads at Trusts Vanguard Project Manager TCST Diagnostic Lead	Should reduce the number of patients on a 62 day pathway by using STT in line with NICE NG12. Roll out at HUI 1.7.17		End September across all sites	
Utilisation of diagnostics	Access to diagnostics does not feature as a delay in breach recording consistently but there is a gap over the term of the	Agree a sector wide diagnostics optimisation plan for sustainability drawing on the TCST work. All providers to attend the TCST optimisat learned s	Senior PM Capital approved within the Vanguard ED projects. Release dependent on vangua	SM/AW/KK/TL	NEL	Trust, CCG diagnostics leads/ TCST diagnostics team	To have sufficient capacity to support the delivery of the 2020 "find out faster standard""	Not currently highlighted as an issue in relation to performance. Actions are aimed at sustainability	End September End July 2018	

	STP up to 2020	(including HUH to share best practice on the lung pathway) Work with the vanguard on the establishment of the East London diagnostics hub	wide performance					and closing the capacity gap going forwards To aid delivery of the 2020 find out faster standard.	In line with Vanguard timescales	
Rapid review of histopathology	A large proportion of histopathology for NEL is provided by Bart's health. Turnaround times for samples need to be improved. Features in delays in the LGI pathway particularly	Conduct a rapid review of histopathology services in NEL Implement the recommendations of the rapid review.	none	Darzi fellow provided by the regional recovery Team to conduct the review	NEL	Pathology departments across NEL	Aim is to reduce the delays in work up particularly on the LGI pathway due to turnaround times for Histopathology samples.		September 2017 Jan 2018	
Urology pathway improvement **(ITT to UCLH/RFL)**	Urology pathways consistently account for the largest proportion of breaching patients across NEL.	Introduce same day MRI as 1st OPA across all sites. Build on the Urology admin workshop to identify quick wins to reduce avoidable delays Understa unpicking	Urology pathway project manager Urology pathway board director	SM/AW/KK/TL	NCEL	Trusts, CCG across NCEL. Oversight and delivery monitored through the NEL SLF.	Aim is to speed up the diagnostic phase of the pathway. To ensure that same day MRI is available at all sites across NEL	To improve Urology cancer pathway performance to 80%.	End December 2017	

		for delayed Urology pathways					To reduce eliminate avoidable delays and Increase the proportion of those who are referred to UCLH and RFL by day 38.			
Adopting a robust process for local learning from RCA's	To provide a robust process for commissioning assurance and for proactive management of themes from breaching pathways	To introduce a joint RCA review process between provider, commissioners and clinical teams in line with LGT trust good practice.	N/A	SM/TL/DB/EH	C&H	Trust and CCG	To ensure lessons are learned from all breaches, lessons are learned and acted upon	To deliver sustainable cancer performance and assurance	October 2017	
Deliver interventions to minimise patient initiated delays in the pathway	To reduce patient initiated delays in the pathway to a minimum	To understand why local patients initiate delays in their cancer pathway and to deliver interventions to reduce.	N/A	SM/TL/DB/EH	C&H	Trust and CCG	To ensure that patient initiated delays in the pathway are minimised.	To deliver sustainable cancer performance and assurance	December 2017	

Appendix 2

Briefing: National Cancer Patient Experience Survey 2016

- The National Cancer Patient Experience Survey (NCPES) has been run since 2010
- Following extensive consultation, the structure of the survey and the report of the findings was changed for 2015
    - Fewer and less complex questions
    - Questions and answers re-tested to improve accuracy
    - To reflect changes in the care pathway
    - Results of the survey presented in line with CQC methodology – highlighting outstanding performance and positive and negative outliers
    - The reports show both actual local performance as well as a case-mix adjusted figure –age, sex, ethnicity, deprivation and cancer site
- These changes make year on year comparison difficult – although some core questions were retained
- Report includes an Executive Summary which includes
    - overall rating of care –
    - those measures included in the Cancer Dashboard developed by Public Health England and NHS England
- The report includes a section showing those responses that were outside of the expected range as well as the full results
- Full results shown in tabular and chart format

Cancer Dashboard Comparison – WELC CCG and Providers

Questions which scored outside expected range

Q No	Question	CITY & HACKNEY	NEWHAM	TOWER HAMLETS	WALTHAM FOREST	BARTS HEALTH	HOMERTON
2	Patient thought they were seen as soon as necessary		✗	✗			

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Questions which scored outside expected range

Q No	Question	CITY & HACKNEY	NEWHAM	TOWER HAMLETS	WALTHAM FOREST	BARTS HEALTH	HOMERTON
9	Patient felt they were told sensitively that they had cancer	X		X		X	
14	Patient given practical advice and support in dealing with side effects of treatment	X			X	X	
16	Patient definitely involved in decisions about care and treatment				X		
17	Patient given the name of the CNS who would support them through their treatment			X			
19	Get understandable answers to important questions all or most of the time	X				X	
20	Hospital staff gave information about support groups		X			X	X
22	Hospital staff gave information on getting financial help				X	X	X
26	Staff explained how operation had gone in understandable way					X	
29	Patient had confidence and trust in all doctors treating them					X	
31	Patient had confidence and trust in all ward nurses		X	X	X	X	
32	Always / nearly always enough nurses on duty				X	X	
33	All staff asked patient what name they preferred to be called by	X		X	X	X	X
35	Patient was able to discuss worries or fears with staff during visit				X	X	
36	Hospital staff definitely did everything to help control pain				X	X	
37	Always treated with respect and dignity by staff			X	X	X	
38	Given clear written information about what should / should not do post discharge				X	X	

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Questions which scored outside expected range

Q No	Question	CITY & HACKNEY	NEWHAM	TOWER HAMLETS	WALTHAM FOREST	BARTS HEALTH	HOMERTON
39	Staff told patient who to contact if worried post discharge				✗	✗	
41	Patient was able to discuss worries or fears with staff during visit	✗					
42	Doctor had the right notes and other documentation with them				✗		
45	Patient given understandable information about whether radiotherapy was working					✓	
47	Beforehand patient had all information needed about chemotherapy treatment					✗	
49	Hospital staff gave family or someone close all the information needed to help with care at home		✗		✗	✗	
50	Patient definitely given enough support from health or social services during treatment		✗		✗	✗	
51	Patient definitely given enough support from health or social services after treatment		✗			✗	
52	GP given enough information about patient`s condition and treatment					✗	
53	Practice staff definitely did everything they could to support patient		✗		✗	✗	
54	Hospital and community staff always worked well together		✗		✗	✗	
56	Overall the administration of the care was very good / good				✗	✗	
57	Length of time for attending clinics and appointments was right				✗	✗	
58	Taking part in cancer research discussed with patient	✓	✓	✓			
59	Patient`s average rating of care scored from very poor to very good	✗	✗		✗	✗	✗

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✓ Performed better than expected

✗ Performed worse than expected

League table by CCG

London Ranking	National Ranking	CCG	Numbers of questions better than expected range	Number of questions within expected range	Number of questions worse than expected range	CCG score
1	18	NHS Sutton CCG	10	39	1	9
2	22	NHS West London CCG	7	43		7
3	41	NHS Bexley CCG	4	45	1	3
4	57	NHS Islington CCG	3	46	1	2
4	57	NHS Lambeth CCG	3	46	1	2
6	86	NHS Hillingdon CCG		50		0
6	86	NHS Merton CCG	1	48	1	0
8	110	NHS Central London (Westminster) CCG	3	43	4	-1
9	124	NHS Brent CCG	1	46	3	-2
10	135	NHS Croydon CCG	1	45	4	-3
11	146	NHS Camden CCG	3	40	7	-4
11	146	NHS Hounslow CCG	1	44	5	-4
13	154	NHS City and Hackney CCG	1	43	6	-5
13	154	NHS Greenwich CCG	1	43	6	-5
13	154	NHS Kingston CCG	1	43	6	-5
13	154	NHS Southwark CCG	1	43	6	-5
13	154	NHS Tower Hamlets CCG	1	43	6	-5
13	154	NHS Wandsworth CCG	2	41	7	-5
19	169	NHS Barking and Dagenham CCG	1	41	8	-7

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London Ranking	National Ranking	CCG	Numbers of questions better than expected range	Number of questions within expected range	Number of questions worse than expected range	CCG score
20	173	NHS Hammersmith and Fulham CCG	1	40	9	-8
20	173	NHS Newham CCG	1	40	9	-8
20	173	NHS Richmond CCG		42	8	-8
23	184	NHS Ealing CCG	1	38	11	-10
23	184	NHS Harrow CCG	1	38	11	-10
23	184	NHS Havering CCG	1	38	11	-10
23	184	NHS West Essex CCG	2	36	12	-10
27	190	NHS Haringey CCG	1	37	12	-11
28	194	NHS Redbridge CCG		37	13	-13
29	199	NHS Barnet CCG		35	15	-15
30	199	NHS Bromley CCG		35	15	-15
31	205	NHS Lewisham CCG	1	31	18	-17
32	207	NHS Enfield CCG		32	18	-18
33	208	NHS Waltham Forest CCG		31	19	-19

League table by Provider Trust

London Ranking	National Ranking	Provider Trust	Numbers of questions better than expected range	Number of questions within expected range	Number of questions worse than expected range	Trust score
1	16	Epsom and St Helier University Hospitals NHS Trust	10	38		**10**
2	27	The Royal Marsden NHS Foundation Trust	15	26	9	**6**

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3	52	Guy's and St Thomas' NHS Foundation Trust	5	42	3	**2**
3	52	The Hillingdon Hospitals NHS Foundation Trust	3	46	1	**2**
5	71	Royal Brompton & Harefield NHS Foundation Trust		12		**0**
5	71	University Hospital of South Manchester NHS Foundation Trust	3	44	3	**0**
5	71	Whittington Health	2	46	2	**0**
8	93	Chelsea and Westminster Hospital NHS Foundation Trust		47	3	**-3**
9	101	Homerton University Hospital NHS Foundation Trust		41	4	**-4**
10	105	Croydon Health Services NHS Trust		43	5	**-5**
11	112	Kingston Hospital NHS Foundation Trust		44	6	**-6**
12	118	London North West Healthcare NHS Trust		42	8	**-8**
12	118	Royal Free London NHS Foundation Trust		42	8	**-8**
14	118	St George's University Hospitals NHS Foundation Trust		42	8	**-8**
15	122	Lewisham and Greenwich NHS Trust		41	9	**-9**
16	132	Imperial College Healthcare NHS Trust	1	37	12	**-11**
17	135	King's College Hospital NHS Foundation Trust		36	14	**-14**
18	140	University College London Hospitals NHS Foundation Trust	2	30	18	**-16**
19	141	The Princess Alexandra Hospital NHS Trust	1	31	18	**-17**
20	143	Barking, Havering and Redbridge University Hospitals NHS Trust		29	21	**-21**
21	144	Bart's Health NHS Trust	1	24	25	**-24**
22	146	North Middlesex University Hospital NHS Trust		20	30	**-30**

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Full Reports:

CITY & HACKNEY	Adobe Acrobat Document

Hackney

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NEWHAM	Adobe Acrobat Document
TOWER HAMLETS	Adobe Acrobat Document
WALTHAM FOREST	Adobe Acrobat Document
BARTS HEALTH	Adobe Acrobat Document
HOMERTON	Adobe Acrobat Document

Appendix 3

		Indicators			
		Cancers diagnosed at early stage	People with urgent GP referral having 1st definitive treatment for cancer within 62 days of referral	One-year survival from all cancers	Cancer patient experience (average score when asked to rate care)
	Data period used for 2016/17 assessment	2015	Q4 2016/17	2014	2015
	Previous 'RAG' methodology	RAG rated compared to national average (51%)	Achievement of 85% standard.	RAG rated against trajectory to achieve national target of 75%	RAG rated compared to national average (8.9)

		2016/17 'scoring' methodology: Mean score for each indicator (averaged over 4 indicators) = Outstanding >1.4 Good 0.8-1.4 Requires Improvement 0.5-0.8 Inadequate <0.5	Significantly below national benchmark (52.4%) = 0 Not significantly +/- national benchmark = 1 Significantly above the national benchmark = 2	Significantly below the national standard (85%) = 0 Below national standard (not significantly) = 0.75 Above national standard (not significantly) = 1.25 Significantly higher than the national standard = 2	Significantly below national ambition (70.4%) = 0 Not significantly above or below the national benchmark = 1 Significantly above the national benchmark = 2	Significantly below the national benchmark (8.7) = 0 Not significantly above or below the national benchmark = 1 Significantly above the national benchmark = 2
CCG	**CCG overall rating**	**Cancer priority area rating**	**CCG scores**			
City and Hackney	Good	Inadequate *(Mean score = 0.25 or 0.44)*	53% (previously 54%) *Score = 1*	81.1% (previously 79%) *Score = 0 or 0.75*	69.2% (previously 68%) *Score = 0*	8.3 (previously 7.6) *Score = 0*
Tower Hamlets	Outstanding	Requires improvement *(Mean score = 0.5 or 0.75)*	45.2% *Score = 0*	94.1% *Score = 2*	65.7% *Score = 0*	8.5 *Score = 0 or 1*
Newham	Good	Inadequate *(Mean score = 0 or 0.44)*	48.3% *Score = 0 or 1*	81.7% *Score = 0 or 0.75*	64.7% *Score = 0*	8.4 *Score = 0*
Waltham Forest	Good	Inadequate *(Mean score = 0.56)*	55.3% *Score = 1*	86.1% *Score = 1.25*	68.1% *Score = 0*	8.4 *Score = 0*
Barking and Dagenham	Requires improvement	Inadequate *(Mean score = 0)*	41.6% *Score = 0*	70.6% *Score = 0*	66% *Score = 0*	8.5 *Score = 0*
Redbridge	Requires improvement	Inadequate *(Mean score = 0.25)*	51.4% *Score = 1*	75.9% *Score = 0*	67.9% *Score = 0*	8.5 *Score = 0*
Havering	Requires improvement	Requires improvement *(Score = 0.5)*	43.7% *Score = 0*	73.7% *Score = 0*	70.4% *Score = 1*	8.6 *Score = 1*

Sign-off:

City & Hackney CCG _____Paul Haigh, Chief Officer

_____

Title:	City and Hackney Social Prescribing Service Contract
Date:	Integrated Commissioning Boards - 20 September 2017
Lead Officer:	Anne Canning, Group Director, Children, Adults and Community Health, London Borough of Hackney
Author:	Charlotte Painter - CCG Long Term Conditions Programme Manager Jayne Taylor - Workstream Director - Prevention Lee Walker - CCG Contracts Manager
Committee(s):	6 Sep '17 Prevention Workstream – for recommendation 8 Sep '17 Transformation Board – for recommendation 20 Sep '17 Integrated Commissioning Board – for approval
Public / Non-public	Public

Executive summary

Social Prescribing is central to delivery of the Prevention workstream's 'big ticket item' to increase self-management and access to self-care/advice.

This report sets out the evolution of the Social Prescribing service in City and Hackney and recommends the award of a 2 + 1 year contract to the current provider, Family Action, at the end of the current contract (30 September 2017).

The Social Prescribing service started in February 2015 as a pilot in half of GP practices in City and Hackney. Following an independent evaluation, the service was rolled out across all practices from April 2016. The current provider, Family Action (registered charity 264713), is a local non-profit organisation that won the original competitive tender. Family Action has established strong and deep links within the practices and with community services in the local area; it is the provider that is most capable of delivering the current integrated commissioning objectives for Social Prescribing.

The Social Prescribing service is embedded in primary care via link prescribers attached to each GP practice. Practice staff refer patients to the prescriber who offers an holistic assessment and then helps them to access local community based services to address their identified needs (e.g. free exercise classes, stop smoking support, volunteering opportunities or debt advice). It is a relationship-based service, with prescribers also building and nurturing close links to community activities in the locality of each practice. Family Action is performing well in delivering the service and has been flexible in adapting to specific practice locality requirements (e.g. providing Turkish speaking prescribers)

The Prevention workstream recommends the award of a new contract (using the same specification) to the current provider, based on the integrated nature of the service and likely adverse impact to users if there is a change in providers at this stage. Any required adjustments to the contract, to align it with future transformation plans for improving self-management, will be managed via contract variation in negotiation with the provider.

Recommendations

The Integrated Commissioning Board is asked:

- to **ENDORSE** the approval of the Chief Financial Officer of City and Hackney CCG that the Social Prescribing contract is awarded to the current provider (Family Action) from 1 October 2017, for a further 2 year period (with the option of a one year extension) as set out in this report.

Links to key priorities

Prevention workstream key priority: **Increase self-management and access to self-care/advice, and link social prescribing to other community based prevention initiatives**

City of London Joint Health & Wellbeing Strategy priority: **Enable more people in the City to become socially connected and know where to go for help**

Specific implications for City and Hackney

The Social Prescribing service is available via all GP practices in Hackney and to City residents via the Neaman practice.

The steering group for the service is attended by the City Strategy officer with responsibility for social isolation, as well as a member of the Hackney Public Health team.

Specific services for City residents have been set up, such as free time bank vouchers for volunteers and funding to attend exercise opportunities.

Patient and public involvement and impact

Patient satisfaction with the service is consistently positive. The independent evaluation carried out by Queen Mary University London and University of East London states: "Overall, participants' experience was positive or extremely positive. They reported *re-connecting with the world* and *renewed hope for the future* as key themes of their experience."

Ongoing involvement will be via the patient representative on the social prescribing steering group and the resident representatives on the Prevention workstream core leadership group.

Clinical/practitioner input and engagement

The service has a GP clinical lead (who chairs the steering group) and other GPs have been periodically consulted about the service via the Clinical Commissioning Forum. There is also clinical input via the Prevention workstream and the CCG's Long Term Conditions Board (the historic 'home of the Social Prescribing contract under previous arrangements) - both of which include GP and public health membership.

Impact on / overlap with existing services

The Social Prescribing service receives referrals from GP practices and refers on to a wide range of statutory and voluntary sector organisations in the local community.

Via the Prevention workstream, there will be a future opportunity to align and develop the service further with Health Coaches, care navigators, healthy lifestyle services, advice services, carer support and befriending services.

The Social Prescribing service embodies the principles of integrated commissioning in a practical approach, spanning as it does health and social needs, with a strong focus on prevention and self-care.

Background and current position

An effective Social Prescribing service is key to successful delivery of the Prevention workstream's 'big ticket' item to increase self-management and access to self-care/advice. Transformation plans to deliver on this ask will be developed over the coming months, including consideration of how we can most effectively utilise the opportunities offered through a Social Prescribing model to support our local ambitions.

The current contract for Social Prescribing is between the CCG and Family Action. The service was started as a pilot project using non-recurrent funding. Following an evaluation, the service was rolled out across all GP practices in April 2016. On the recommendation of the Long Term Conditions Programme Board and the CCG's Prioritisation and Investment Committee (September 2016), recurrent funding was allocated to this contract.

When the contract expired at the end of March 2017, a six month contract extension was awarded to allow time for transition to integrated commissioning arrangements, with the intention that the Prevention workstream would re-assess the compatibility of the current Social Prescribing service with its priorities and planned programme of work.

The Prevention workstream now recommends the direct award of a contract to the current provider to continue the existing Social Prescribing service. The current service is deemed to be good quality, value for money, and is embedding well and being delivered in an integrated way. For this reason, the Prevention workstream considers Family Action to be the most capable provider to deliver this service.

A Single Tender Waiver has been agreed in principle by the Chief Financial

Officer of the CCG (August 2017).

Options

1. Award a 2 + 1 year contract to the current provider (Family Action). **Recommended.** The contract value is £195K per annum.
2. Provide another short contract extension of six months to the current provider while other options are explored, including competitive tendering or termination of the service.

Option 1 will ensure continuity in delivery of a well-performing service that is still embedding itself within GP practices and local community networks, and provides flexibility to adapt the current service model to support future transformation plans to increase self-care. Any implications for adaptation/modification of the Social Prescribing service as these plans evolve will be managed through a contract variation process with the provider or, in the event that agreement cannot be reached, contract termination and the award of a new contract.

Risks associated with option 2 include the potential to destabilise a well-performing service at a critical stage of development. Delivery is heavily reliant on trust and relationships that take time to establish, which has helped the service focus on addressing needs that may otherwise go unmet.

Equalities and other implications

This service makes an important contribution to reducing health inequalities, through a strong focus on prevention and self-management. It helps to address the underlying determinants of poor health by providing a holistic service to residents who are socially isolated, experiencing low level mental health problems or a long term health condition. It does this by facilitating earlier identification of wider wellbeing needs, provision of support to meet those needs and signposting to a broad range of relevant community-based activities, practical help and advice.

Rationale for preferred option

A change in provider at this stage would prove detrimental to end users for the following reasons.

- There is good evidence to suggest that community based services such as this require a minimum of three years to achieve their full potential, as they need to become embedded in the local community and are largely relationship based.
- A considerable amount of time and resource has been invested in raising awareness of the current service amongst GPs.
- The service involves casework, with clients and social prescribing coordinators often developing a therapeutic relationship to help empower people with complex needs.
- The strength of the service is dependent on a strong working relationship between the Social Prescribing co-ordinator and the GP practice – this is a critical success factor which takes time to develop. The independent

evaluation states: "co-location of social prescribing co-ordinators in practices helped to establish rapport with the clinical team".

- The co-ordinators are building up a detailed knowledge of local community based services to refer clients to. This knowledge base again takes time to develop and relies on good and trusting local relationships.
- The service has established good links in to local volunteering opportunities for patients/residents.
- The independent evaluation showed a decrease in A+E attendance of the intervention group and positive qualitative results: "interviews showed 'life-changing' experiences and the role of the Social Prescribing co-ordinator was key to this success". We anticipate further positive outcomes from the service as it continues to embed.
- A considerable amount of organisational learning has taken place between the provider, CCG, clinical lead and community organisations which would take a long time to replace should the provider be changed.

Contract monitoring reports are available showing that the service meets its performance targets. The recommendation to award a contract is being put forward by the Prevention workstream joint directors (Gareth Wall/Jayne Taylor) and will be formally ratified at the next Prevention workstream meeting.

The contract value (including the extension) is below the OJEU threshold for competitive tendering. CCG Standing Financial Instruction requirements for tendering (for service contracts above £50k value) can be waived with the consent of the CCG Accountable Officer or CFO.

Conclusion

The current provider is performing well and a continuation of their contract would provide stability to the service and benefits to service users. It would also ensure a solid platform for the Prevention workstream to develop and take forward its key priority of increasing self-management, with flexibility to adapt the model through standard contractual processes.

Supporting Papers and Evidence

Appendix 1: Service Specification

Sign-off

Workstream SRO: Anne Canning
London Borough of Hackney: Anne Canning, Group Director, Children, Adults and Community Health, London Borough of Hackney
City of London Corporation: Neal Hounsell, Assistant Director Commissioning & Partnerships, City of London Corporation
City & Hackney CCG: Paul Haigh, Chief Officer

APPENDIX 1: Service Specification

Service Specification No.	20131SP
Service	City and Hackney Social Prescribing Co-ordination Service
Commissioner Lead	Charlotte Painter Long Term Conditions
Provider Lead	Emel Hakki – Family Action
Period	1 October 2017 – 30 September 2019
Date of Review	NA

1. Background – National and local

The Department of Health 2007 set out their proposals for introducing information prescriptions for those with long-term conditions, to enable them to access a wider provision of services. A range of different 'prescription' schemes, such as exercise-on-prescription projects, have been established in a number of areas. This is aimed at promoting good health and independence and ensuring people have easy access to a wide range of services, facilities and activities.

The 2010 Index of Multiple Deprivation placed Hackney as the second most deprived borough in England, after Liverpool (ONS). In the City of London there is considerable variation between wards. Clear socio-economic differences remain between the Mansell Street and Middlesex Street estates in Portsoken and the wealthier Barbican estate in the northwest of the City. Hackney and the City have extremely diverse populations with diverse needs reflecting the range of places and cultures that people come from.

It is well evidenced that good health is as much a social construct as a biological characteristic and that health is created by a complicated interaction of different factors including housing, education and employment. In 2008/09 the annual cost to the NHS of patients who frequently attend a GP with medically unexplained symptoms was £3.1 billion. Social prescribing is a mechanism for linking patients, often through primary care, into social interventions to improve their health and wellbeing. This might include interventions such as exercise, art and creative opportunities, befriending and self-help, employment support or housing and debt advice.

There is a growing body of evidence for the effectiveness of social prescribing to act as a go-between mechanism between different sectors to address social need and wider health gain. Many socially isolated and marginalised groups, as well as BME communities, have often expressed a preference for support through the voluntary and community sector and social prescribing provides a process to allow primary care teams to easily refer to those services.

Strategic Aims

- Improve the equality of health care for Hackney and City of London residents;
- Ensure our health care system is affordable, of high quality and improves patient experience;
- Work with our partner commissioners and our Health and Wellbeing Boards to reduce health inequalities and improve outcomes for local people
- Develop integrated out of hospital services to mitigate the increasing cost of hospital based unscheduled care;
- Reduce the early death rates from cardiovascular and Respiratory Diseases.

	A key element of achieving this and integral to our improvement programme is developing a social prescribing scheme
2.	**Scope**

2.1 Aims and objectives of service

To develop a primary care referral social prescribing programme in City and Hackney building on existing good practice nationally and locally. The objectives of this service are:

- to enable individuals feel more in control, have improved self-esteem and confidence, and self-report an improvement in health and well-being
- to reduce social isolation
- GPs and their teams become more aware of community activities available to patients
- to support individuals to visit the GP or hospital less as they are managing /coping better
- to improve sense of community well-being – mutual support

2.2 Expected service outcomes

- a self-reported increase in knowledge of local community activities amongst City and Hackney GPs
- an increase in the number of people managing their LTC better - self-reported (GP patient survey and service collected data)
- an increase in the number of people feeling healthier and happier
- an increase in the number of people feeling less social isolated/lonely – well-being STAR or similar measure
- An increase in numbers of people accessing community activities
- In the long term this project aims to provide a process which will facilitate a reduction in the number of inappropriate GP consultations/ OOH calls and unnecessary A&E attendances.

2.3 Service description/care pathway (model of delivery attached)

This service will provide a social prescribing in the six GP Consortia areas (listed below) from 1 October 2017 to 30 September 2019.

- KLEAR Consortium
- North East Hackney Consortium
- Rainbow and Sunshine Consortium
- South West Consortium
- North West Hackney Consortium
- Well Consortium

Each GP practice in the Consortia will offer patients information on local community activities s/he is aware of and let them know about relevant opportunities.

They will also give the patient the option of a full assessment/ referral to the social prescribing co-ordinator based in a GP consortia practice.

The initial assessment with the well being co-ordinator will include, but is not limited to:

- Explanation of the social prescribing service and exploration of patient's understanding of reason for referral
- Discussion of the main areas of need
- Completion of well being star or outcomes framework as appropriate
- Discussion and signposting to relevant services and activities
- Discussion around initial patient reaction and potential barriers to attending
- Identification of other issues if any
- Need for volunteer support / befriending
- Written agreed action plan

A social prescribing follow up within 2 weeks will be required, (e.g. telephone follow-up of the patient by the wellbeing coordinator) including with those clients who fail to attend. Please see pathway attached. At the beginning and end of the client's contact with the service, the GP will receive an update outlining issues identified, recommendations made and outcomes. Social prescribing co-ordinators will report back to GP any serious concerns earlier. A well-being plan will be offered to all patients.

- each practice will work with the Voluntary Community Sector or Social Enterprise provider to decide the main activities and interventions in the social prescription menu depending on the target population and local services available
- all patients can be signposted to I-care either to look at themselves or can get support from the social prescribing co-ordinator and volunteers to access it

Each participant in the programme will leave their initial appointment with either a well being plan (from the well being star) or an action plan as agreed with the well being co-ordinator

The provider organisation will:

- Be responsible for maintaining effective referral and review processes across all GP practices to ensure the target activity is met and that reportable outcomes are achieved
- Work with GPs and GP practice staff to improve referral rates if there is low activitye.g. by hosting sessions in the reception area if appointments are underbooked
- Attend clinical meetings at host practices a minimum of twice per year and more if possible.
- Develop workforce plan across the borough allowing for fluctuating demands in service;
- Identify gaps /lack of capacity in local area to inform future commissioning plans and service re-design;
- Set up a data record/monitoring system and provide quarterly data reports; including the items on the attached proforma
- Investigate the feasibility of recording directly in the patients' EMIS record
- Ensure volunteers and befrienders are recruited, trained, supervised and managed by the service provider whilst working in the social prescribing project.
- Ensure all patients who require a volunteer or befriender are matched with one
- Feed back to referring GPs the outcomes of sessions held with clients by providing written feedback after initial appointment; after 8 weeks and/or at the close of the episode of care
- Raise awareness of the service amongst GPs and general public
- Organise and administer the quarterly project steering group

2.4 Population covered:

People registered with a City and Hackney GP

2.5 Any acceptance and exclusion criteria and thresholds

Consortia will be referring ANY patients to local activities and to the social prescribing co-ordinator who are:

- socially isolated/withdrawing
- presenting with a social problem
- struggling/not coping with management of LTC / other medical conditions, but do not require crisis intervention (may have noticed an increase in GP visits)
- asking for "low-level" non-clinical activities to help them feel better
- older isolated people not currently receiving social care
- vulnerable families with emphasis on supporting parents/carers

(vulnerable families LES and LBH troubled families service)
- people with any long term condition

2.6 Interdependence with other services/providers

- full collaboration with GP Consortia primary care teams, and practice patient participation groups
- strong working relationship with all local statutory health and social care providers
- strong working relationship with all local voluntary, community and social enterprise providers (including sub-contracting elements of the project work such as language support to them)

3. Applicable Service Standards

- Registered charitable status
- Investors in people
- Investing in volunteers

4. Information Requirements

Key performance indicators:

Activity Data:

- Ensure 90 referrals per quarter are received from each GP consortium
- For each of these referrals, a full assessment should be held with the wellbeing co-ordinator at the first appointment (within 10 days of referral)
- Monitor onward referrals made as part of a social prescription (number, services involved)
- Ensure all participants are followed up 2 weeks post initial appointment with the wellbeing co-ordinator to establish whether or not they attended the recommended activity and if so, how they would rate it, whether they would attend in the future and if not, why they didn't attend and what would have helped them.
- No. of referrals received and no of onward referrals made
- No. of clients attending initial assessment + no. of DNAs
- Provide regular awareness raising / feedback sessions to GPs via clinical / consortia meetings (at least one per consortium per month).
- Provide information and publicity materials to GPs / practice staff and any other relevant professionals and ensure that these are regularly updated

KPIs:

- 100% of clients receiving a post service client satisfaction feedback questionnaire within 2 weeks of closure of episode
- 80% of responses received from clients should report overall satisfaction with the service
- 65% of clients report an improvement in health and well being at 8 weeks
- 65% of clients report and improvement in social isolation at 8 weeks
- Please also see attached contract monitoring sheet

	Performance measure	**Threshold**	**Reporting Frequency**
NHS Outcomes Framework Domains & Indicators	**Domain 2** to ensure people feel supported to manage their long-term conditions to improve Health related quality of life for people		Quarterly

	with long –term conditions		
	Domain 4 to improve patient experience of primary care to improve access to primary care		Quarterly
Local defined outcomes	To increase the knowledge of GPs regarding local community activities in their area (self-reported)		Before and after pilot
	To increase the number of people receiving a social prescription	at least 90 per quarter per consortia	Quarterly
	To increase the number of patients reporting an improvement in health and well- being who are referred to this service		Annually
	To decrease the number of visits to A and E , outpatients and GP compared to their attendance last year in those referred to the service		Annually

5. Location of Provider Premises

The provider will be Family Action

The social prescribing coordinators(s) will be based in GP surgeries within the identified Consortium. The Identified GP consortia will provide office space.

6. Budget and Payments

Payments will be made on submission of invoice on a quarterly basis subject to satisfactory service delivery.

Title:	**Service (and budget) transfer between workstreams**
Date:	20th September 2017
Lead Officer:	Anne Canning, London Borough of Hackney (LBH) Paul Haigh, City & Hackney Clinical Commissioning Group (CCG) Neal Hounsell, City of London Corporation (CoLC)
Author:	Amaka Nnadi
Committee(s):	City Integrated Commissioning Board – 20 September 2017 Hackney Integrated Commissioning Board – 20 September 2017
Public / Non-public	Public

Executive Summary:

The integrated commissioning arrangement between the CCG and Local Authority is organised into four key priority areas work streams delivered by 4 workstreams.

At the start of the year, service budgets were mapped to workstreams in line with inclusion criteria defined by the relevant commissioning leads from each organisation. It was always noted that this exercise would be subject to amendments in year. Since the appointment of workstream directors, the workstreams have been reviewing their portfolio of services & budgets as part of the assurance process.

As such, the attached process on transfer of services from one workstream to another has been devised. The attached process was discussed with workstream directors at the Care Workstream Directors Group (CWDG) on 25th July. The proposed transfer process and form template were well received by the group with agreed suggestions at the CWDG meeting now incorporated into the version attached herewith.

Recommendations:

The Integrated Commissioning Board is asked:

- To **APPROVE** the proposed process for service transfer between workstreams

Links to Key Priorities:

The key aims and objectives of Integrated Commissioning are aligned to the delivery of priorities in the City Joint Health & Wellbeing Strategy and the Hackney Joint Health & Wellbeing Strategy.

Specific implications for City and Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Impact on / Overlap with Existing Services:

N/A

Main Report

Background and Current Position

The integrated commissioning arrangement between the CCG and Local Authority is organised into the following four key priority areas:

- ☐ Children & Young People
- ☐ Planned care
- ☐ Prevention
- ☐ Unplanned care

These key priorities are delivered by 4 workstreams established to review plans and services, identify areas for improvement and test out their potential impact for the priority areas.

At the start of the year, budgets at service level were mapped into workstreams in line with inclusion criteria defined by the relevant commissioning leads from each organisation. It was always noted that this exercise was not in final form and would be subject to amendments in year.

Since the appointment of workstream directors, the workstreams have been reviewing their portfolio of services & budgets as part of the assurance process. As such, the attached process on transfer of services from one workstream to another has been devised. The attached process has been shared with workstream directors (@ CWDG meeting of 25th July) for discussion and input. The process and form were well received by the group and all agreed suggestions are now incorporated into the version attached herewith.

The ICB is asked to approve the attached process and accompanying form template.

Supporting Papers and Evidence:

Attached: Service (and budget) transfer between workstreams paper + form

Sign-off:

London Borough of Hackney - Anne Canning
City of London Corporation – Neal Hounsell
City & Hackney CCG – Paul Haigh

Service (& budget) transfer between workstreams

Overview

Service transfer between workstreams allows ***transfer of management and reporting of*** one or more services from one workstream to another. Such transfers must be agreed between workstream leads (SROs) for management of a service to transfer from one workstream (the 'sender') to a 'receiver' workstream.

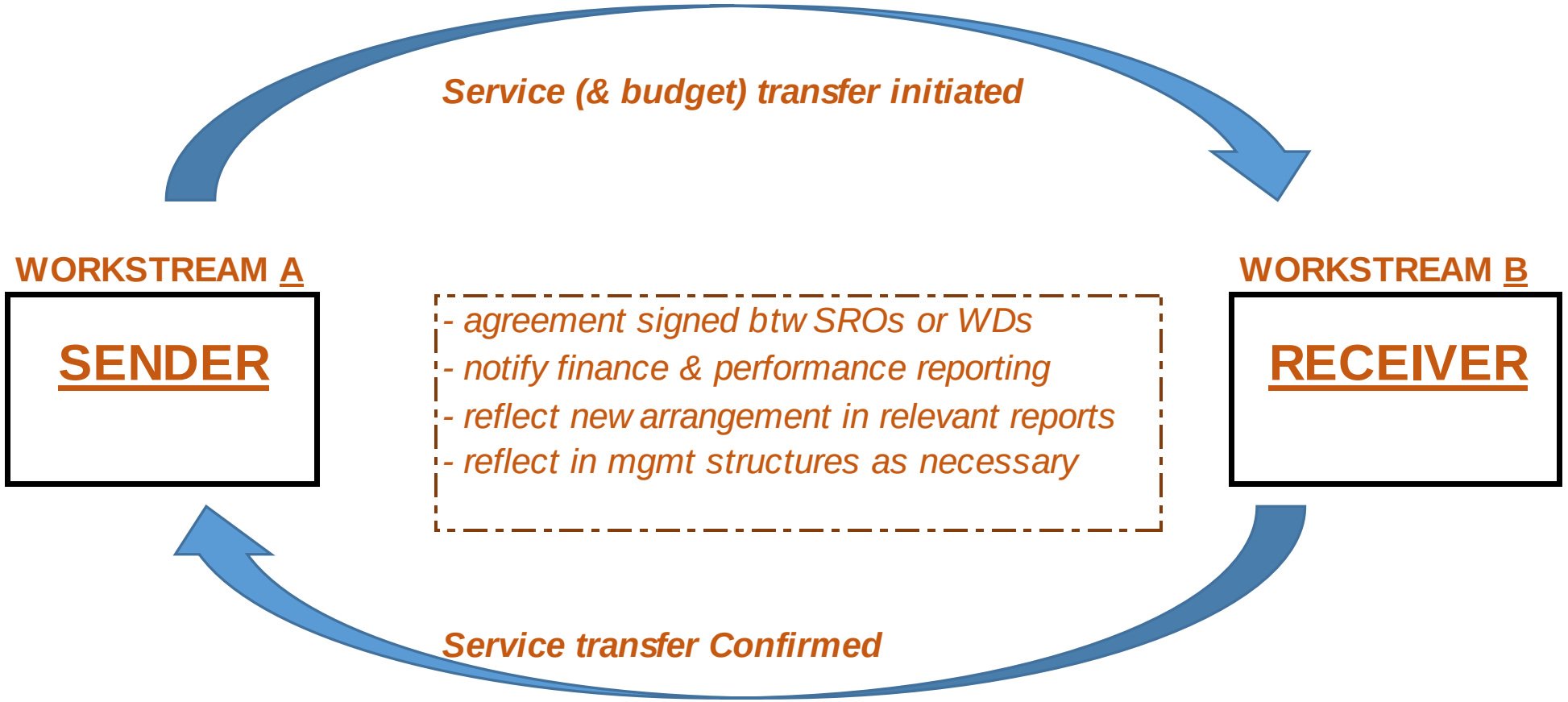
Service transfers between workstreams specifically relate to transfer of the management ***(operational & budget management)*** and reporting of the service(s) in question from one workstream to another. This differs from budget virements which involve actual budget transfers on the financial ledger from one service to another within one statutory organisation.

Key requirements:

- Any transfer must be authorised by SROs & WDs of both workstreams
- Formal documentation by way of a signed off 'Workstream Service Transfer Form' (record of this should be kept by the 'sender' & 'receiver' workstreams, as well as the finance and performance reporting teams
- Service transfers require full disclosure from 'Sender' workstream and should include transferring operational and financial risks (e.g. QIPP/savings, performance issues), projects in progress (e.g. procurement, service audits etc.) and an appropriate hand-over plan.
- Hand-over plans are to be agreed btw workstream leads and where necessary, to include an assessment of support implications e.g. the virtual team.

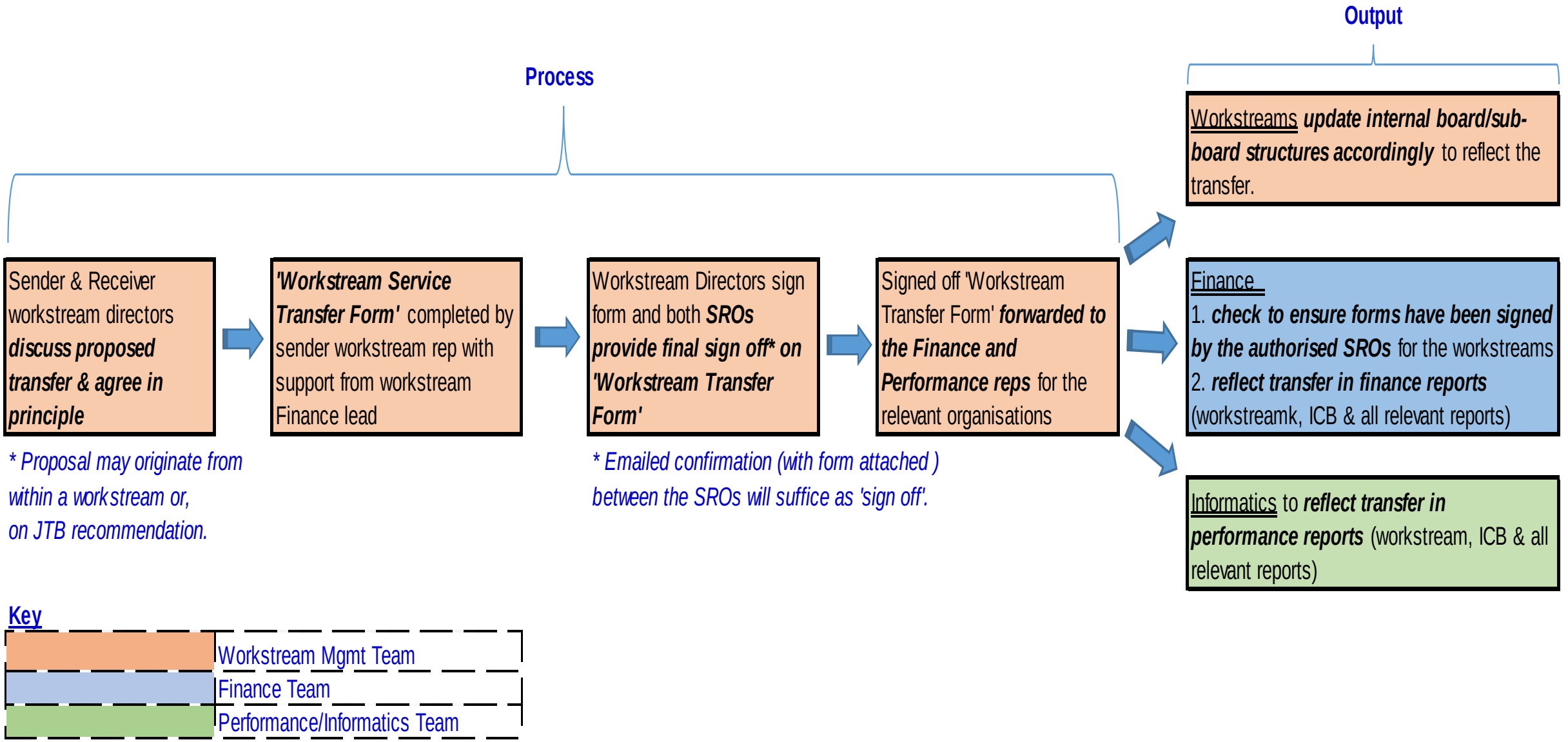
Service (&budget) transfer btw work streams: summary flow

Transfer of service between workstreams
i.e. remove service from workstream A portfolio

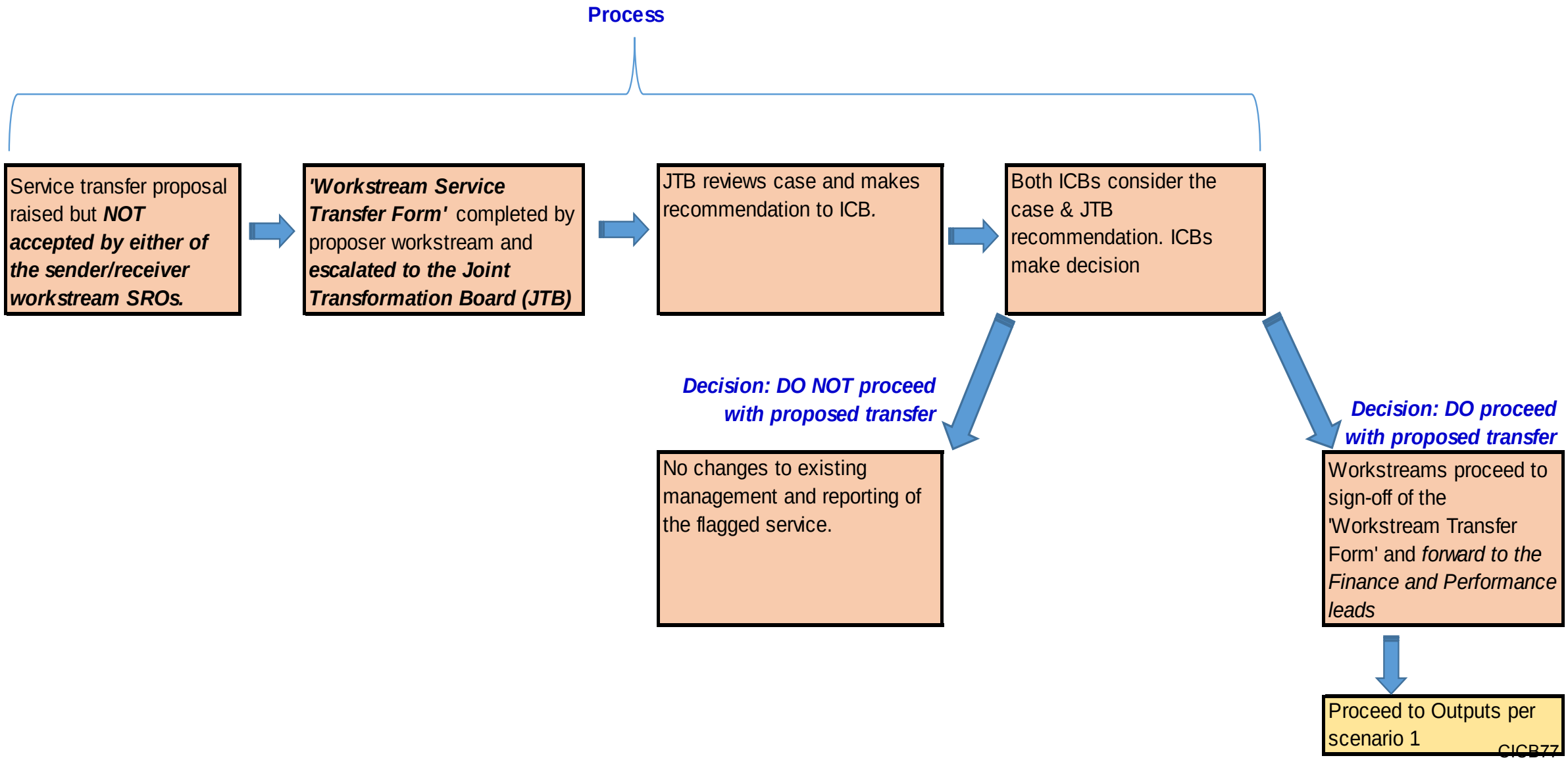


Confirm agreement to take on service (& budget) management
i.e. include service into workstream B portfolio

Process 1: Both workstreams agree to the transfer



Process 2 ‘Escalation’ : In absence of workstream agreement



Workstream Service Transfer Form

- See word document attached

Workstream service transfer form

SERVICE DETAILS AND JUSTIFICATION FOR TRANSFER
Service:
Current work stream (**SENDER) :**
Current work stream director (**SENDER**):
New work stream (**RECEIVER) :**
New work stream director (**RECEIVER) :**
Reason for transfer:
Additional Information
Effective date of change:

CONTRACT INFORMATION
Service provider:
Contract start date :
Contract end date:
Length of contract:
Notice period:
Contract reference:
Total Contract value:

FINANCIAL INFORMATION		
Ledger account code (cost center & acct code)		
Is the service recurrent of non-recurrent?		
Annual Budget (as at transfer point)		£
Year to date budget (as at transfer point)		£
Year to date spend (as at transfer point)		£
Forecast spend (as at transfer point)		£
QIPP/Saving Target		£
QIPP/Saving Target achievement (as at transfer point)		£
QIPP/Saving over/under performance against target to date		£
Detail of any financial risks/opportunities e.g. QIPP/Savings target delivery, activity over/under performance, non-recurrent budget virements, and balance sheet flexibilities (over/under accruals)		
Detail of mitigations to risk		
Detail of any operational risks to the service e.g. performance targets, quality/outcomes, provider continuity, re-structure/pathway changes		

Detail of mitigations to risk
Finance Manager sign off: Name sign date
Please ensure all changes are reflected in internal and external financial reports to reflect the transfer.

WORKSTREAM SUB BOARDS
Please list all sub-boards relating this work stream that will be impacted or need to be notified of this service management transfer (e.g. Urgent Care board, BCF, HWWB or IIT)

ADDITIONAL RISKS/ FACTORS AFFECTING SERVICE
Outstanding works/WIP (procurement, bids, etc.)

HANDOVER NOTES
Handover notes/ Further supporting information /Governance implications (e.g.workforce implications - commissioning and virtual teams):

WORKSTREAM DIRECTOR SIGN OFF	
Sender name :	date:
Receiver name :	date:
Please ensure all changes are reflected in reports and workstream board/sub-board structures to reflect the transfer.	
SRO SIGN OFF	
Sender workstream director :	date:
Receiver workstream director:	date:

Title:	**Consolidated Finance (income & expenditure) report as at July 2017 - Month 4**
Date:	20th September 2017
Lead Officer:	Anne Canning, London Borough of Hackney (LBH) Paul Haigh, City & Hackney Clinical Commissioning Group (CCG) Neal Hounsell, City of London Corporation (CoLC)
Author:	Integrated Finance Task & Finish Group CCG: Dilani Russell, Deputy Chief Finance Officer CoLC: Mark Jarvis, Head of Finance, Citizens' Services LBH: Jackie Moylan, Director – Children's, Adults' and Community Health Finance
Committee(s):	City Integrated Commissioning Board – 20 Sept 2017 Hackney Integrated Commissioning Board – 20 Sept 2017
Public / Non-public	Public

Executive Summary:

This reports on finance (income & expenditure) performance for the period from April to July 2017 across the CoLC, LBH and CCG Integrated Commissioning Funds.

Year to date or cumulative finance performance as at month 4 (July) is a reported variance of £5.3m from plan on combined pooled and aligned budgets.
[Please note the Local Authority cumulative figures do not include adjustments – accruals and prepayments].

The forecast as at month 4 is £4.1m adverse relating to the LBH position which is being driven by Learning Disabilities commissioned care packages (further outlined in the report). The risks to the position have been flagged in the risk schedule which will be updated and reported on monthly basis.

Recommendations:

The Integrated Commissioning Board is asked:

- To **NOTE** the report

Links to Key Priorities:

The key aims and objectives of Integrated Commissioning are aligned to the delivery of priorities in the City Joint Health & Wellbeing Strategy and the Hackney Joint Health & Wellbeing Strategy.

Specific implications for City and Hackney

Reported consolidated performance as at July relates to the CCG, LBH and City of London Corporation .

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A.

Impact on / Overlap with Existing Services:

N/A

Supporting Papers and Evidence:

Integrated Finance Report – Month 4

Sign-off:

London Borough of Hackney _____Anne Canning, Group Director of Children's, Adults and Community Services

City of London Corporation _____Neal Hounsell, Assistant Director of Commissioning & Partnerships

City & Hackney CCG _____Paul Haigh, Chief Officer

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 04 Year to date cumulative position

Consolidated summary of Integrated Commissioning Budgets

	Organisation	Annual Budget £000's	YTD Performance Budget £000's	YTD Performance Spend £000's	YTD Performance Variance £000's	Forecast Fcast Spend £000's	Forecast Fcast Variance £000's
Pooled Budgets	City and Hackney CCG	24,947	8,316	8,316	-	24,947	-
	London Borough of Hackney Council	LBH split between pooled and aligned not available.					
	City of London Corporation	451	108	65	43	460	(9)
Total		25,398	8,424	8,380	43	25,406	(9)
Aligned	City and Hackney CCG	365,921	119,995	119,995	(0)	365,921	(0)
	London Borough of Hackney Council	LBH split between pooled and aligned not available.					
	City of London Corporation	5,789	1,697	1,770	(73)	6,115	(326)
Total		371,710	121,692	121,764	(73)	372,036	(326)
ICF	City and Hackney CCG	390,868	128,310	128,310	(0)	390,868	(0)
	London Borough of Hackney Council	102,307	33,994	39,344	(5,350)	106,090	(3,783)
	City of London Corporation	6,240	1,805	1,834	(29)	6,575	(335)
Total		499,415	164,109	169,488	(5,379)	503,533	(4,118)

In Collab	Organisation	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Fcast Spend £000's	Fcast Variance £000's
	CCG Primary Care co-commissioning	44,183	14,065	14,065	(0)	44,183	-
Total		44,183	14,065	14,065	(0)	44,183	-

Notes:

- Unfavourable variances are shown as negative. They are denoted in brackets & red font
- ICF = Integrated Commissioning Fund – comprises of Pooled and Aligned budgets

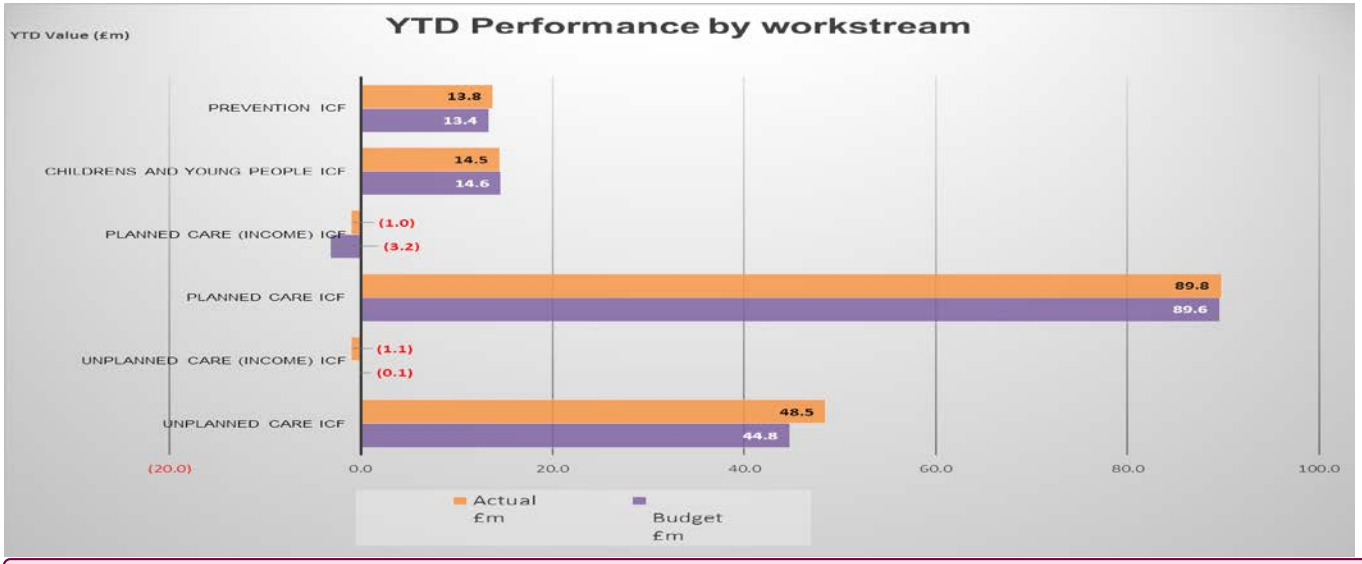
Summary Position at Month 04

- The reported position for the Integrated Commissioning Fund at Month 04 (July) is £5.4m adverse with a forecast variance of £4.1m adverse at year end.
- Driving the forecast position is LBH, which is forecasting a £3.8m overspend for the year (3.7% of total budget). The adverse position relates to Learning Disabilities commissioned care packages.
- The CoL forecast budget is also over spent by £335k (5% of total net budget) however this overspend is expected to be met by a request for additional ASC funding and Public Health reserves
- The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF) including the Integrated Independence Team (IIT) and Learning Disabilities.
- At present LBH budgets are not split between pooled and aligned due to the fact that pooled funds are contributing to towards the services in aligned funds.

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

Integrated Commissioning Budgets – Performance by workstream

WORKSTREAM	Annual Budget £m	YTD Performance Budget £m	YTD Performance Actual £m	YTD Performance Variance £m	Forecast Fcast Spend £000's	Forecast Fcast Variance £m
Unplanned Care ICF	133.9	44.8	48.5	(3.8)	136.9	(3.1)
Unplanned Care **(income)** ICF	(0.4)	(0.1)	(1.1)	0.6	(3.5)	3.1
Planned Care ICF	269.6	89.6	89.8	(0.2)	279.4	(9.8)
Planned Care **(income)** ICF	(9.5)	(3.2)	(1.0)	(2.1)	(14.5)	5.0
Childrens and Young People ICF	43.9	14.6	14.5	0.1	43.6	0.3
Prevention ICF	40.8	13.4	13.8	(0.4)	40.9	(0.1)
All workstreams	**478.3**	**159.1**	**164.6**	**(5.8)**	**483.0**	**(4.7)**
Corporate services	20.1	4.7	4.5	0.2	19.4	0.6
L ocal Authorities (DFG Capital and CoL income)	1.0	0.3	0.4	(0.1)	1.1	(0.1)
Not attributed to Workstreams	**21.1**	**5.0**	**4.9**	**0.1**	**20.6**	**0.6**
Grand Total	**499.4**	**164.1**	**169.5**	**(5.6)**	**503.5**	**(4.1)**



Performance by Workstream.

- The report by workstream combines 'Pooled' and 'Aligned' services but excludes chargeable income .CCG corporate services is also shown separately as they are not attributable to any workstreams.

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

City and Hackney CCG – Position Summary at Month 4

	ORG	WORKSTREAM	Annual Budget	YTD Performance Budget £000's	YTD Performance Spend £000's	YTD Performance Variance £000's	Forecast Fcast Spend	Forecast Variance £000's
Pooled Budgets	Commissioned	Unplanned Care	18,738	6,246	6,246	0	18,738	0
		Planned Care	6,189	2,063	2,063	0	6,189	0
		Prevention	20	7	7	0	20	0
		Childrens and Young People	0	0	0	0	0	0
	Pooled Budgets Grand total		24,947	8,316	8,316	0	24,947	0
Aligned	Commissioned	Unplanned Care	107,833	36,196	36,032	165	107,837	(4)
		Planned Care	190,339	63,191	63,668	(478)	191,244	(905)
		Prevention	3,745	1,248	1,248	(0)	3,745	(0)
		Childrens and Young People	43,910	14,626	14,530	96	43,648	262
		Corporate and Reserves	20,096	4,734	4,516	218	19,448	647
	Aligned Budgets Grand total		365,921	119,995	119,995	(0)	365,921	(0)
SUBTOTAL OF POOLED AND ALIGNED			**390,868**	**128,310**	**128,310**	**(0)**	**390,868**	**(0)**
In Collab		Primary Care Co-commissioning	44,183	14,065	14,065	(0)	44,183	0
GRAND TOTAL OF POOLED, ALIGNED & PRIMARY CARE CO-COMMISSIONING			435,051	142,375	142,375	(0)	435,051	(0)
CCG Total Resource Limit			(465,249)					
SURPLUS			(30,198)					

Primary Care Co-commissioning

- Primary Care Co- commissioning services passed on to the CCG on 1 April 2017 with a budget of £43.9m. At M04 there is small adverse variance of £0.06m due to list cleansing for Q1, this position was mitigated by the dedicated reserves in the allocation.
- At Month 04, the budgets are based on 1st April 2017 list sizes. Work is currently underway to estimate the additional costs in property charges (included as a potential financial risk in risk slide). Any variation to plan will be factored into the forecast outturn position once quantified.

- At Month 04 the CCG is reporting a year to date break even position .
- **Pooled budgets** reflect the pre-existing integrated services of the Better Care Fund (BCF) including the Integrated Independence Team (IIT), Learning Disabilities. Spend here is to plan.
- **Aligned budgets**: The Planned Care workstream is reporting an overspend of £478k. This is being driven by overspends in Continuing Health Care and Funded Nursing Care (FNC) which report an adverse variance of £337k (71% of the total overspend) and is a result of increases in patient numbers. The forecast of £0.9m over spend includes a reduction in Fast Track packages through closure but a includes a counter increase in Adult Physical Disabilities
- Unplanned Care is over spent across a number of the Acute lines YTD but is being managed to date via unallocated acute budgets.
- Corporate (Running Cost Allowance - RCA) underspends and reserve funding are off setting overspends at an organisational level, however total workstream budgets are adverse in the year to date.

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

City of London Corporation – Position Summary at Month 4

				YTD Performance			Forecast	
Pooled Budgets	ORG Split	WORKSTREAM	Annual Budget	Budget £000's	Spend £000's	Variance £000's	Fcast Spend	Variance £000's
	Commissioned & *DD	Unplanned Care	65	13	3	10	65	-
		Planned Care	208	37	-	37	208	-
		Prevention	178	58	62	(3)	187	(9)
		Childrens and Young People	-	-	-	-	-	-
Pooled Budgets Grand total			451	108	65	43	460	(9)

Aligned Budgets	ORG Split	WORKSTREAM	Annual Budget	Budget £000's	Spend £000's	Variance £000's	Fcast Spend	Variance £000's
	Commissioned & *DD	Unplanned Care	208	-	-	-	208	-
		Planned Care	3,850	1,310	1,234	77	3,968	(118)
		Prevention	2,002	454	573	(119)	2,126	(124)
		Childrens and Young People				-	-	-
		Non - exercisable social care services (income)	(271)	(68)	(37)	(31)	(188)	(83)
Aligned Budgets Grand total			5,789	1,697	1,770	(73)	6,115	(326)
Grand total			**6,240**	**1,805**	**1,834**	**(29)**	**6,575**	**(335)**

* DD denotes services which are Directly delivered .

- It should be noted that overspends relating to Public health will be met by the public health reserve at the end of the financial year, this has been reflected in the forecast.
- The adverse forecast position includes a 46% shortfall against the chargeable income projections.
- **Note**: Local Authority YTD position does not include accruals and prepayments. Commentary is provided on the forecast outturn position (which takes into account any timing differences).

- At Month 04 the CoLC reports an overspend of £29k.
- Pooled budgets are under spent by £43k attributable to BCF services - Mental Health reablement/floating support worker, and the Care Navigator Service
- Aligned are over spent by £73k. This is being driven by the Prevention workstream - £119k adverse as a result of pressures on the adult social care budget (largely driven by the cost of home care), along with increased contract costs for the public health service. The public health pressure follows expanded use of existing services. A request for additional funding to cover the overspend is to be made.
- In addition, there has been a broadening of the substance misuse and healthy weight / exercise services that are being offered and taken up by City residents. This is impacting the year end forecast variance of £335k adverse.

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

London Borough of Hackney – Position Summary at Month 4

						YTD Performance			Forecast	
	ORG Split	WORKSTREAM	Total Annual Budget £000's	Pooled Annual Budget £000's	Aligned Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Fcast Spend £000's	Variance £000's
Pooled and Aligned Budgets	Commissioned & *DD	LBH Capital BCF (Disabled Facilities Grant)	1,299	1,299	-	325	396	(71)	1,299	-
		LBH Capital subtotal	1,299	1,299	-	325	396	(71)	1,299	-
		Unplanned Care (including income)	6,632	1,593	5,039	2,211	5,202	(2,991)	6,625	7
		Planned Care (including income)	59,509	22,640	36,869	19,836	21,837	(2,000)	63,299	(3,790)
		Prevention	34,867	-	34,867	11,622	11,909	(287)	34,867	-
		LBH Revenue subtotal	101,008	24,233	76,775	33,669	38,948	(5,278)	104,791	(3,783)
Grand total			**102,307**	**25,532**	**76,775**	**33,994**	**39,344**	**(5,350)**	106,090	(3,783)

* DD denotes services which are Directly delivered .

102,307

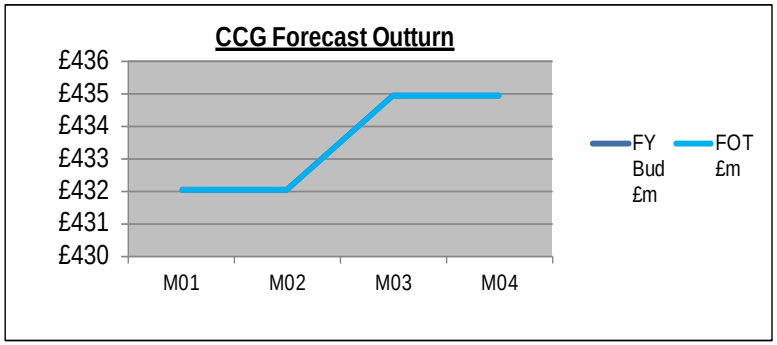
- At Month 04 LBH reports a forecast overspend of £3.8m
- Pooled budgets reflect pre-existing integrated services (BCF including Integrated Independence Team, and Learning Disabilities).
- Planned Care is forecast to overspend by £3.8m.
- This is driven by an overspend in Learning Disabilities of £4.5m due to undelivered savings from previous years (£3m) and increases in the complexity of client needs resulting in higher cost packages.
- Management actions through the implementation of initiatives such as the Care Funding Calculator (CFC) will seek to mitigate some of this pressure.
- The Learning Disabilities overspend is partially offset by forecast underspends elsewhere within Planned care (Provided Services) services reducing the overall overspend to £3.8m

- Public Health, which represents the totality of LBH budgets within the Prevention workstream is forecasting a breakeven position.
- The delay in implementation of Telecare charging coupled with the undelivered savings to date in Housing Related Support are being partially offset by one off additional income.
- **Note**: Local Authority YTD position does not include accruals and prepayments so do not provide a full view of the variances thus, no commentary will be provided on these numbers. Commentary is provided on forecast outturn position which includes prepayments and accruals.

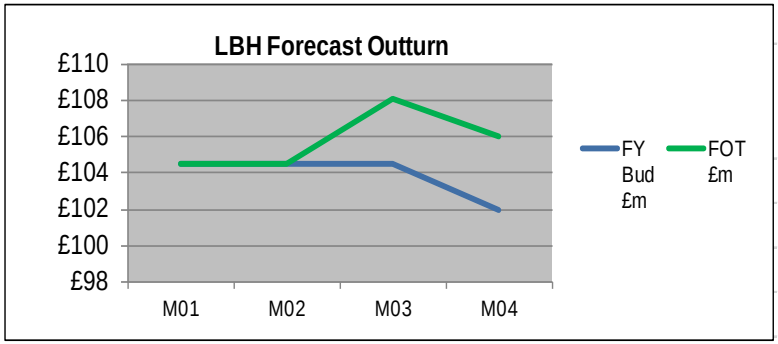
Accruals are included in the CCG YTD and forecast position , however they are only included in the forecast position of LBH and CoLC.

Forecast Run Rate at Month 04

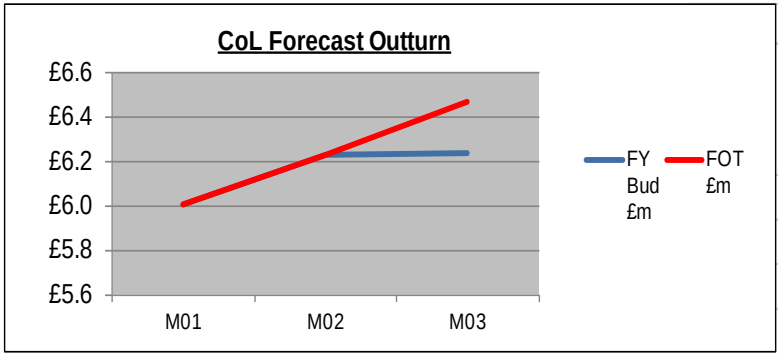
City and Hackney CCG Forecast Summary			
Month	FY Bud £m	FOT £m	FOT Variance £m
M01	432.0	432.0	-
M02	432.0	432.0	-
M03	434.9	434.9	-
M04	434.9	434.9	



London Borough of Hackney Forecast Summary			
Month	FY Bud £m	FOT £m	FOT Variance £m
M01	104.5	104.5	0.0
M02	104.5	104.5	0.0
M03	104.5	108.1	(3.5)
M04	102.0	106.0	(4.0)



City of London Forecast Summary			
Month	FY Bud £m	FOT £m	FOT Variance £m
M01	6.0	6.0	0.0
M02	6.2	6.2	0.0
M03	6.2	6.5	(0.2)
M04	6.2	6.6	(0.3)



- At Month 04 the CCG is forecasting a breakeven position at year end.
- At Month 04 LBH is forecasting a £3.6m adverse position at year end. This is being driven by Learning Disabilities commissioned care packages. Mitigating actions are being undertaken by management to reduce the overspend, which is largely underpinned by unmet savings targets in previous years. The budgets are reported net of savings.
- At Month 04 the CoLC is forecasting an adverse position of £0.3m for year end due to in creasing cost of homecare and a 31% shortfall against the income target.

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

Risks and Mitigations Month 4 - City and Hackney CCG

Ref:		Description	Risks/ (Opps) £'000	Prob. %	Adj. Recurrent £'000	Adj. Non Recurrent £'000	Narrative
1	Risk	Homerton Acute performance	1,500	35%	525	0	Gross position based on historic trend. Net risk based on the trend relating to claims and challenges.
2		Homerton Identification Rule (IR) changes	1,700	0%	0	0	Potential estimate for impact of Identification Rule changes relating to high cost drugs within the Homerton acute portfolio.
3		Bart's Acute performance	2,000	43%	860	0	Gross position reflects over-performance risk and possible NHSE disputed misattribution.Net risk based on the trend relating to claims and challenges.
4		Outer sector - Acute performance	2,100	15%	315	0	Increased NCL provider over-performance risk contained by reserves
5		Non-Contracted Activity (NCA) performance	500	20%	100	0	Gross position reflects uncertainty of costs, including mental health choice, resulting in a recognised cost pressure.
6		Continuing Healthcare, LD & EOL	2,500	24%	600	0	Risk relating to activity increase above plan, high cost patients packages and service provision. Gross risk high given worsening 2016/17 trends and increased FNC tariff pressure.
7		Non Acute performance	1,000	3%	30	0	Non acute cost pressure across the portfolio.
8		Programme Costs	1,000	0%	0	0	Possible in-year non-recurrent costs in support the integrated commissioning programme and other non-recurrent schemes
9		Property Costs	700	0%	0	0	Property services potential cost pressure
10		Non Recurrent Investment Cost Pressure	3,600	69%	0	2,470	Underwriting NR investment programme, dispute resolution and other pressures
11		Primary Care - Rent Revaluation	750	0%	0	0	Consequence of retrospective rent increases in 2017/18.
12		Primary Care - Rates	250	0%	0	0	Consequence of increased rateable value on properties in 2017/18
13		QIPP Under Delivery	900	30%	270	0	Potential under-delivery for schemes within the Operating Plan phased on a year to go basis.
Total Risks			**18,500**	**28%**	**2,700**	**2,470**	
1	Opps	Acute contract Claims and Challenges	(2,000)	85%	(1,700)	0	Based on historic trend.
2		Acute Reserves	(458)	70%	(320)	0	Release of reserve to offset activity pressures.
3		Contingency (0.5%)	(2,200)	0%	0	0	Release of contingency.
4		Prescribing	(500)	30%	(150)	0	Historic trend indicating possible underspend in 2017/18
5		Running Costs	(1,400)	43%	(600)	0	Additional headroom declared to contain non acute pressures and QIPP delivery on a year to go basis
7		Prior year Items	(4,000)	60%	0	(2,400)	Opportunities arising from settlement of disputed items, accruals etc. invoices provided for in prior year resulting in an upside available 2017/18.
8		Non Recurrent Investment slippage	(500)	0%	0	0	Reviewed and risk assessed with position contained at month 3
6		QIPP Over Delivery	(500)	0%	0	0	Expectation is minimum on-plan delivery of £5.0m QIPP declared in the Operating Plan.
9		QIPP - new schemes / CEP Programme	(1,400)	0%	0	0	QIPP in addition to the £5.0m recognised within the Operating Plan, to be ring-fenced and deployed on a year to go basis as directed by NHSE.
Total Opportunities			**(12,958)**	**40%**	**(2,770)**	**(2,400)**	
					(70)	**70**	
					Net Underlying Forecast Outturn	**(0)**	
					Net Cumulative Brought Forward surplus	**(30,198)**	
					Headline Forecast Outturn Cumulative	**(30,198)**	

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Risks and Mitigations Month 4 - City of London Corporation

City of London Corporation

Risks	Full Risk Value £'000	Probability of risk being realised %	Potential Risk Value £'000	Proportion of Total %
TOTAL RISKS	0	0	0	0

Mitigations	Full Mitigation Value £'000	Probability of success of mitigating action %	Expected Mitigation Value £'000	Proportion of Total %
Uncommitted Funds Sub-Total	0	0	0	0
Actions to Implement				
Actions to Implement Sub-Total	0	0	0	0
TOTAL MITIGATION	0	0	0	0

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

Risks and Mitigations Month 4 - London Borough of Hackney

London Borough of Hackney

Risks	Full Risk Value £'000	Probability of risk being realised %	Potential Risk Value £'000	Proportion of Total %
Pressures remain within Planned Care (mainly Learning Disabilities Commissioned care packages) as mitigating actions are unlikely to have significant impact in this financial year	3,783	100%	3,783	100%
TOTAL RISKS	**3,783**	**100%**	**3,783**	**100%**

Mitigations	Full Mitigation Value £'000	Probability of success of mitigating action %	Expected Mitigation Value £'000	Proportion of Total %
Management actions through the implementation of initiatives such as the Care Funding Calculator (CFC) will seek to mitigate some of this pressure this financial year.	TBC	TBC	TBC	TBC
Review one off funding	3,783	100%	3,783	100%
Uncommitted Funds Sub-Total	**3,783**	**100%**	**3,783**	**100%**
Actions to Implement				
Actions to Implement Sub-Total	**0**	**0**	**0**	**0**
TOTAL MITIGATION	**0**	**0**	**0**	**0**

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

Integrated Commissioning Fund – Savings Performance Month 4

City and Hackney CCG

- The recurrent QIPP savings of £5m have been removed from the respective budget ,therefore the budgets reported are net of QIPP.
- The CCG has identified an additional QIPP of £1.4m which is over and above the £5m target is not reflected in the M4 position as advised by NHSE.
- QIPP reported at M4 is FOT of £4.93 million against a plan of £5m. There are a number of schemes where delivery of savings is not yet secured and the reporting position includes a mitigated balance derived from budget underspends.
- The full year forecast has been reported to under deliver by £(0.07)m. Weekly QIPP delivery meetings are the platform to address slippage and identify mitigations.
- Progress of monthly QIPP is expected to rise from August onwards as schemes become live and acute based schemes gain traction.
- There is some risk around the achievement of the £5m stretch target (see mitigations table).

London Borough of Hackney

- LBH has agreed saving of £3.5m for 2017/18 (this includes delayed telecare charging implementation from 2016/17 of £0.3m).
- We anticipate that we will deliver £3.0m for 2017/18.
- Agreed savings of £1,062k from Housing Related Support. The savings achieved to date are £724k so there is a pressure in this area of £338k which is partly offset by additional income.
- Telecare (£0.3m) charging agreed as part of the 2016/17 savings, has been delayed due to issues with the previous provider. The service is now working with a new provider and it is anticipated that the charging will not be implemented until the 2018/19 financial year.

City of London Corporation

- The CoLC have not identified a saving target to date for the 2017/18 financial year.

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

NHS City & Hackney Clinical Commissioning Group, London Borough of Hackney and City of London Corporation Integrated Commissioning Transformation Board

Meeting of 11 August 2017

ATTENDENCE

Members

Tim Shields - Chief Executive, London Borough of Hackney (Chair)

Kim Wright - Group Director of Neighbourhoods and Housing- London Borough of Hackney

Ian Williams - Chief Finance Officer, London Borough of Hackney

Philippa Lowe – Chief Finance Officer, City & Hackney CCG (C&HCCG)

Penny Bevan, Director of Public Health, LBH and CoLC

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

Jon Williams – Director, Hackney Healthwatch

Janine Aldridge – City of London Healthwatch

Tracey Fletcher – Homerton University Hospital NHS Foundation Trust Chief Officer

Neal Hounsell - Assistant Director Commissioning & Partnerships, City of London Corporation

Simon Galczynski - Director of Adult Services- London Borough of Hackney

Stephanie Coughlin, GP Confederation

David Maher, Deputy Chief Officer, C&HCCG

Angela Scattergood - Head of Early Years- London Borough of Hackney

Nigel Wylie - CHUHSE Chief Officer

Krishna Maharaj – Hackney VCS

Catherine Macadam - CCG Lay member for PPI Mark Jarvis - Chief Finance Officer, City of London Corporation

In Attendance

Devora Wolfson – Integrated Commissioning Programme Director

Matt Hopkinson – Integrated Commissioning Governance Manager, City & Hackney CCG

Anna Garner – Head of Performance and Alignment, City & Hackney CCG

Anita Ghosh – Programme Manager – IT Enabler Health and Social Care Record Programme

Rozalia Enti – Assistant Director, Medicines Management, City & Hackney CCG

Lisa McCabe - Communications Manager, City & Hackney CCG
Richard Bull – Primary Care Programme Director, City & Hackney CCG
Ellie Ward – Integration Programme Manager, City of London Corporation

APOLOGIES

Clare Highton – Governing Body Chair, City & Hackney CCG
Paul Calaminus - East London NHS Foundation Trust Chief Operating Officer
Martin Kuper - Homerton University Hospital NHS Foundation Trust Medical Director
Vanessa Morris - Representative nominated by Hackney Community and Voluntary sector
Victoria Holt – CHUHSE Medical Director
Chris Pelham - Assistant Director People – City of London Corporation
Laura Sharpe - City & Hackney GP Confederation Chief Officer
Deborah Colvin - City & Hackney GP Confederation Medical Director
Paul Haigh – Chief Officer, C&HCCG
Richard Fradgley - East London NHS Foundation Trust Director of Integration
Raj Radia - Local Pharmaceutical Committee Chair

1. Introduction

1.1. The Chair welcomed members to the meeting and made note of apologies received.

2. Register of Interests

2.1. The Board **NOTED** the Register of Interests. No conflicts of interest were raised in respect of items on the agenda.

3. Minutes of Transformation Board Meeting, 14 July 2017

3.1. The minutes were **APPROVED** as an accurate record of the meeting.

4. Action Log

4.1. The Board **NOTED** the updates to the action log.

4.2. The Board briefly discussed the plans for developing the Accountable Care System (ACS) over the coming months following the initial development session with Chris Ham of the Kings Fund in July. The Board noted that

providers need to be involved and that they need to understand the issues which relate to them, and to have a forum where they can voice and discuss their concerns. Devora Wolfson reiterated that the ACS will only succeed if it is co-authored by a broad partnership, but that there will be separate streams of work for some time and this will require close dialogue and a shared vision.

5. Right Care Business Cases

Falls

5.1. Anna Garner presented a report on work carried out to identify areas for focus, to map current need and services for falls patients and identify potential areas for improvement. City and Hackney have a comparatively high admissions rate on falls.

5.2. The Unplanned Care Board has decided to establish a falls oversight group to align the existing work and assess impact of existing services and look at reasons for continued high admissions. The improvement opportunities have been put into the logic model format; linking outputs and patient outcomes with planned activities. Opportunities include reviewing falls-prevention contracts, pathways, communications with the London Ambulance Service and telecare follow-up. Plans are due to be submitted to NHS England in September.

5.3. **ACTION TB1708-1:** To include financial impact within the outputs section in the next iteration of the report to the ICB. (Anna Garner)

5.4. The Board noted that the local authorities have a significant role to play in relation to falls. Some of the more innovative approaches, for example, involve the Fire Service. It would be worthwhile to take a system-wide view and review best practice (including learning from impact of previous work and existing falls groups). There is a Falls sub-group being established within the Unplanned Care workstream, which will seek a broad membership including local authorities. It was suggested that consideration should be given to linking in with this sub-group.

5.5. **ACTION TB1708-2:** To ensure that Right Care work on Falls ties in with work being carried out by the Unplanned Care workstream sub-group. (Anna Garner)

5.6. The Transformation Board **NOTED** the proposals for activities to improve care of people who fall in City and Hackney and **ENDORSED** the activities and logic model overall to be submitted to NHS England as part of CCG's RightCare responsibilities**.**

Respiratory Disease

5.7. Anna Garner presented the draft RightCare business care on respiratory disease, which proposed actions across a number of priority areas as identified and costed by the City & Hackney Respiratory Board as part of a programme which will form part of the Prevention workstream.

5.8. The Board reviewed the paper and raised a number of key points.

5.9. **ACTION TB1708-3:**

- To discuss the focus of the pulmonary rehab priority area to include children as well as adults. (Anna Garner / Angela Scattergood)
- To amend the content on priority 2 (Increased Asthma and COPD diagnoses) in the paper to make specific reference to increasing primary care resource. (Anna Garner)
- To specify 'improvements identified in the priority areas and to identify cost saving implications and quantify savings relating to each priority area (Anna Garner)

5.10. The Transformation Board **AGREED** that the Respiratory Disease business case should be brought back to the meeting on 8 September for endorsement, with amendments to reflect the Board's comments.

6. 2016/17 CCG Improvement and Assessment Framework (IAF) Dashboard

6.1. Anna Garner reported that the CCG had received an overall rating of 'Good' on the most recent dashboard assessment. A rating of 'Inadequate' was received on the 62 day cancer target, and a recovery plan on cancer would be brought back to the next meeting of the Board.

6.2. **ACTION TB1708-4:** To provide Kim Wright with details regarding poor performance on progress against the workforce race inequality standard. (Anna Garner)

6.3. The Transformation Board **NOTED** the report.

7. Items which should not routinely be prescribed in primary care: A Consultation on Guidance for CCGs

7.1. Rozalia Enti reported on the national consultation on plans for NHSE to support the effective use of prescribing resources. A list of medicines of limited value (MOLV list) was agreed across North East London in September 2016, but further work on this was temporarily suspended until the national position was established. Following publication of the national consultation,

local engagement was being carried out with local clinicians, residents and service users, as well as the East London Health and Care Partnership medicines optimisation workstream.

7.2. Stephanie Coughlin noted that restriction of certain over-the-counter products would be a sticking point for patients and could provoke a negative backlash; messaging would have to be handled carefully to avoid this. Rozalia Enti responded that this had been discussed at the PPI Committee, whose members had pressed for consideration to be given to vulnerable groups. It was noted that there is a minor ailments scheme in City and Hackney which provides an alternative means of accessing such products, through community pharmacy.

7.3. **ACTION 1708-5:** To include in the feedback to the national consultation that account should be taken of regional variation in population demographics. (Rozalia Enti)

7.4. The Transformation Board:

- **NOTED** the recommendations in the national consultation;
- **ENDORSED** the current plan by the Prescribing Programme Board for engaging with local stakeholders as outlined in the report; and
- **ENDORSED** the proposal that the outcome of local engagement is fed back to the Transformation Board and for recommendations to be made to the Integrated Commissioning Board.

8. IT Enabler Group Update (including Primary Care IT)

8.1. Anita Ghosh provided an update on the current position for the IT enabler programme and set out the plan for £2.5m investment to support the City & Hackney transformation programme, with a timeline for the remainder of 2017/18.

8.2. Neal Hounsell asked that future reports should be very clear on specific implications for City and for Hackney separately, as, for example, the iCare project was Hackney-only.

8.3. It was noted that plans have been taken to the Patient User Engagement Group and there is a wider, North-east London public engagement event being planned for October or November.

8.4. Richard Bull presented an update on the Primary Care Quality Board's GP IT programme, which encompassed a number of initiatives relating to digital solutions to improve patient access to GP services and self-care resources, while facilitating more efficient use of practice capacity.

8.5. **ACTION 1708-6:** To share City & Hackney Health App timeframe with the

Transformation Board members. (Richard Bull)

8.6. The Transformation Board:

- **AGREED** that IT Enabler should include known digital strategic initiatives (e.g. iCare) to ensure overall alignment;
- **AGREED** the proposed timetable set out in section 5 of the paper;
- **ENDORSED** the plan for the £2.5m IT Enabler investment for the City and Hackney joint transformation programme (Appendix 1); and
- **NOTE** the update on Primary Care IT.

9. Communications & Engagement Enabler Group Update

9.1. Catherine Macadam reported on proposals that the group should be split into two groups, one focused on communications and the other on engagement. The two groups would meet consecutively and in common, where necessary, to ensure continuity. The terms of reference for the two groups were presented for approval.

9.2. It was reported that public representatives have now been appointed to all four care workstreams in collaboration with Workstream Directors and SROs. The goals is to have two representatives in each workstream and to ensure they are well supported in carrying out their roles.

9.3. Catherine Macadam also gave an update on the co-production conference, which had taken place on 6 July and was felt to have been very successful.

9.4. The Transformation Board:

- **APPROVED** the terms of reference for the Integrated Commissioning Engagement Enabler Group
- **APPROVED** the terms of reference for the Integrated Commissioning Communications Group.
- **NOTED** appointment of Care Workstream Public Representatives & support programme
- **NOTED** the Summary Report of the Coproduction Conference

10. CEPN Enabler Group Update

10.1. Stephanie Coughlin gave an update on the current position for the City & Hackney CEPN programme and proposed next steps aimed at developing a collaborative approach with the care workstreams to enable and to drive system change and new models of care. This would be in line with governance

arrangements set out by the Transformation Board and based on four guiding principles.

10.2. Catherine Macadam observed that there is a need for patients and public to be engaged in development, as changes to workforce will ultimately have outcomes effecting how services are delivered.

10.3. **ACTION 1708-7:** To have an offline discussion about an appropriate patient/public involvement representative coming to the CEPN development session in September (Catherine Macadam / Gita Malhotra)

10.4. The Transformation Board :

- **APPROVED** the workforce enabler proposed guiding principles for workstreams and its own programme of work;
- **APPROVED** the release of £42,000 from Tranche 2 workforce resource for enabler project support; and
- **NOTED** the range, remit and scope of the City & Hackney CEPN and Terms of Reference.

11. Unplanned Care Business Case

11.1. Tracey Fletcher introduced the business case, which sought the release of £174,643 from previously identified funding streams, to fund the establishment of a number of discrete project groups to deliver the workstream priorities between 2017/18. The money would fund recruitment costs, remuneration of clinical staff and project management support. Further requests are likely to be submitted in the future months as project plans mature and any additional resource and non-pay costs become evident.

11.2. It was noted that the cover paper referred to a funding total of £402k. This figure actually referred to the total identified funding streams for unplanned care, which the business case only referred to the £174.6k itemized in the paper.

11.3. Members noted that partners are at a key point in the mobilising of projects, and without the release of funds the workstreams would stall.

11.4. Neal Hounsell voiced reservations about the principle of paying for clinical sessions. Tracey Fletcher reminded the Board that this investment was being made with the intention of creating larger savings over and above the level of investment, and that clinicians are putting in a lot of input beyond the sessions outlined in the budget.

11.5. The Transformation Board **ENDORSED** the release of £174,642.8 to support

the Unplanned Care workstream as set out in the paper.

12. Integrated Commissioning Evaluation Specification

12.1. The Transformation Board **NOTED** the aims, objectives and proposed process for evaluation of the Integrated Commissioning programme and **NOTED** the timetable for evaluation and the criteria for selection of an evaluation provider.

13. Integrated Finance Report

13.1. The Transformation Board **NOTED** the integrated finance report for Month 3 of the current financial year.

14. Feedback from Integrated Commissioning Board meetings 2 August 2017

14.1. There were no specific points raised.

15. Any Other Business

15.1. Tracey Fletcher reported that at present, formal responsibility for the A&E Delivery Board is with the now defunct Devolution Board, though the Urgent Care Board has been assuming that responsibility in the interim. It was proposed that the Unplanned Care Workstream Board should assume this formal responsibility, and that its Terms of Reference should be updated to reflect this.

15.2. The Transformation Board **APPROVED** the transfer of responsibility for oversight of the A&E Delivery Board to the Unplanned Care Workstream Board.

Title:	**Joint Community Grants Scheme (City and Hackney Innovation Fund and Healthier Hackney Fund)**
Date:	Integrated Commissioning Boards, 20 September 2017
Lead Officer:	David Maher (overseeing Director, CCG) , Eeva Huoviala (CCG), Matt Clack (LBH)
Author:	Eeva Huoviala
Committee(s):	This proposal has been / will be discussed at the following meetings and committees: • For information, discussion and feedback at City and Hackney CCG Patient and Public Involvement Committee (June 2017 and September 2017) • For information and discussion at City and Hackney CCG Involvement Alliance planning meeting (July 2017) • For approval at City and Hackney CCG Prioritisation and Investment Committee (July 2017) - proposal approved • For approval at City and Hackney CCG Governing Body Meeting (July 2017) – proposal approved • For approval at LBH Public Health senior management team (July 2017) – proposal approved • For approval at the Prevention Workstream Core Leadership Group (September 2017) – proposal supported by the group • For approval at the Planned Care Workstream meeting (Sept 2017) • For approval at Unplanned Care Workstream meeting (Sept 2017) • For information at City and Hackney Transformation Board Meeting (September 2017) • For information at City and Hackney Integrated Commissioning Board meetings (September 2017)
Public / Non-public	The contents of this report can be made public

Executive Summary:

The purpose of this paper is to provide the Transformation Board and Integrated Commissioning Board members with information about the proposed joint community grants scheme, bringing together City and Hackney CCG Innovation Fund and London Borough of Hackney's Healthier Hackney Fund.

The proposal is to pool the funding (£250,000 from each organisation) that has been allocated for the two funds to run in 2017/18 (application process) and 2018/19 &2019/20 (delivery) allowing the organisations to deliver a joint community grants scheme aligned to local health priorities and the four Integrated Commissioning workstreams.

The scheme will cover both City and Hackney and benefit residents living in both areas. City of London Corporation are involved in the planning and will be represented throughout the process, including scoring applications and making funding decisions. The fund will be open to groups from across the two geographical areas and targeted work will take place to ensure we receive applications from City based community and voluntary sector groups. Discussions are also taking place around the Corporation's closer financial involvement in potential future rounds of the initiative.

The application period for the scheme is expected to launch at the end of October 2017 with successful projects commencing delivery no later than May 2018.

Context:

City and Hackney CCG

This community grants scheme sits within the CCG's broader Patient and Public Involvement framework, described below.

As detailed in the section 14Z2 of the NHS Act 2006, and amended by the Health and Social Care Act 2012, all Clinical Commissioning Groups (CCGs) have a legal duty to involve, inform and consult local patients and residents in the way that services are commissioned.

The two-fold Patient and Public Involvement (PPI) duty states, that as well as ensuring collective involvement throughout the commissioning cycle, all CCGs must take steps to ensure that the services they commission enable patients to look after themselves, make choices about the care and treatment they receive, self-manage their conditions and take personal responsibility for their health and wellbeing where possible. These statutory duties are further detailed in

- **Patient and public participation in commissioning health and care: Statutory guidance for clinical commissioning groups and NHS England**
- **Involving people in their own health and care: Statutory guidance for clinical commissioning groups and NHS England**

The Innovation Fund forms part of the CCG's engagement structures and it has, over the past three years, emerged as one of the main ways for the CCG to work alongside local patients and residents in planning and designing health services, benefitting those who often find it difficult to access services. It also plays a central role in maintaining and strengthening CCG's relationship with local community and voluntary sector organisations.

At local level, the CCG, London Borough of Hackney and City of London are entering integrated commissioning arrangements with services set to be delivered largely under four work streams: Prevention, Planned Care, Children and Young People and Unplanned Care. Whilst the above mentioned statutory involvement duties will stay under the CCG's remit, we acknowledge that the existing ways of carrying out patient and public involvement will need to be reviewed and amended, to reflect this more joined up approach.

To this end, the CCG's PPI priorities for 2017&18 are around

- Maintaining PPI structures which enable us to meet the above duties whilst looking at a more joined up approach to engagement and involvement under the Integrated Commissioning arrangements
- Reviewing PPI structures in the context of Primary Care Co-Commissioning
- Running a joint community grants scheme aligned to priorities of Integrated Commissioning with our local authority partners

- Setting up an Involvement Alliance which brings together the existing patient and public involvement projects, and the services that are currently commissioned by the CCG to support local residents and patients to stay healthy and look after themselves. Although initially a CCG model, we would welcome participation and input from all Integrated Commissioning partners. It is our vision that the alliance model will
    - strengthen patient and user voice locally
    - raise awareness of involvement opportunities and make them more accessible
    - help co-ordinate activities between the different forums and groups
    - support the development of an involvement hub/hubs, bringing together opportunities for participation, volunteering as well as staying healthy and well
    - enable closer working with local GP practices and their patient participation groups
    - help promote self-management and support services that area available in the community
    - help embed participation in the new commissioning structures that are emerging as part of integrated commissioning in City and Hackney

Recommendations:

We propose this joint community grants scheme as a new opportunity for integrated working by aligning the fund themes and delivering a portfolio of new projects aligned to the priorities of the x4 Integrated Commissioning workstreams.

Our recommendations are to

- Bring together the two funding streams by pooling the budgets and aligning the fund themes to the priorities of the Integrated Commissioning workstreams.
- Establish a joint working group with representation from the CCG, London Borough of Hackney, City of London as well as VCS reps, patients and members of public to oversee the planning and delivery of the work.
- Launch the joint fund in October 2018 with successful projects commencing delivery in May 2018 for a period of 12-24 months.
- Provide non-financial support to successful grantees alongside the budget, to build organisational capacity and ensure high quality project delivery

We would like to ask the Transformation Board and Integrated Commissioning Board members to note the proposal presented in this paper and where applicable, to provide feedback and comments around how the joint community grants scheme can best meet the health needs of local patients and residents.

Links to Key Priorities:

We believe that bringing together the two funding streams will give us an opportunity to explore a more joined up way of working as well as enable disadvantaged groups to better engage with services. We also believe that grant funding offers an opportunity to gather key insights into our communities and to test innovative new approaches, delivering activity within the gaps in our commissioned services.

The proposed joint community grants scheme reflects local as well as national priorities. The fund themes are aligned to self-management, patient activation, reducing health inequalities and working in partnership with the local community and voluntary sector, all of which are identified as key priorities in the '*Delivering the Forward View: NHS Planning Guidance 2016/17-2020/21'*.

Furthermore, the NHS Five Year Forward View highlights the importance of harnessing the power of local people and communities, supporting volunteering and "shifting power to patients and citizens" in order to better meet the demands facing the NHS. By continuing to have strong PPI and service user involvement focus this joint scheme is in line with the Transformation Board's and Integrated Commissioning Boards' commitment to co-producing services with local residents and patients.

Hackney Council has a shared agreement with the local Voluntary and Community Sector (VCS), called the Hackney Compact. The agreement commits organisations within the partnership to a set of shared principles aimed at getting the best out of partnership working for the benefit of local people. This emphasises the council's commitment to the VCS, and the value that grant funding provides in bringing organisations into closer working relationships.

The fund priorities will reflect the clinical priorities of the x4 Integrated Commissioning workstreams including self-care and self-management of mental health issues and long term conditions, stronger focus on prevention across primary and secondary care, delivering services in the community and preventing hospital admissions as well as exploring more holistic ways to address issues around housing and employment – all of which have been identified as 'big ticket items'.

Specific implications for City and Hackney

The projects funded through the scheme are expected to deliver benefits to patients and residents living in City of London and in London Borough of Hackney. Whilst the current proposal is focused on merging the Healthier Hackney Fund with the CCG's Innovation Fund, City of London Corporation are involved in the planning and will be represented

throughout the process, including scoring applications and making funding decisions. Targeted work will take place with City of London Corporation to ensure we receive applications from City based community and voluntary sector organisations. Discussions are taking place to explore the Corporations closer financial involvement in the potential future rounds of the joint fund.

As well as the clinical priorities of the four Integrated Commissioning workstreams the joint work will continue to reflect the key principles of the City and Hackney Innovation Fund:

Integrated services

- a whole-life service experience for patients and carers through integrated provision and colocation
- clear service pathways enabling professionals to signpost and users to navigate services effectively

Building Independence, helping people to

- live well with their condition
- look after their mental and physical health
- be enabled to help people around them lead healthy and fulfilling lives

Confident and informed users, helping people to

- make sense of the system and be aware of what services could be helpful for them
- access the services they need at the right time

Involving and listening to patients

- innovative solutions that draw on the knowledge and experience of users to drive design and improvement

Helping people find their way around health services, accessing the right service at the right time

Proposing ideas for development for partnership with services that are commissioned by the CCG

Sustainability, Social Capital and Equalities Agenda (incl. the Marmot Principles and the Equality Act 2010)

The Healthier Hackney Fund is separated into three separate streams, each with their own maximum grant amount and non-financial support:

The Healthy Activities stream is a traditional grants pot, inviting bids for local projects with practical outputs based around a specific public health theme (these change annually).

The Healthy Ideas stream supports groups to develop and pilot new approaches to improving health and wellbeing, by completing research and prototyping their concept locally.

The Healthy Neighbourhoods stream offers a kickstart grant for very local projects to get residents helping each other to improve their wellbeing.

The improved outcomes delivered by the work are around the wider key themes of the fund (see above) as well as the project specific outcomes. Each one of the funded projects addresses a local health priority and the needs of a particular user group, such as people with mental health issues or long term conditions, those who are homeless or those who don't speak English as a first language. Service performance against the identified project specific outcomes will be monitored regularly. Projects are asked to produce a final report at the end of their delivery cycle.

Patient and Public Involvement and Impact:

Patients and members of public have been involved throughout the development and running of the Innovation Fund from the very beginning. The fund was created in 2014 in response to ideas and comments received from patients and members of public on how health services can better meet the needs of City and Hackney residents through new, holistic, user centred solutions delivered by local community and voluntary sector organisations. The fund itself is based on feedback and comments from patients, who have been part of designing the key themes, evaluating the applications and making funding decisions.

Likewise, the Healthier Hackney Fund has involved VCS input from the outset, including the design of the programme and the way we publicise the open competitions. VCS reps along with CCG staff and academics are involved in both stages of the shortlisting of applications.

The feedback from our patient and public involvement representatives as well as our community and voluntary sector partners supports the views outlined in this document, and suggests that there is a need for a programme which allows the testing and development of new, grass roots based ideas. We will continue to work together with our patient and service user representatives to design the framework for the fund.

We have also had an initial discussion with the City and Hackney CCG Involvement Alliance partners about the fund and their role in it, and they have been supportive of this proposal. This discussion included representation from NHS Community Voice, Older People's Reference Group, PUEG (patient and service user experience group), Health and Social Care Forum and Hackney Refugee Forum.

In addition to the above, we propose that all projects will be asked to demonstrate how *they* involve patients and users in their projects and how the service they provide will result in increased numbers of patients feeling informed and actively involved in their care (both the Innovation Fund and the Healthier Hackney Fund application already asks how applicants will involve users in the design and delivery of the project).

Clinical/practitioner input and engagement:

City and Hackney CCG Innovation Fund

The CCG's Clinical Leads for Patient and Public Involvement, Dr Anu Kumar and Dr Anita Coutinho have been involved in the previous rounds of the fund and are supportive of the proposal to run it again.

We have worked closely with the CCG Programme Boards, who have been involved in shaping the fund priorities and taken part in reviewing and scoring applications. Programme Boards have been involved in overseeing the projects that are relevant to their area of work and their contribution to the process has been valuable. We would like to see this continue under the new workstream structure.

We have also provided regular reporting and updates on the progress of the fund at CCG's Clinical Executive Committee and Governing Body meetings, where feedback has been positive.

Healthier Hackney Fund

The Healthier Hackney Fund is overseen throughout its programme cycle by the Public Health senior management team, including Dr Penny Bevan, Dr Nicole Klynman, and Dr Jayne Taylor.

The machinery of receiving applications and shortlisting bids is managed by the council's Community Investment and Partnership team, who oversee all grants programmes and have particular expertise in maintaining transparency and fair competition. To meet State Aid rules, all recommendations for funding are approved by Cabinet.

Impact on / Overlap with Existing Services:

We want to see the projects funded through this joint scheme reflecting the clinical priorities of the four Integrated Commissioning work streams. It is our plan to involve them in the planning as well as the selection process to help pick projects that would add value to their work. As such, the work will also support the priorities of local providers and mainstream services.

As part of the criteria for being considered for additional funding we will ask bidders to put forward their proposal on where they fit in with main stream service provision and the key priorities of the four workstreams. This will help make the projects more sustainable. We will also actively encourage and support partnership bids. We want to ensure that any newly funded projects will have an opportunity to learn from and work with previously funded schemes. Bidders will be asked to address the sustainability plans for their projects as part of the application process.

Main Report

Background and Current Position

City and Hackney CCG Innovation Fund was created in response to ideas and comments received from patients and members of public on how health services can better meet the needs of City and Hackney residents through new, holistic, user centred solutions delivered by local community and voluntary sector organisations. It enables the CCG to meet its' legislative duties around patient and public involvement, in particular demonstrating commitment to "enabling patients to look after their own health and make decisions about the care they receive". This is an area that the CCG's performance is measured against annually, with specific focus on initiatives demonstrating commitment to reducing health inequalities.

Over the past three years the Innovation Fund has emerged as one of the main ways for the CCG to work alongside local patients and residents in planning and designing health services, benefitting those who often find it difficult to access services and playing a central role in maintaining and strengthening CCG's relationship with local community and voluntary sector organisations. In March 2017 the Innovation Fund was awarded the winner of The Patient Experience Network's National Awards 'Commissioning for Patient Experience' category.

The Healthier Hackney Fund community grants supports groups to run projects tackling some of the complex health challenges faced by the people of Hackney, and to test innovative new approaches to promoting better health. The programme was developed as a new approach to working with organisations in the VCS and social enterprises to test ideas about better ways of addressing health issues to help people that don't often contact the Council. The programme is based on the principle that organisations at the heart of the community have strong connections to residents, fresh ideas for unique projects to deal with challenging health issues, and the experience to work with different community groups.

Relevant committees (as detailed on p.1 of this paper) within the CCG as well as London Borough of Hackney have been supportive of this joint proposal and the funding for the individual streams has been approved and secured. We would now like to share this proposal with the Transformation Board members as well as Integrated Commissioning Board members later on in September, before publicising the plans and commencing the scheme.

Options

As next steps the CCG and local authority partners will work together to shape and agree a joint framework and process for the scheme. We will liaise with finance teams within both organisations to establish the best way to pool budgets and transfer funds where applicable.

The joint fund is expected to launch at the end of October 2018, followed by a 6 week period for expressions of interest as well as presentations from bidders in December and final applications submitted by mid-January 2018. We anticipate the successful projects to commence delivery in May 2018 after the decisions have been signed off by the Cabinet and CCG Governing Body in February/March 2018.

The scheme is expected to deliver benefits to residents and patients across City and Hackney with particular focus on vulnerable groups and those who often find it difficult to access health services. These benefits are detailed in this paper under 'Specific implications for City and Hackney'.

Whilst it is difficult to demonstrate immediate clinical benefits for projects that largely deliver non-clinical interventions, it is important to acknowledge the social value the fund provides as well as the impact that the projects have on the wider NHS economy in the area, for example by reducing waiting times and unplanned hospital admissions, helping people self-manage their conditions, providing social contacts and supporting patients with navigating the health services more effectively, thus reducing demand. It is also an important way to raise the profile of the work our organisations do to improve population health, and to attract new perspectives to shared issues.

Equalities and other Implications

Both Healthier Hackney Fund and the City and Hackney Innovation Fund have aimed to meet the health needs of vulnerable groups and those who often find it difficult to access services and this principle will continue to underline the process. Going forward, the scheme will also be closely aligned to the organisations' Sustainability, Social Capital and Equalities Agendas (including the Marmot Principles and the Equality Act 2010). As part of the council's decision making process, an Equalities Impact Assessment is completed alongside the report that is agreed by Cabinet each year. All projects considered for funding will be asked to submit their Equalities Policies before funding can be confirmed.

In a local context, we are particularly conscious of the fact that the projects funded through the scheme must deliver benefits to City residents as well as people living in Hackney. We will work closely with City of London Corporation in order to promote the fund and encourage applications from City based community and voluntary sector organisations.

Proposals

As detailed in the above sections, our proposal is to bring together the two previously separate community grants schemes and deliver a joint piece of work aligned to local health priorities, in particular the key priorities of the Integrated Commissioning workstreams. We believe that this will give us an opportunity to explore a more joined up way of working with the local authority as well as enable disadvantaged groups to better engage with services.

We also see significant benefit in aligning the fund priorities with the clinical priorities of the work streams including self-care and self-management of mental health issues and long term conditions, stronger focus on prevention across primary and secondary care, delivering services in the community and preventing hospital admissions as well as exploring more holistic ways to address issues around housing and employment – all of which have been identified as 'big ticket items'.

In addition to the above, over the course of the delivery cycle the fund is anticipated to deliver the following benefits:

- Support local residents in line with the fund themes and the individual projects' aims, as detailed above
- Attract new organisations from each other's networks to work in the borough (particularly if the individual grant amounts are large enough)
- Ensure that the CCG and local authority partners are better able to meet their duties around reducing health inequalities and promoting better access to services
- Facilitate a close working relationship with local community and voluntary sector organisations
- Promote co-production, patient involvement and self-management by enabling patients and local residents to have an active role in shaping local services
- Provide a test space for larger scale integrated commission collaboration

Conclusion

In conclusion, following approval within the individual organisations (CCG and London Borough of Hackney) we ask the members to note the proposal for a joint community grants scheme, bringing together the two existing funding streams (City and Hackney Innovation Fund and Healthier Hackney Fund), which seek to address local health needs through community based solutions.

Supporting Papers and Evidence:

Meaningful patient participation has potential to deliver real, positive change in the communities, contributing towards making the relationship between patients and clinicians more equal. Evidence suggests that that engaging and involving communities in the planning, design and delivery of health and care services can lead to a more joined up, co-ordinated and efficient services that are more responsive to local community needs (*Transforming Participation in Health and Care*, NHS England 2013).

'Health for People, By People and With People' identifies innovation and co-production as ways to commission new services that can provide 'more than medicine' and support self-management, long term behavior change, improve well-being and build social networks of support. It is widely recognised that meeting challenges from climate change or water security, to caring for rapidly ageing populations, depends on innovation that seeks to generate social value at the same time (NESTA, 2013). Involving patients and members of public in service design also has the potential to deliver better outcomes and make best use of scarce resources (NESTA, The Challenge of Co-Production, 2009).

Evidence also exists around the benefits of community centered approaches. Communities, both place-based and where people share a common identity or affinity, have a vital contribution to make to health and wellbeing. Community life, social connections, supportive relationships and having a voice in local decisions are all factors that underpin good health and the assets within communities, such as the skills and knowledge, social networks, local groups and community organisations, are building blocks for good health (*Community Centered Approaches to Health and Wellbeing,* PHE, 2015).

'At the heart of health- Realising the value of people and communities' (2016), produced in support of the NHS Five Year Forward View to highlight the value of people and communities, outlines the increasing body of evidence that exists suggesting improved outcomes on mental and physical health, NHS sustainability (e.g. how people use health services and reduced demand) and wider social outcomes when health services are planned and produced together with people.

Wellbeing services, such as those funded through the Innovation Fund and the Healthier Hackney Fund have the potential to improve not just the individual's health, but the quality of life and well-being of whole populations. Health and Wellbeing services that take a holistic approach and take into consideration the social determinants of health help reduce health inequalities and make communities more resilient. When effective, these services empower patients, involve them as equal partners and nurture the whole community, making best use of the already existing assets (*Guide for World Class Commissioners – Promoting Health and Wellbeing: Reducing Inequalities*, RSPH).

Additional supporting documents:

City and Hackney CCG Innovation Fund Report

Innovation Fund Patient Experience Network Award

Hackney Compact 2015-20

Integrated Commissioning Boards Forward Plan, 2017/18						
Title	**Summary of Decision**	**Originating Organisation**	**IC Decision Pathway**	**Care Workstream**	**Reporting Lead**	**Notes**
18-Oct-17						
Carers Service	Provision of Carers service across LBH **ICBs for Information**	LBH	Cabinet Procurement Committee - 10/10/2017 - *For decision*	Prevention		
Quarter 1 Quality & Performance Report	Review and discuss QIPP performance	CCG	Transformation Board 13/10/2017 GB - 27 October 2017	All	Sunil Thakker / David Maher	
Impact of QIPP programmes on City of London	Review and discuss specific impact of QIPP schemes on CoL residents	CCG	**City ICB Only**	All	Sunil Thakker / Dilani Russell	
2016/17 Assessment for Cancer, Dementia & Mental Health	TBC	CCG	Transformation Board - 13/10/2017 Governing Body - 27/10/2017	Planned Care	Neal Hounsell / Siobhan Harper	
Integrated Commissioning Governance - 6 Month Review	Review and discuss outcomes of governance review and agree next steps	All	n/a	All	Devora Wolfson	
RightCare - Evidence of Quick Wins / Priority Project Implementation	Review and discuss success of RightCare projects to date	CCG	Transformation Board - 13/10/2017		Anna Garner	
School-based and Vulnerable Children's Health Services	Paper seeking LBH approval to procure services: Discabled Children's Services; Looked After Children's Health Services; Safeguarding School Health Services and Family nurse Partnership **ICBs For Information**	LBH	Cabinet Procurement Committee - 10/10/2017 - *For decision*	Children & Young People		
City of London Corporation Sourcing Plan	Discuss how ICB might want to be involved in the planning process	CoLC	**City ICB Only**	n/a	Neal Hounsell / Ellie Ward	
Workstream Assurance Review Point 2 - Assurance of 17/18 workplans, financial plans and capability, management of risk, competence and capacity for delivery	Discuss and approve the workstream assurance documents for Planned Care, Unplanned Care and Prevention	All	Transformation Board - 13/10/2017 - For discussion & endorsement	Planned Care / Unplanned Care / Prevention	Devora Wolfson / Clara Rutter / Nina Griffiths / Siobhan Harper / Gareth Wall / Jayne Taylor	SROs should be invited - Tracey Fletcher / Neal Hounsell / Anne Canning
Commissioning Intentions – 2018/2019	Discuss and Endorse Commissioning Intentions for 2018/19	All	Transformation Board - 13/10/2017 - For discussion & endorsement	All	Devora Wolfson / David Maher	
Cancer Rating Action Plan	Discuss and endorse Cancer action plan	CCG	Transformation Board 8/09/2017 Governing Body - 29/9/2017 - For approval		Siobhn Harper / Sue Maughn	
Risk Share Agreements			Finance & Performance Cttee - Sept for discusson and recommendation; GB - Sept for agreement; Transformation Board 12 Oct for noting.			
Lunch Clubs	Provision of Lunch Club services across Hackney **ICBs For Information**	LBH	Cabinet Procurement Committee - 10/10/2017 - *For decision*	Prevention		
Right Care Business Cases - Falls and Respiratory	For approval	CCG	Transformation Board - 8 Sept	All	Anna Garner	
15-Nov-17						
Hackney Community Strategy, 2018-28	Overarching vision for Hackney over next decade; providing backdrop for all decision-making **ICBs for Discussion and Input**	LBH	LBH Cabinet - 27/11/2017 - *For decision* LBH Council - 24/1/2018 - *For decision*	n/a	Anne Canning	
Adult Social Care Budget	Seeking additional funding for Adult Social Care Budget	CoLC	Prevention Workstream Board- TBC Community and Children's Services (Policy and Resources - TBC) - *For decision, 13/10/2017* **City ICB Only**	Prevention	Neal Hounsell / Ellie Ward / Gareth Wall / Jayne Taylor	Date TBC - could be December
Workstream Assurance Review Point 3 - 18/19 Workplans, Financial Plans and Capability, management of risk, competence and capacity for delivery	Discuss and approve the workstream assurance documents for Planned Care, Unplanned Care and Prevention	All	TB 10 November 2017	Planned Care / Unplanned Care / Prevention	Devora Wolfson / Clara Rutter / Nina Griffiths / Siobhan Harper / Gareth Wall / Jayne Taylor	SROs should be invited - Tracey Fletcher / Neal Hounsell / Anne Canning
Procuring for Social Value	City ICB to discuss and endorse **City ICB only**	CoLC	Community and Children's Services Committee - TBC	Planned Care / Prevention	Ellie Ward / Neal Hounsell / Devora Wolfson	Requested by ICB in May 2017
Primary Care Prescription Guidance	TBC	CCG	TB - 10 November 2017	Planned Care	David Maher / Rozalia Enti	

Contract Award for Evaluation of Integrated Care	Discuss and endorse contract award for evaluation work	All	Integrated Commissioning Evaluation Steering Group - TBC Governing Body - 24 November 2017 - *For decision* TB - December 2017 (for info)	n/a	Devora Wolfson	
RightCare Business Case - Circulation	Discuss and Endorse business case for submission to NHSE	CCG	Transformation Board - 13/10/2017	Planned Care	Anna Garner	
Children and Young People's Physical Activity and Obesity Prevention and Healthy Weight Services	Overall review of provision and proposals for new services **ICBs for Discussion and Endorsement**	LBH	Transformation Board - 13/10/2017 - *TBC* Cabinet Procurement Committee - 6/12/2017 - *For decision*	Children & Young People / Prevention		
13-Dec-17						
LBH Older People Strategy	Approval of strategy **ICBs for Discussion and Endorsement**	LBH	Transformation Board - 10/11/2017 Cabinet - 18/12/2017 - *For decision*	Planned Care / Unplanned Care / Prevention		
Children & Young People's Workstream Ask	Approval of Workstream Ask	CCG	Transformation Board - 10/11/2017	Children & Young People	Angela Scattergood / Amy Wilkinson	

31-Jan-18						
Stop Smoking Service	STA to transfer existing contract to GP Confederation and extend the service by 9 months to facilitate procurement of new service **ICBs for Discussion and Endorsement**	LBH	Transformation Board 8/12/2017 - *For discussion* Cabinet Procurement Committee 13/2/2018 - *For decision*	Prevention		
Quality & Performance Report 2017/18 - Quarter 2	Discuss and comment on reporting for Quarter 2	CCG	CCG Governing Body - 26 January	All	Philippa Lowe / Sunil Thakker	
28-Feb-18						
Care Workstream Assurance Review Point 4	Approve assurance of transfomation capacity and capability	All	Transformation Board - 9/2/2018 - For disussion and endorsement Governing Body - 30/3/2018 - For assurance	Planned Care / Unplanned Care / Prevention	Devora Wolfson / Clara Rutter / Nina Griffiths / Siobhan Harper / Gareth Wall / Jayne Taylor	SROs should be invited - Tracey Fletcher / Neal Hounsell / Anne Canning
21-Mar-18						
Unscheduled Items						