

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

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

**Joint Meeting in Public
of the two ICB Boards**

**on Friday 15 February 2019, 10.30 – 12.00,
Room 102, Hackney Town Hall, Mare Street, London E8 1EA**

| Item no. | Item | Lead and action for boards | Documentation | Page No. | Time |
|-----------------|---|--|--|------------------|-------------|
| 1. | Welcome, introductions and apologies | | Verbal | - | 10.30 |
| 2. | Declarations of Interests | Chair <i>For noting</i> | 2. ICB Register of Interests | 3 - 5 | |
| 3. | Questions from the Public | Chair | Verbal | - | |
| 4. | Minutes of the Previous Meeting and Action Log | Chair <i>For approval</i> <i>For noting</i> | 4.1 Minutes of Joint ICBs meeting in common, 17 January 2019 (in public) 4.2 ICB Action Log | 6 – 18 19 | |
| 5. | Neighbourhoods Year 2 business case | Nina Griffith <i>For approval</i> | 5. ICB-2019-02-15 Neighbourhoods Y2 business case | 20 - 54 | 10.40 |
| 6. | Integrated Commissioning Risk Register – February 2019 | Devora Wolfson <i>For noting</i> | 6. ICB-2019-02-15 IC Risk Register | 55 - 66 | 10.55 |
| 7. | Integrated Commissioning vision, values, strategic objectives and outcomes framework | Devora Wolfson Jonathan McShane Yashoda Patel <i>For approval</i> | 7. ICB-2019-02-15 IC vision, values, strategic objectives and outcomes framework | 67 - 77 | 11.00 |

| | | | | | |
|-----|--|--|--|----------|-------|
| 8. | Consolidated Finance (income & expenditure) report as at December 2018 - Month 09 | Sunil Thakker/ Ian Williams / Mark Jarvis <i>For noting</i> | 8. ICB-2019-02-15 Finance report M09 | 78 - 89 | 11.10 |
| 9. | Housing with Care – Summary of the Care Quality Commission Inspection | Anne Canning / Tessa Cole <i>For noting</i> | 9. ICB-2019-02-15 HwC - CQC inspection | 90 - 97 | 11.15 |
| 10. | Update on Pooled Budget proposals for Continuing Healthcare and Adult social care packages | Simon Cribbens/ Siobhan Harper <i>For noting</i> | 10. ICB-2019-02-15 update on pooled budgets | 98 - 102 | 11.25 |
| 11. | Prevention Workstream report | Jayne Taylor <i>For noting</i> | 11. ICB-2019-02-15 Prevention workstream report | 103-132 | 11.35 |
| 12. | AOB & Reflections | Chair <i>For discussion</i> | Verbal | - | 11.50 |
| 13. | Date of next meeting: 14 March 2019, 10.00 – 12.00, Room 102, Hackney Town Hall | Chair | Verbal | - | 12.00 |
| - | Integrated Commissioning Glossary | <i>For information</i> | IC Glossary | 134-137 | |
| - | Integrated Commissioning Boards Forward Plan | <i>For information</i> | ICB Forward Plan | 138 | |

Integrated Commissioning
2018 Register of Interests

| Forename | Surname | Date of Declaration | Position / Role | Nature of Business / Organisation | Nature of Interest / Comments | Type of interest |
|----------|----------|---------------------|--|--|---|------------------------|
| Simon | Cribbens | 27/03/2017 | Transformation Board Member - CoLC Planned Care Workstream SRO IC programme Sponsor | City of London Corporation | Assistant Director - Commissioning & Partnerships, Community & Children's Services | Pecuniary Interest |
| | | | | Porvidence Row | Trustee | Non-Pecuniary 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 |
| Sunil | Thakker | | Transformation Board Member - CHCCG ICB attendee | City & Hackney CCG | Chief Financial Officer | Non-Pecuniary Interest |
| Ian | Williams | 10/05/2017 | Transformation Board Member - LBH Attendee - Hackney Integrated Commissioning Board | London Borough of Hackney | Group Director, Finance and Corporate Resources | Pecuniary Interest |
| | | | | n/a | Homeowner in Hackney | Pecuniary Interest |
| | | | | Hackney Schools for the Future Ltd | Director | Pecuniary Interest |
| | | | | NWLA Partnership Board | Joint Chair | Pecuniary Interest |
| | | | | Chartered Institute of Public Finance and Accountancy | Member | Non-Pecuniary Interest |
| | | | | Society of London Treasurers | Member | Non-Pecuniary Interest |
| | | | | London Finance Advisory Committee | Member | Non-Pecuniary Interest |
| | | | | Schools and Academy Funding Group | London Representative | Non-Pecuniary Interest |
| | | | | London Pensions Investments Advisory Committee | Chair | Non-Pecuniary Interest |
| Mark | Jarvis | 10/04/2017 | Transformation Board Member - CoLC | City of London Corporation | Head of Finance | Pecuniary Interest |
| Anne | Canning | 31/03/2017 | Transformation Board Member - LBH LBC/CCG ICB Attendee - LBH Prevention Workstream SRO IC Programme Sponsor | London Borough of Hackney | Group Director - Children, Adults & Community Health | Pecuniary Interest |
| | | | | Petchey Academy & Hackney/Tower Hamlets College | Governing Body Member | Non-Pecuniary Interest |
| | | | | | Spouse works at Our Lady's Convent School, N16 | Indirect interest |
| Honor | Rhodes | 05/04/2017 | Member - City / Hackney Integrated Commissioning Boards | Tavistock Relationships | Director of Strategic Deveopment | Pecuniary Interest |
| | | | | City & Hackney Clinical Commissioning Group | Lay Member for Governance | 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 |
|-------------|----------|---------------------|--|---|--|------------------------|
| Anntoinette | Bramble | 28/04/2017 | Member, Hackney Integrated Commissioning Board | Hackney Council | Deputy Mayor | Pecuniary Interest |
| | | | | Local Government Association | Member of the Children and Young Board | Pecuniary Interest |
| | | | | HSFL (Ltd) | | Non-Pecuniary Interest |
| | | | | Unison | Member | Non-Pecuniary Interest |
| | | | | Urswick School | Governor | Non-Pecuniary Interest |
| | | | | City Academy | Governor | Non-Pecuniary Interest |
| | | | | Hackney Play Bus (Charity) | Board Member | Non-Pecuniary Interest |
| | | | | Local Government Association | Member | Non-Pecuniary Interest |
| | | | | Lower Clapton Group Practice | Registered Patient | Non-pecuniary interest |
| Feryal | Demirci | | Member, Hackney Integrated Commissioning Board | Hackney Council | Deputy Mayor | Pecuniary Interest |
| Dhruv | Patel | 28/04/2017 | Member, City Integrated Commissioning Board | City of London Corporation | Deputy Chair, Community and Children's Services Committee | Pecuniary Interest |
| | | | | Clockwork Pharmacy Group SSAS, Amersham | Trustee; Member | Pecuniary Interest |
| | | | | Clockwork Underwriting LLP, Lincolnshire | Partner | Pecuniary Interest |
| | | | | Clockwork Retail Ltd, London | Company Secretary & Shareholder | Pecuniary Interest |
| | | | | Clockwork Pharmacy Ltd | Company Secretary | Pecuniary Interest |
| | | | | DP Facility Management Ltd | Director; Shareholder | Pecuniary Interest |
| | | | | Clockwork Farms Ltd | Director; Shareholder | Pecuniary Interest |
| | | | | 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 |
| | | | | 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 |
| | | | | 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 |
| Randall | Anderson | 13/06/2017 | Member - City Integrated Commissioning Board | City of London Corporation | Chair, Community and Children's Services Committee | Pecuniary Interest |
| | | | | n/a | Self-employed Lawyer | Pecuniary Interest |
| | | | | n/a | Renter of a flat from the City of London (Breton House, London) | Non-Pecuniary Interest |
| | | | | City of London School for Girls | Member - Board of Governors | Non-Pecuniary Interest |
| | | | | Neaman Practice | Registered Patient | Non-Pecuniary Interest |
| Fredericks | Marianne | | Member - City Integrated Commissioning Board | City of London Corporation | Member, Community and Children's Services Committee | 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 |
| David | Maher | 20/01/2017 | Managing Director & Programme Sponsor | City and Hackney Clinical Commissioning Group | Member of Cross sector Social Value Steering Group | Non-Pecuniary Interest |
| | | | | | Board member: Global Action Plan | Non-Pecuniary Interest |
| | | | | | Social Value and Commissioning Ambassador: NHS England, Sustainable Development Unit | Non-Pecuniary Interest |
| | | | | | Council member: Social Value UK | Non-Pecuniary Interest |

| Forename | Surname | Date of Declaration | Position / Role | Nature of Business / Organisation | Nature of Interest / Comments | Type of interest |
|----------|----------|---------------------|---|---|--|---------------------------------|
| Mark | Rickets | 16/05/2018 | Member - City / Hackney Integrated Commissioning Boards | City & Hackney Clinical Commissioning Group | Chair | Pecuniary Interest |
| | | | CCG Chair/Primary Care Quality Programme Board Chair (GP Lead) | GP Confederation | Nightingale Practice is a Member | Professional financial interest |
| | | | CCG Chair/ Primary Care Quality Programme Board Chair (GP Lead) | HENCEL | I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL | Professional financial interest |
| | | | CCG Chair/Primary Care Quality Programme Board Chair (GP Lead) | Nightingale Practice (CCG Member Practice) | Salaried GP | Professional financial interest |
| Rebecca | Rennison | 11/12/2017 | Member - Hackney Integrated Commissioning Board | Target Ovarian Cancer | Director of Public Affairs and Services | Pecuniary Interest |
| | | | | Hackney Council | Cabinet Member for Finance and Housing Needs | Pecuniary Interest |
| | | | | Clapton Park Management Organisation | Board Member | Non-Pecuniary Interest |
| | | | | North London Waste Authority | Board Member | Non-Pecuniary Interest |
| | | | | | Land Interests - Residential property, Angel Wharf | Non-Pecuniary Interest |
| | | | | | Residential Property, Shepherdess Walk, N1 | Non-Pecuniary Interest |
| | | | | GMB Union | Member | Non-Pecuniary Interest |
| | | | | Labour Party | Member | Non-Pecuniary Interest |
| | | | | Fabian Society | Member | Non-Pecuniary Interest |
| | | | | English Heritage | Member | Non-Pecuniary Interest |
| Jane | Milligan | 02/01/2018 | Member - Integrated Commissioning Board | Chats Palace | Board Member | Non-Pecuniary Interest |
| | | | | NHS North East London Commissioning Alliance (City & Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs) | Accountable Officer | Pecuniary Interest |
| | | | | North East London Sustainability and Transformation Partnership | Senior Responsible Officer | Pecuniary Interest |
| | | | | n/a | Chartered Physiotherapist (non-practicing) | Pecuniary Interest |
| | | | | n/a | Partner is employed substantively by NELCSU as Director of Business Development from 2 January 2018 on secondment to NHSE as London Regional Director for Primary Care | Indirect Interest |
| | | | | Family Mosaic Housing Association | Non-Executive Director | Non-Pecuniary Interest |
| | | | | Stonewall | Ambassador | Non-Pecuniary Interest |
| Ellie | Ward | 22/01/2018 | Integration Programme Manager, City of London Corporation | Peabody Housing Association Board | Non-Executive Director | Non-pecuniary interest |
| | | | | City of London Corporation | Integration Programme Manager | Pecuniary Interest |
| Jon | Williams | 29/03/2017 | Transformation Board Member - City and Healthwatch Hackney | City and Healthwatch Hackney | Director | Pecuniary Interest |
| | | | Attendee - Integrated Commissioning Board | | Hackney Council Core and Signposting Grant - CHCCG NHS One Hackney & City Patient Support Contract - CHCCG NHS Community Voice Contract - CHCCG Patient User Experience Group Contract - CHCCG Devolution Communications and Engagement Contract Hosted by Hackney CVS at the Adiaha Antigha Centre, 24-30 Dalston Lane | |

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

and

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

**Minutes of meeting held in public on 17 January 2018,
City of London Corporation, Committee room 1, West Wing, Guildhall,
Aldermanbury, London EC2V 7HH**

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

| | | |
|--------------------------|--|---------------------------|
| Cllr Anntoinette Bramble | Deputy Mayor and Cabinet member for education, young people and children's social care | London Borough of Hackney |
| Cllr Rebecca Rennison | Cabinet Member for Finance and Housing needs | London Borough of Hackney |

City & Hackney CCG Integrated Commissioning Committee

| | | |
|---------------|---------------------------|--|
| Mark Rickets | Chair | City & Hackney CCG |
| Honor Rhodes | Governing Body Lay member | City & Hackney CCG |
| Jane Milligan | Accountable Officer | NHS North East London Commissioning Alliance |

City Integrated Commissioning Board

City Integrated Commissioning Committee

| | | |
|------------------|--|---|
| Randall Anderson | Chairman, Community and Children's Services Committee | City of London Corporation (in the chair) |
| Ruby Sayed | Member, Community and Children's Services Committee | City of London Corporation |
| Dhruv Patel | Deputy Chairman, Community and Children's Services Committee | City of London Corporation |

City & Hackney CCG Integrated Commissioning Committee

| | | |
|---------------|---------------------------|--|
| Mark Rickets | Chair | City & Hackney CCG |
| Honor Rhodes | Governing Body Lay member | City & Hackney CCG |
| Jane Milligan | Accountable Officer | NHS North East London Commissioning Alliance |

In attendance

| | | |
|---------------|----------------------------------|----------------------------|
| Andrew Carter | Director, Community & Children's | City of London Corporation |
|---------------|----------------------------------|----------------------------|

| | | |
|------------------|--|---|
| | Services | |
| David Maher | Managing Director | City & Hackney CCG |
| Gary Marlowe | Governing Body GP member | City & Hackney CCG |
| Ian Williams | Group Director, Finance and Corporate Services | London Borough of Hackney |
| Simon Cribbens | Assistant Director Commissioning & Partnerships, Community & Children's Services | City of London Corporation |
| Ellie Ward | Integration Programme Manager | City of London Corporation |
| Devora Wolfson | Programme Director, Integrated Commissioning | London Borough of Hackney, City of London Corporation, and City & Hackney CCG |
| Jonathan McShane | Integrated Commissioning Convenor | London Borough of Hackney, City of London Corporation, and City & Hackney CCG |
| Georgia Denegri | Integrated Commissioning Governance | London Borough of Hackney, City of London Corporation and City & Hackney CCG |
| Jake Ferguson | Chief Executive | Hackney Council for Voluntary Services |
| Dan Burningham | Director, Mental Health | City & Hackney CCG (item 11) |
| Nina Griffith | Director, Unplanned Care | Homerton University Hospital NHS FT (items 12 and 14) |
| Gareth Wall | Head of Commissioning for Adult Services | London Borough of Hackney (item 13) |

Apologies – ICB members

| | | |
|---------------------|--|----------------------------|
| Cllr Feryal Demirci | Deputy Mayor and Cabinet member for health, social care, transport and parks (ICB Chair) | London Borough of Hackney |
| Marianne Fredericks | Member, Community and Children's Services Committee | City of London Corporation |

Apologies – key officers

| | | |
|---------------|---|----------------------------|
| Anne Canning | Group Director, Children, Adults and Community Health | London Borough of Hackney |
| Sunil Thakker | Chief Financial Officer | City & Hackney CCG |
| Mark Jarvis | Head of Finance | City of London Corporation |

1. WELCOME, INTRODUCTIONS AND APOLOGIES

- 1.1. Randal Anderson welcomed members and attendees to the meeting.
- 1.2. It was noted that both boards were quorate and that decisions made by the two boards would be done so separately and independently, and this would be reflected in the minutes.
- 1.3. Apologies were noted as listed above.

2. DECLARATIONS OF INTERESTS

- 2.1. No additional declarations on items on the agenda were made.
- 2.2. The **City Integrated Commissioning Board**
 - **NOTED** the Register of Interests.
- 2.3. The **Hackney Integrated Commissioning Board**
 - **NOTED** the Register of Interests.

3. QUESTIONS FROM THE PUBLIC

- 3.1. There were no questions.

4. MINUTES OF PREVIOUS MEETING AND ACTION LOG

- 4.1. The **City Integrated Commissioning Board**:
 - **APPROVED** the minutes of the Joint ICB meeting held in public on 16 November 2018.
 - **NOTED** the action log, subject to a revision that the next ICB Development session will be held in April 2019 (not March).
- 4.2. The **Hackney Integrated Commissioning Board**:
 - **APPROVED** the minutes of the Joint ICB meeting held in public on 16 November 2018.
 - **NOTED** the action log, subject to a revision that the next ICB Development session will be held in April 2019 (not March).

5. INTEGRATED COMMISSIONING RISK REGISTER – NOVEMBER 2019

- 5.1. Devora Wolfson introduced the report which presented a summary of risks escalated from the four care workstreams and from the Integrated Commissioning programme as a whole, highlighting:
 - CYPM escalated a new risk: Risk CYPM9 - Gap in provision for children who require independent healthcare plans in early years' settings; and development of

Educational Healthcare Plans (EHCPs) for children in these settings – Score 16. In order to mitigate the risk, there will be a review on a case by case basis.

- The score of the Unplanned Care Workstream's risk relating to the scoped programme of system savings for the financial year 2018/19 was reduced to 12 following the mitigation plan and recent actions.
- The Planned Care Workstream's risk score relating to the CCG rating being affected due to cancer 62 days target at Homerton having been missed for a number of months this year was reduced to 12 following the mitigation plan and recent activity.

5.2. During later discussion on neighbourhoods, ICB asked that consideration is given to risks relating to the system's IT/digital infrastructure.

ACTION: Devora Wolfson

5.3. The **City Integrated Commissioning Board**

- **NOTED** the report

5.4. The **Hackney Integrated Commissioning Board**

- **NOTED** the report

6. INTEGRATED COMMISSIONING GOVERNANCE REVIEW IMPLEMENTATION PLAN

6.1. Devora Wolfson introduced the report which set out the governance review implementation plan following the review of the City & Hackney integrated commissioning governance carried out by PricewaterhouseCoopers (PwC). The implementation plan is based on feedback from discussions at the ICB meeting and development session and at the Transformation Board. The key implementation areas proposed in the plan include:

- The Integrated Commissioning Board (ICB) focusing on strategic decision-making and transformation, being assured of and challenging progress
- The Transformation Board refocusing on wider stakeholder engagement and transformation
- Establishing an Accountable Officer Team to ensure implementation of ICB priorities and decisions
- Identifying a SRO for the programme
- Revising the strategic objectives of the programme to allow a common narrative against which programme priorities can be set
- Setting performance measures for the programme to monitor progress against strategic objectives
- Review of risk sharing including further pooling

6.2. In discussion about the feedback of Transformation Board members, it was noted that everyone agreed that the current role of the Transformation Board is confusing, particularly in monitoring business as usual as well as focusing on transformation. However, despite the issues that need to be addressed, the good partnership, extensive public and patient engagement, involvement of the voluntary sector, and everyone's positive contribution to the work of the neighbourhoods were also

acknowledged. The Transformation Board will hold a workshop on 27 February 2019 to consider the best way to re-shape the role of a future Transformation Board.

6.3. The **City Integrated Commissioning Board**:

- **APPROVED** the Integrated Commissioning Review Implementation Plan

6.4. The **Hackney Integrated Commissioning Board**:

- **APPROVED** the Integrated Commissioning Review Implementation Plan

7. COMMISSIONING INTENTIONS 2019/20 AND FEEDBACK FROM ENGAGEMENT

7.1. Devora Wolfson introduced the report which provided an update on the system commissioning intentions across the four care workstreams following the engagement events held in November 2018. The following were highlighted:

- During 2019/20 the care workstreams will be the main vehicle for the delivery of commissioning activities and system savings. The workstreams will also be the main vehicle for the delivery of the NHS Long Term Plan.
- Feedback that was given at a number of different 'Let's Talk' engagement events included:
 - Carers are anxious about assessments
 - 'Mental health is important not just for serious conditions – there is a need to improve access to talking therapies
 - Loneliness is a problem and brings depression – need buddying, companionship, befriending
 - Problems getting GP appointments – need to be more readily available and needs to be more face-to-face time
 - Health and care staff need to listen more
 - Need more help for elderly and disabled
 - Technology should be used where appropriate to release staff capacity
 - Services are not speaking to each other. Need more consultation when changing and improving services
 - Need more health and care services in the City including another GP practice

7.2. The **City Integrated Commissioning Board**

- **ENDORSED** the system's commissioning intentions 2019/20

7.3. The **Hackney Integrated Commissioning Board**

- **ENDORSED** the system's commissioning intentions 2019/20

8. THE NHS LONG TERM PLAN

8.1. David Maher introduced the report and highlighted:

- NHS England published on 7 January 2019 the long-term plan setting out the NHS's ambitions for the next 10 years. The plan focuses on improving services outside hospitals and moving towards more joined-up, preventive and personalised care, and reconfirms the ambition to establish integrated care systems in every part of the country by 2021 'typically based at CCG-level'.
- At City and Hackney we have made good progress in several areas but there are also others we need to focus on. Some of the changes identified in the plan we need to focus on are: improving quality of outcomes particularly in relation to waiting times and access standards for emergency mental health services; suggestions for new cancer centres; new service models through new primary care networks; reforms in diagnostics services such as MRI and CT scanning – we have started discussing about these as part of the discussions around resources at Mile End; prevention and more population based approaches/models to drive commissioning - our neighbourhood work is consistent with expectations in terms of population based quotas (i.e. 30,000 to 50,000 people); great emphasis on reducing health inequalities – we have made good progress through neighbourhoods and the prevention workstream; emphasis on digital care and new rights for people to access online GP resources - our GP confederation and other NE London confederations are looking at how we can deliver this by the target in 2023; more digital consultations with outpatients
- Whilst the Plan sets out the new funding that will be made available, e.g. community services is promised at least £4.5bn in real terms growth, it is not clear what the baseline is or the percentage budget growth rate.
- One of the short-term priorities of the Plan is to get the provider sector back in balance which may have positive impact for City residents, for example in relation to Bart's.
- The Plan requires us to produce a Local Plan for 2019-20 by April 2019 and a Five-Year Plan by September 2019.

8.2. The following key comments were noted from the discussion:

- We need to take into consideration in our local plan that UCL and Guy's which are being used by City residents are outside the NEL STP.
- It was clarified that the local plan required by April 2019 is more of a financial activity plan for City and Hackney. However, it was also commented that September is not that far away and it will take time to align the local government and NHS plans. The system needs to start thinking how we work together instead as separate organisations and base our decisions on the needs of the population we serve.
- The NHS 10 year plan also includes some contradictory proposals which will need further clarification, for example, it puts emphasis on improving online access whilst at the same time the information published about the eight to eight offer refers only to telephone or face to face appointments. Whilst the plan refers to moving away from procurement based model to a different approach, this will require change to legislation.
- ICB and the system should focus on secondary prevention and particularly poverty. This will require careful thinking.
- ICB further discussed the challenges around the digital proposals. City and Hackney patients told us at the Let's Talk events that they want more face to face appointments. Also, digital/online consultations will be challenging for our elderly, vulnerable and mentally ill patients. A lot of attention will also be required to avoid fraud.

8.3. The **City Integrated Commissioning Board**

- **NOTED** the report

8.4. The **Hackney Integrated Commissioning Board**

- **NOTED** the report

9. CONSOLIDATED FINANCE (INCOME & EXPENDITURE) REPORT AS AT NOVEMBER 2018 – MONTH 08

9.1. Ian Williams presented the report on financial (income & expenditure) performance for the Integrated Commissioning Fund for the period April 2018 to November 2018 across the City of London Corporation, London Borough of Hackney and City and Hackney CCG, highlighting:

- At Month 8 (November) the Integrated Commissioning Fund forecasts an overall adverse position of £4.9m, a deterioration of £0.4m on the Month 7 reported position. The forecast is being driven by the London Borough of Hackney cost pressures.
- City & Hackney CCG reports a year end break even position at Month 8. The acute over performance remains mainly with Homerton, Barts, UCLH, Whittington, Guy's and St Thomas', and Royal Free. The recovery plan is time tabled for completion within the next month and the CCG is challenging all notable areas of over performance.
- The City of London forecasts a small year-end adverse position of £0.2m, driven by the Prevention workstream.
- The London Borough of Hackney is forecasting an adverse position of £4.7m, a deterioration of £0.3m on the Month 7 position which is being driven by cost pressures on Learning Disabilities budgets, primarily, commissioned care packages.

9.2. The ICB raised concern that a deficit is being reported regularly. Also about the impact of the deficit on services as well as on the system's reputation in terms of the effectiveness of the financial governance. It was reported that this had been discussed extensively at the Leadership summit held the previous day and it was agreed that a medium term financial plan would be modelled to ensure that the deficit is not carried forward long term.

9.3. ICB further discussed that City and Hackney is in a better financial position than other systems although there are challenges and uncertainty ahead. In developing the medium term financial plan, the Finance and Economy Group will take into consideration demographic changes. Local authority funding is expected to continue on the same trajectory of the last few years. ICB will need to be realistic and not to base its thinking solely on system change, as the scale of transformation implemented and its resulting benefits take time. ICB may also need to be more critical with regard to the commissioning intentions should there be further cuts.

9.4. A final point discussed related to the way system success is measured. If for example, the goal was reduction in unplanned admissions, success would not necessarily be that there were fewer number of admissions than a previous period. If the average age of people requiring urgent admissions went up by three years, this would indicate great

success in that people get sick later in life meaning that they have better quality of life longer.

9.5. The **City Integrated Commissioning Board**

- **NOTED** the report

9.6. The **Hackney Integrated Commissioning Board**

- **NOTED** the report

10. **CITY OF LONDON SECTION 256 FUNDING**

10.1. Ellie Ward introduced the report which sought the City ICB's approval of proposals for the use of £235,000 section 256 (S256) remaining funding. The following were highlighted:

- The City of London Corporation received in 2016 two pots for £250,000 each of S256 funding to support hospital discharge and admission avoidance, and to support the delivery of the locality plan (integrated commissioning).
- There was also £30,000 remaining from the 2016/17 City of London Better Care Fund (BCF) which ICB agreed in November 2017 would be spent on work to tackle social isolation. To date, £5,000 of this has been spent.
- £265,000 of the S256 funding has been spent on a range of services including a befriending scheme, shopping scheme, review of the DFG process to provide more flexibility to meet people's needs being discharged from hospital and an audit of the health needs and associated services for rough sleepers.
- The following schemes were proposed for the remaining £235,000 of S256 funding:

| Scheme | Budget |
|---|---------------|
| Co-production resource to facilitate and enable the involvement of City of London residents, particularly in relation to the design of neighbourhoods | £20,000 |
| Continuing Healthcare and Adult Social Care Packages to ensure City needs and processes are identified | £20,000 |
| Employment Support for People with Learning Disabilities to include assessment and support to access employment | £30,000 |
| To include some project support around the Children's Centre Services | £70,000 |
| Review to integrate health services and delivering City priorities in relation to CYPM. | |
| Implementation of initiatives to support rough sleeper's health and wellbeing | £40,000 |
| Project support for integration work including development of operational neighbourhood model for the City of London | £50,000 |
| Contingency | £5,000 |

- The remaining £25,000 BCF funding continues to be used to deliver schemes which support the City of London Social Wellbeing Strategy as these develop.
- The schemes are non-recurrent and low risk but have potentially significant benefits in the long term. Where schemes are showing significant benefit and there is scope

for them to continue, there will be consideration of how these can be funded in the long term.

10.2. The **City Integrated Commissioning Board**

- **APPROVED** the above proposals for plans for the remaining S256 funding

10.3. The **Hackney Integrated Commissioning Board**

- **NOTED** the above City of London proposals for plans for the remaining S256 funding

11. **MENTAL HEALTH RECURRENT INVESTMENT PROPOSALS**

11.1. Dan Burmingham presented the report which set out the proposals for recurrent investment emerging from the work of the mental health alliances in consultation with the care workstreams. The proposals support local integrated care objectives including the pan-London new model of Health Based Place of Safety delivery. They fall within the allocated budget for the Mental Health Investment Standard for 2019-20.

11.2. The proposed recurrent investment totals £1,059,564 and consists of the following 4 schemes:

- Homerton Site Health Based Place of Safety (HPBoS) Investment - The HPBoS increased investment in staff capacity for the Health Based Place of Safety (HBPoS) provided at the Homerton by East London NHS Foundation Trust to meet extra demand caused by the re-diversion of flows from the Royal London and to ensure that Health London Partnerships recommendation that there is a core dedicated staff team with the right skills and experience in place is met.
- IAPT Core: Long Term Conditions & 18-25 - The Five Year Forward View (FYFV) sets out targets for the expansion of access rates for IAPT services. The national target for 2019-20 is 22% and 2020-21 is 25%. NHSE proposes that additional increase in access should be met primarily by therapeutic interventions to people with a long term condition and common mental health services.
- City and Hackney Dementia Service - The aim of the proposed Integrated Dementia Service is to deliver an integrated model of care which prevents crisis and facilitates care navigation for People with Dementia (PwD) in City and Hackney. There is an opportunity to offer a responsive model of care incorporating crisis response, dementia navigation - holding of Service Users from diagnosis to end of life and supporting them to seamlessly navigate the system.
- Recovery College Recurrent Investment - This proposal is for administrative resource for the ELFT recovery college. The college currently has no administration resource and is managing a rising number of students. The College forms a key part of our mental health strategy to empower service users through co-produced services

11.3. The following comments were noted from the discussion:

- On whether the proposals are for registered patients or residents (e.g. City residents registered with a Tower Hamlets GP practice), it was reported that the services are open to everyone and that ELFT operates on residency basis.
- Both the City of London and the Hackney police forces are behind the proposals.

- Our strategic aim with IAPT is to start linking it with wider wellbeing services, as there are people with parenting needs, young people with sexual health needs and other wellbeing needs.
- ICB discussed extensively how we can ensure equitable access to services by all and how we can proactively promote what services exist to local communities and particularly to young black men who do not access services easily and people with long term conditions.
- ICB further discussed how to improve the transition from children's to adults services.
- Finally ICB discussed about online tools and access to therapies, e.g. IAPT app which can be accessed as self-help or guided help depending on a person's needs. Other apps are under development for example with regard to sleep problems. The Mindfulness app and the Good Thinking app which was developed in London are also good self-tools to improve wellbeing.

11.4. The **City Integrated Commissioning Board**

- **NOTED** the report

11.5. The **Hackney Integrated Commissioning Board**

- **NOTED** the report

12. **NEIGHBOURHOODS STRATEGIC FRAMEWORK**

12.1. Nina Griffith joined the meeting to present the report which set out the neighbourhoods strategic framework; case studies describing how resident experience might change across a range of scenarios as a result of the neighbourhoods programme; the expected 2018/2019 financial position for the programme; and a description of the process that is currently underway to develop a business case for year two non-recurrent programme monies. The following were highlighted:

- Whilst the programme is at an early stage, the structure of the eight neighbourhoods is becoming embedded across City and Hackney and the testing of new ways of working across providers will start in 2019.
- Each neighbourhood has a detailed information pack (developed with Public Health) to help those working in it to understand the needs of the local population and understand priorities for change. Robust and ambitious partnerships are being put in place with all the workstreams and they each have clearly identified shared priorities and plans to deliver these.
- Primary Care engagement has been strong with clinical leadership in place across all eight neighbourhoods. This has helped drive a significant programme of work focusing on collaboration across practices, partnership working with providers on how services might change to support neighbourhood working and identification of local priorities for primary care to work together on.
- There are clear plans in place across all first wave providers (first wave meaning those involved in Year 1 work) to test new ways of working across the neighbourhoods.
- As the work develops the critical areas of focus will be ensuring that the model is sustainable and makes best use of the available funding; using agreed structures and processes to feed the learning in from the neighbourhood programme into future

service specifications and contracts; building on and developing the understanding of how all services align and work best with/benefit from the neighbourhood structure.

12.2. The following issues and comments were noted from the discussion:

- This is one of the most exciting developments in the local area. There are already results in some areas for example financial benefits resulting from less hospital admissions and no duplication of community services. By year three we should expect to see reduction in admissions of patients with complex needs. Longer term we expect better quality through addressing the wider determinants of health.
- Access to services for homeless people and rough sleepers in the City was discussed. The neighbourhoods model will be able to offer easier access to services. It was further noted that once the provider of the Greenhouse which was just re-procured can be confirmed, the plans on how we can better support relevant people with complex needs can be mobilized. The Brick Lane homeless medical centre is another good example of an established practice.
- ICB further discussed the challenges around IT and data sharing. The IT Enabler Group is addressing these.

12.3. The **City Integrated Commissioning Board**

- **NOTED** the report.

12.4. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

13. RE-TENDERING OF HACKNEY SERVICES FOR UNPAID ADULT CARERS – BUSINESS CASE

13.1. Gareth Wall presented the report which proposed the procurement of three contracts for support to unpaid carers service for adults aged 18 plus in the London Borough of Hackney. Gareth highlighted:

- One of the contracts will be competitively procured to deliver the 'Prevention, Early Intervention and Outreach' service to all carers. The total contract value over five years will be circa £1m (based on £201,407 per annum). The service will consist of information and advice; outreach and early identification; initial assessments/screening; carers groups, peer support; and carers contingency planning.
- The second contract will be insourced to London Borough of Hackney to deliver the 'Longer Term and Targeted Support' service and will consist of:
 - Statutory carers' assessments, reviews, support planning and support to meet any identified eligible needs including the provision of self-directed support through direct payments.
 - A Carers Development Officer for the first 12 months (extendable for a further six months) to embed and mobilise new service and culture change needed.
 - Development of technology to support the operation of the model.
- The final contract will be directly awarded to East London NHS Foundation Trust to deliver the 'Longer Term and Targeted Support' service for carers of individuals with mental health needs.

- The total contract value over five years for the 'Longer Term and Targeted Support' contracts will be circa £2.4m (based on a rising annual value starting at £463,403 per annum).
- The proposal recommended that a further 70% of services are insourced to LBH across the lifetime of the service.

13.2. The following comments were noted from the discussion

- The City of London had re-commissioned these services a few months ago and from an Integrated Commissioning point of view, there should have been a joint approach.
- There is a concern with such projects that although we listen carefully on what people want and need, we disappoint them because for example we may not have enough respite care or we cannot follow through with the support needed. So an additional piece of work may be required to identify further commissioning needs.
- In discussion about how we can align with the neighbourhoods, Redbridge was used as a good example of where it works well and where we can learn from.

13.3. The **City Integrated Commissioning Board**

- **NOTED** the contracting options set out in the report.

The **Hackney Integrated Commissioning Board**

- **ENDORSED** the report

14. UNPLANNED CARE WORKSTREAM REVIEW

14.1. Nina Griffith presented the report which updated ICB on the unplanned care workstream progress, highlighting the following issues and concerns:

Activity

- There has been an increase in A&E activity in City and Hackney in 2018/19. This is part driven by registered population growth, however, even accounting for this there is a 2.19% increase in the rate of A&E attendances per 1000 population.
- The increase in attendances is seen most sharply at Bart's Health, where there has been an increase of 8.9% (in real terms) compared to the same period last year. The Homerton have seen a 1.7% increase on last year.
- We are working with both Bart's and Homerton to implement a model of re-direction from A&E for those patients that can be seen in primary care. We are also working to ensure maximum uptake of the range of services that are in place as an alternative to A&E such as paradoc, IIT and the mental health crisis line.

Performance:

- The Homerton have sustained excellent performance against the four hour wait. They are currently at 94.8% year to date and place consistently in the top 3 of London trusts.
- DToc performance has improved significantly on last year. We are currently projecting achievement of the target.
- We perform poorly against the IAF metric of the number of admissions in last three months of life. We are implementing a new hospice at home service which should

support improved care and reduced inappropriate admissions for patients at end of life.

Changes to integrated urgent care

- One of the workstream's main transformation areas is delivering a more integrated urgent care system in City and Hackney. This includes a review and improved join up between 111, GP extended access hubs, duty doctor, GP out of hours, Paradoc, PUECC and A&E. We are implementing a new GP out of hours service in the borough from April 2019. An additional paper is appended to this report with further detail on this service.

14.2. The **City Integrated Commissioning Board**

- **NOTED** the report.

14.3. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

15. **AOB & REFLECTIONS**

Housing with Care – CQC Inspection

Housing with Care (HwC) is an in-house provided service in Adult Services at the London Borough of Hackney which supports just over 230 people in 14 schemes located across the borough. These schemes provide care and support to people in 'supported living,' so they can live in their own homes as independently as possible. It is a regulated service and subject to inspection by the Care Quality Commission (CQC). The service was inspected in November and December 2018 and was rated as 'inadequate'. A report and action plan to address the concerns raised will be brought to the next ICB meeting.

Reflections

- Positive meeting with complex agenda. It was important that ICB started the discussion about poverty.
- The reports considered were better constructed.

16. **DATE OF NEXT MEETING**

The next meeting will be held on 15 February 2019, 10.00 – 12.00, Room 102, Hackney Town Hall

17. **INTEGRATED COMMISSIONING GLOSSARY**

Circulated for reference.

18. **ICB FORWARD PLAN**

Circulated for reference.

City and Hackney Integrated Commissioning Boards Action Tracker - 2018/19

| Ref No | Action | Assigned to | Assigned from | Assigned date | Due date | Status | Update |
|------------|---|----------------------------------|--|---------------|------------|--------|-----------------------------|
| ICBMar18-3 | Engagement enabler funding - To bring a report back to the ICBs with recommendations to safeguard the mainstreaming of co-production within the IC Programme. | Jon Williams / Catherine Macadam | City and Hackney Integrated Commissioning Boards | 21/03/2018 | 14/03/2019 | Open | By March 2019 |
| ICBOct18-3 | The notes/feedback from the ELHCP meeting on 2 October to be circulated to ICB | Jonathan McShane | City and Hackney Integrated Commissioning Boards | 10/11/2018 | | Open | They are not available yet. |
| ICBOct18-5 | Schedule strategic discussion about risk at a future development session. | Devora Wolfson | City and Hackney Integrated Commissioning Boards | 10/11/2018 | 11/04/2019 | Open | In April 2019 |
| ICBNov18-1 | Develop a case study for learning from our experience with trying to pool the social care/residential care packages which ICB can discuss at a future development meeting | Devora Wolfson | City and Hackney Integrated Commissioning Boards | 16/11/2018 | | Open | By July 2019 |
| ICBJan19-1 | Consider adding on risk register a risk relating to system IT/digital infrastructure | Devora Wolfson | City and Hackney Integrated Commissioning Boards | 17/01/2019 | 14/03/2019 | Open | By March 2019 |

| | |
|----------------------------|---|
| Title of report: | Neighbourhoods Business Case – Year 2 |
| Date of meeting: | 15 February 2019 |
| Lead Officer: | Tracey Fletcher, Programme SRO |
| Author: | Jennifer Walker, Neighbourhoods Programme Manager Nina Griffith, Director Unplanned Care Workstream |
| Committee(s): | Neighbourhoods Steering Group , 11 December 2018 and 29 January 2019 Unplanned Care Board, 18 January 2019 |
| Public / Non-public | Public |

Executive Summary:

The City and Hackney Neighbourhoods Development Programme is requesting to draw down funds for Year Two of the Neighbourhoods Programme (19/20) from the Better Care Fund in order to continue to deliver the ambitions set out in the Neighbourhoods Strategic Framework. We are requesting £1,034,370 of non-recurrent funds, which is slightly above the £956,235 committed in 18/19. This increase is accounted for by additional investment in co-production resources, the voluntary sector and community pharmacy. The programme will utilise these resources to release clinical and managerial time from within the Hackney & City workforce to take forward the work.

City and Hackney partners are committed to delivering strengthened and more joined up out of hospital services. The neighbourhoods programme, and this investment specifically, will provide the resources to deliver this vision with partners, as well as creating the conditions for wider collaboration. This is a crucial building block within our integrated care system (ICS).

The programme has defined a clear strategic framework and vision for change over a number of years. In year two the programme will progress this vision by delivering against two over-arching aims; **embedding new models of care across teams within the Neighbourhoods** and, **describing and planning for a sustainable model to deliver Neighbourhoods going forward.**

The investment requested is significant, however it is important to put this into the context that these monies are expected to be the driver for making system wide change and deliver a permanent and sustainable new way of providing community care in City and Hackney.

Questions for the Integrated Commissioning Board

The Integrated Commissioning Board is asked to approve the use of BCF funds to progress the year two Neighbourhoods programme

Issues from Transformation Board for the Integrated Commissioning Boards

Following feedback from the unplanned care board, we have included an over-arching presentation which briefly outlines the case for clarity of message.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **APPROVE** the Neighbourhoods Business Case Year 2

The Hackney Integrated Commissioning Board is asked:

- To **APPROVE** the Neighbourhoods Business Case Year 2

Links to Key Priorities:

- Neighbourhoods
- Self-Management
- Improving emotional health and wellbeing
- Support for vulnerable groups

Specific implications for City

Developing a model of neighbourhood working for the City of London is one of the projects within the neighbourhoods programme.

Specific implications for Hackney

Neighbourhood working will impact a range of health and care providers in Hackney.

Patient and Public Involvement and Impact:

The neighbourhoods patients panel have overseen and informed all elements of neighbourhood development to date.

Clinical/practitioner input and engagement:

Neighbourhood development has been strongly clinically led. We have an over-arching clinical lead, as well as clinical/practitioner representation from the range of different providers involved in the project. Involvement includes a range of disciplines including general practice, nursing, AHP, social work and hospital consultant.

Equalities implications and impact on priority groups:

Neighbourhood working should support equality of access to services and improved outcomes for a range of groups, including those with complex and diverse needs.

Safeguarding implications:

Neighbourhood working should support improved safeguarding processes and will address a number of findings from recent SARs.

Impact on / Overlap with Existing Services:

There is a strong overlap with existing services, however providers are represented on the programme so we are working with these services through the transformation.

City and Hackney Neighbourhoods Development Programme

Year Two request to draw down funds from the Better Care Fund

Contents

| Section | What it contains |
|--|--|
| 1. Introduction | A Summary of the paper |
| 2. The Case for Change | The local and national evidence which supports the need for the Neighbourhoods mode |
| 3. Alignment to Local and National Drivers | How Neighbourhoods fits with our local strategy and the NHS Long Term Plan |
| 4. Year One | What has happened in Year One of Neighbourhoods and what has been achieved |
| 5. Year Two | Description of financial request for Year Two of Neighbourhoods, what it will achieve and how we will measure the impact |
| 6. Assurance of delivery | Description of controls in place to ensure delivery |
| 7. Year Three | What can the system expect at this point from Year Three of Neighbourhoods |
| 8. Conclusion | The ask of the Integrated Commissioning Boards |
| Appendix A | Summary of achievements against year one business case |
| Appendix B | How neighbourhoods will support the system priorities |

1. Introduction

The City and Hackney Neighbourhoods Development Programme is requesting to draw down funds for Year Two of the Neighbourhoods Programme (19/20) from the Better Care Fund in order to continue to deliver the ambitions set out in the Neighbourhoods Strategic Framework. We are requesting £1,034,370 of non-recurrent funds, which is slightly above the £956,235 committed in 18/19. This increase is accounted for by additional investment in co-production resources, the voluntary sector and community pharmacy. The programme will utilise these resources to release clinical and managerial time from within the Hackney & City workforce to take forward the work.

City and Hackney partners are committed to delivering strengthened and more joined up out of hospital services. The neighbourhoods programme, and this investment specifically, will provide the resources to deliver this vision with partners, as well as creating the conditions for wider collaboration. This is a crucial building block within our integrated care system (ICS).

The programme has defined a clear strategic framework and vision for change over a number of years. In year two the programme will progress this vision by delivering against two over-arching aims; **embedding new models of care across teams within the Neighbourhoods** and, **describing and planning for a sustainable model to deliver Neighbourhoods going forward**.

The investment requested is significant, however it is important to put this into the context that these monies are expected to be the driver for making system wide change and deliver a permanent and sustainable new way of providing community care in City and Hackney.

2. The case for change

2i. Why is the Neighbourhoods programme so important for City and Hackney

The Neighbourhoods programme provides the crucial foundation to improve outcomes for City and Hackney residents and addresses the variation seen across the borough.

We have worked with partners in the programme and with residents to develop a vision for the programme. We believe that neighbourhood working will deliver the following vision:

- Create a sustainable, vibrant and robust structure to listen to, develop and plan services with individuals, families and community groups to meet local needs
- Create empowered individuals, families and communities who are better able to support themselves, prevent ill-health and increase their ability to sustainably manage their own wellbeing
- Deliver joined up care for people of all ages, especially those who are vulnerable or have complex needs
- Reduce inequality of access to services and inequalities in health and wellbeing outcomes for all of our local population

2ii. The national case for change and evidence

The Neighbourhood model provides the structures to address the wider determinant of health

We know that traditional health care is accountable for only 11% of health outcomes. Where we live, our education, our socio-economic status and our behaviours have far more impact on our health and well-being. Joining NHS care provision with social care, employment services, welfare and housing advice, community groups and social networks (both statutory and voluntary sector provision) enables us to tackle the wider determinants of health and wellbeing. This means tackling risk factors such as social isolation, smoking and obesity and building on and strengthening existing work to reduce health inequalities. It is also critically important that we work with and for residents to support them to live well and adopt healthier lifestyles.

The Neighbourhood model strengthens community services and out of hospital care

Constraints on NHS funding coupled with growing demand from an increasing and ageing population have put the NHS under significant pressure. Evidence nationally suggests that our current hospital-based model of care will not meet this increasing demand. Rather, health and social care services need to work differently by providing more upstream preventative care locally and breaking down barriers between services.

The Neighbourhood model will enable general practices, community services, acute hospitals and mental health services to collaborate and build meaningful relationships to meet the needs of people requiring care. This is particularly important for people with complex and diverse needs and whose care spans across a range of different specialty boundaries and/or across physical and mental health services.

The Neighbourhood model will reduce the rising tide of demand for hospital care

One of the benefits of integration is that it enables resources to be used more effectively. Early evidence suggests that the new care models put in place following the Forward View are moderating demand for hospital care and enabling patients to be discharged from hospital in a timely manner ([NHS England 2017](#)). Even more important is the opportunity to improve patient experience and outcomes by improving access to care and co-ordinating the contribution of health, social care and other community services around the needs of patients and the public.

2iii. The local case for change and evidence

Neighbourhoods will offer:

The opportunity to build different ways of working together learning from the evidence from Safeguarding Adult Reviews – by creating trust, collaboration and improved communication

Recent safeguarding adult reviews have shown a common theme relating to the need to improve “interagency working and communication”. One of the principle aims for the development of Neighbourhoods is to deliver joined up care for people, especially those who are vulnerable or have complex needs by joint working across health, social care, community, voluntary and wider public sector organisations.

Opportunities to improve outcomes by working at a local level – Neighbourhoods are able to test approaches in areas of highest need

City and Hackney provides excellent care in many areas but there remain challenges and existing ways of working and models of care have not been able to deliver some of the improvements for the local population that we would like to see. For example Hackney performs less well than the London average across a range of life course indicators:

- Immunisations at 12 months and 5 years
- Childhood obesity
- Adult smokers, adult binge drinking and deaths from drug overdose
- Male life expectancy
- Uptake of flu vaccinations
- Employment rates of people with learning disabilities and serious mental illness

Working at a Neighbourhood level enables us to deliver improvements across these areas by targeting services and approaches to support a local population, whilst at the same time providing a comprehensive foundation of provision for all.

Even in a relatively small geographical area there can be significant variations in need across different Neighbourhoods, for example

- There is a 7% difference in the number of 5 year olds between the Neighbourhood with the largest number and the smallest-
- 4.9% SW2 and City is the lowest
- 12% NE1 has the highest
- SE1 Neighbourhood has the largest percentage of over 65s
- On the index of social deprivation there is also variation between Neighbourhoods
- SE2 highest level of deprivation (well above London and England average) and NW2 and SW2 + City lowest (but still above London and England average)
- NE2 has the highest prevalence of diabetes of all Neighbourhoods and also the largest percentage of adults registered as obese
- More housebound patients in NW2 and NE2 than in the other Neighbourhoods
- Social isolation higher in SE1 and SE2 than in the other Neighbourhoods

A structured approach to promote and deliver prevention work at a local level – supporting the importance of work to improve population health

City and Hackney is committed to improving health outcomes and reducing health inequalities while there is increasing demand on public services. Investment in prevention can have a range of impacts which help meet these goals while managing these pressures. Neighbourhood working allows us to target and test approaches to prevention tailored to the needs of the local population.

3. Alignment to local and national strategic aims

The Neighbourhood programme supports and drives City and Hackney's strategic aims, as well as supporting delivery of the aims set out nationally as part of the NHS Long Term Plan:

City and Hackney Integrated Care System development

Neighbourhoods are fundamental to the development of the City and Hackney Integrated Care System. They provide the framework for the delivery of out of hospital and community services and platform for better joined up working between health and care services, the wider community and voluntary sector. The programme vision described above is fully aligned to the vision of the integrated commissioning programme and will support delivery of ambitions around integration, reduced inequality and increasing our focus on prevention.

As part of our ICS, partners in City and Hackney are working to deliver strengthened, joined up community services which better support our residents, underpinned by a new contract form that enables and incentivises this ambition. Our work to date on community services and the feedback from the recent set of system workshops has shown that there is scope, opportunity and significant will from front line teams to implement a broad model of integration across a wide range of children's and adult services.

The neighbourhoods programme is the engine room for this work in 2019/20. It will provide the resources to drive the development of new models of care in community services with provider partners at the front line, working across the four care workstreams. The programme will also support ongoing collaboration between partners by supporting relationship building between front line staff.

Social care and the wider voluntary sector are a core part of community and out of hospital services, and whilst they may not be part of the contractual re-design, they are core partners within the neighbourhoods programme and so will work with us to re-design their services within a more joined up system.

Delivery of the City and Hackney system outcomes

System partners are in the process of agreeing a system outcomes framework, supported by Cordis Bright. As part of this process a set of system priorities have been agreed. Neighbourhoods will be central to the delivery of a range of these priorities and the associated outcomes. *Section 5iii describes in detail how we will support delivery of these outcomes.*

NHS Long Term Plan (LTP)

City and Hackney are fortunate that the thinking around Neighbourhoods is very advanced and puts the system in a fantastic position to respond to the NHS long term plan, both in terms of delivery of Primary Care Networks, and the delivery of Integrated Care Systems.

The LTP states that all systems should be developing Primary Care Networks (PCN). PCNs require neighbouring GP practices to work together typically covering 30-50,000 people which is equivalent to the Neighbourhood model in City and Hackney. They are seen as the enabler of “*fully integrated community based healthcare*” (LTP p15).

This is underpinned by both the Planning Guidance for 2019/20 and the new national Primary Care Contract which both clearly place PCN at the centre of plans for delivering improvements to care and health outcomes.

Every ICS or STP must have a Primary Care strategy in place by 1 April 2019. This strategy is to set out:

“how they will ensure the sustainability and transformation of primary care and general practice as part of their overarching strategy to improve population health... This must include specific details of their: local investment in transformation with the local priorities identified for support; Primary Care Network development plan; and local workforce plan” (19/20 Planning Guidance p17).

City and Hackney, through the Neighbourhood programme, already has a well-developed plan and a robust infrastructure in place. The investment in Year Two funds for the further development of this model will put the system in an excellent and significantly advanced position with regard to the development of PCNs with significant service redesign already completed to support integration of services around the needs of local residents and with primary care.

The Long Term Plan also sets out an ambition for PCNs to use analytics to support population health management. This includes understanding unwarranted health outcomes within populations and using tools to pro-actively manage those at risk. Work in this area is already underway and progressing and through year two the programme will further develop analytic capability in the borough to support population health at a Neighbourhood level. This will draw on work underway through the IT Enabler board and utilises resources such as the linked data set developed by Tower Hamlets CCG.

Whilst the stated asks around PCNs does align to our neighbourhood model, our model goes further, by supporting and driving the re-design of a broad range of community services and by integrating or linking a wider range of social care, community and voluntary sector services to the neighbourhoods. As such, neighbourhoods are a crucial element of our system infrastructure and our ICS.

The Long Term Plan requires all parts England to be within an ICS by 2021. Ongoing delivery of the neighbourhoods model through the coming year will demonstrate how our system is working effectively and place us in a strong position in relation to the national asks around ICS's.

The neighbourhoods programme should also be seen as the vehicle for supporting some of the specific clinical pathway asks within the LTP. The programme team will work with the care workstreams to understand where neighbourhoods provides a framework for supporting or progressing the asks within the plan.

4. Year One. What has happened in Year One and what has been achieved?

4i. Year One Achievements

The programme was launched in April 2018. Whilst transformation of this scale and scope takes many years to realise full benefits, we have made significant progress gaining the engagement and momentum needed to progress our aims. The following highlights what has been achieved and the

work currently underway:

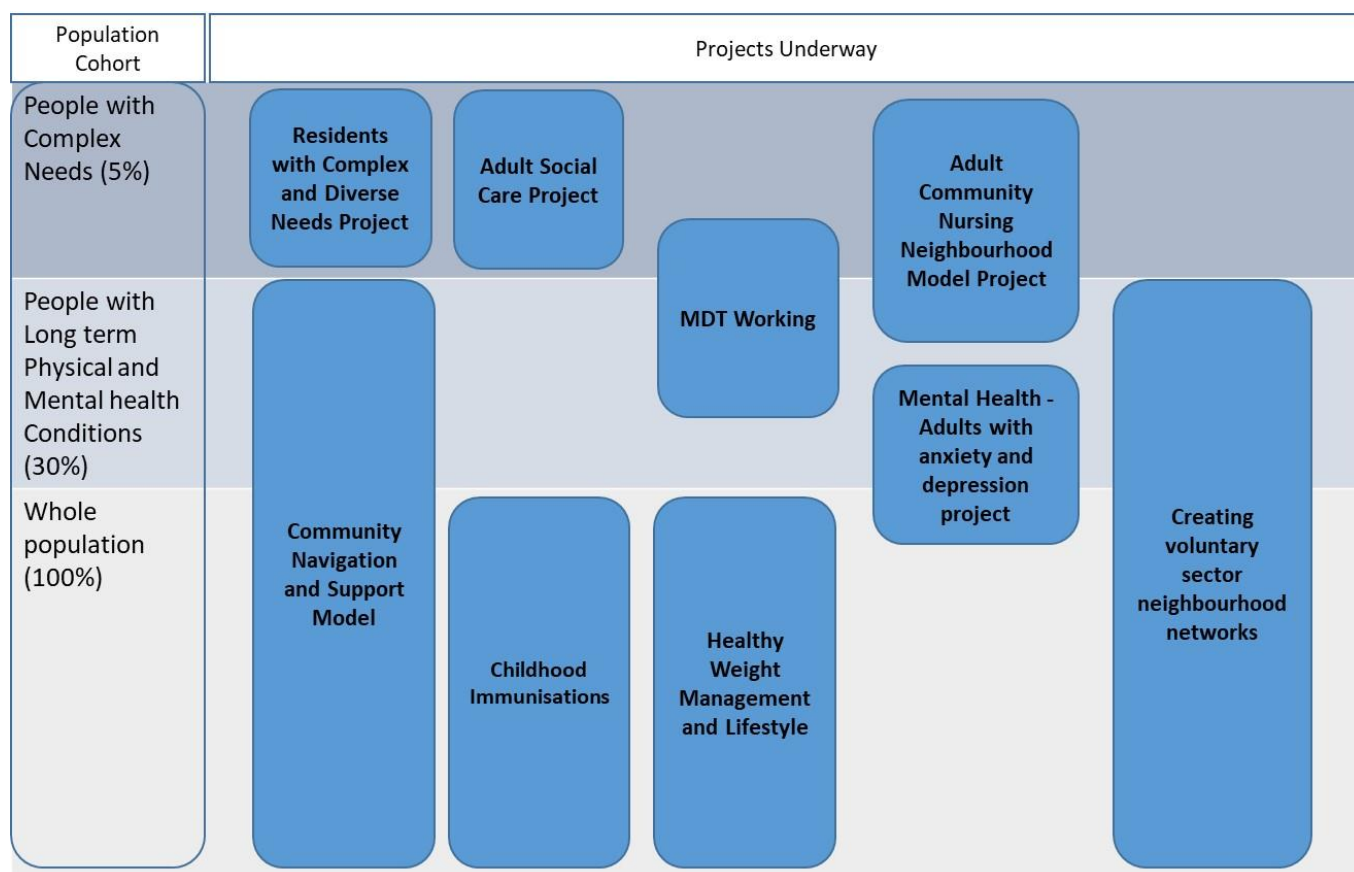
- We have developed a strategic framework for Neighbourhoods with partners across the system which outlined the vision, ambition and work underway over the next one to three

years. There was broad system buy in to the framework and shows the level of support and engagement with this transformation.

- The Neighbourhood structure has been formed and embedded. It is clear across the system how the Neighbourhoods are set up and names have recently been chosen for each Neighbourhood.
- The programme has supported relationship building between many of the partners, bringing together colleagues from primary care, community services, the Homerton, ELFT, social care, the voluntary sector and user representatives. This has included senior colleagues to inform the visioning for Neighbourhoods and front line staff in develop new models of care. There is a strong sense of common purpose, and there is sufficient trust and strength of relationships for robust and constructive challenge across the range of Neighbourhood projects.
- There are clear plans in place across all partners involved in Year One to test new ways of working across the Neighbourhoods. These new ways of working will drive the service re-design within the new community services contract.
- We have seen a shift in primary care engagement in year one. Primary care clinical leads are in place across all eight Neighbourhoods. This has helped drive the work to build collaboration across practices, and identify the Neighbourhood level priorities for primary care.
- Each Neighbourhood has a detailed integrated data profile (developed with Public Health) to help those working in it to understand the needs of the local population and understand priorities for change.
- The resident voice has been central to the programme, with user engagement being led and overseen by the Neighbourhoods Patient Panel. This skilled, enthusiastic and committed group of residents have led on specific areas of work, including a process to name the Neighbourhoods, and delivering a project to test how best to engage and find out what matters to residents in Neighbourhoods. They have an ambitious forward plan of work with the creation of a sustainable way of talking with, listening to and acting on residents views within Neighbourhoods at the heart of it.
- There are established, robust and ambitious partnerships in place with all the integrated commissioning care workstreams. Each has clearly identified shared priorities and plans to deliver these.
- We have scoped and begun the work to think about the role of the City within the Neighbourhood programme. We have identified a number of areas where input from the City is critical in developing the delivery model. These include: Residents with complex and diverse needs, developing a way of working to support pathways for people who are not resident in the City, links to the Voluntary Sector and Community Nursing.

Appendix A shows achievement against the objectives set in the year one business case.

The programme is very ambitious not only focusing on developing a model to support those most at risk of admission but recognising the need to deliver a population health model. The diagram below shows how the programmes of work in the first year of the programme affect the total City and Hackney population.



5. Year Two. What are we asking for in Year Two, what do we expect it to achieve and how will we know that it has made a difference?

5i. What are we asking for in Year Two?

In order to deliver Year Two of the Neighbourhoods Development programme we have worked with partners to develop the most cost effective model to achieve the outputs listed above. The total sum requested is £1,034,370 from the Better Care Fund for 2019/2020 (£956,236 in 18/19). The programme will carry forward funds of £189,000 from 18/19 which will be used to support the remainder of the costs identified in the table below.

There is an increase in request for resources for the 19/20 year due to the following reasons:

- Introduction of new partners who require support to develop ways of working at a Neighbourhood level
 - o Community Pharmacy
 - o Community Therapy services
 - o Integrated Independence Team (IIT)
 - o Voluntary Sector structure to support Neighbourhoods and hard to reach groups
- A more realistic budget to support the increasing work and role of residents within the programme (Only 5,000 was allocated in the first year)

This is a large investment, however we know that transformation of a similar scale in other systems has only been delivered with large-scale investment.

This investment requested is concentrated on staff to project manage and lead the redesign of services and not for new posts. The investment at this stage is to enable the partners and system to develop ways of working that deliver better outcomes for residents and the system than current models and require no additional investment.

The approach being taken is to invest in and encourage and empower devolved leadership in the development of Neighbourhoods in City and Hackney. This has been successful in other systems where partners play an equal and active role in changing the way that services are delivered in Neighbourhoods.

Summary of total requested funds by Provider for Year Two of the Neighbourhood Development programme

| Provider | Amount | Summary | Summary of spend |
|--------------------|----------|--|--|
| Community Pharmacy | £58,700 | To deliver a Community Pharmacy model for Neighbourhoods which includes collaboration across Pharmacies, opportunities to reduce variation by working in Neighbourhoods, a Neighbourhood leadership model and contribution to integrated teams and development of pathways | Funding covers: <ul style="list-style-type: none"> - Appointment of eight pharmacy neighbourhood leads mirroring primary care model. - Meeting spaces, facilitation of events - Small amount of funding for management support. |
| Homerton | £146,000 | To deliver a model to support the management of complex and diverse patients within Neighbourhoods, to deliver a model for Therapies and IIT operate within or with Neighbourhoods, to support delivery of community nursing Neighbourhood model. | Funding covers: <ul style="list-style-type: none"> - Clinical Input (Senior Nurse, Geriatrician) - Project Management and Operational leadership |
| LBH | £150,000 | To complete pilot to look at how adult social care works at a Neighbourhood level to support high risk residents and develop role of social care in integrated teams to support complex and diverse patients | Funding covers: <ul style="list-style-type: none"> - 2 x senior social workers to develop and test new ways of working - Project management support |

| | | | |
|------------------|----------|---|---|
| GP Confederation | £246,414 | To continue work within primary care developing collaboration and opportunities from collaboration across practices. To deliver primary care Neighbourhood QI projects and contribute to creation of integrated teams and models of care within Neighbourhoods with other partners. | Funding covers: <ul style="list-style-type: none"> - 8 primary care clinical leads* - Small amount of senior management support - Project management support - 16 neighbourhood MDT meetings |
| ELFT | £162,700 | To deliver a model for how mental health services will work at a Neighbourhood level. To complete pilot to look at redesign of services for adults with anxiety and depression. | Funding covers: <ul style="list-style-type: none"> - Clinical leadership - Project management support - Delivery of a series of redesign workshops |
| HCVS | £190,000 | To complete and scale up a pilot to look at creating voluntary sector networks in Neighbourhoods and developing specific voluntary sector responses to high risk population cohorts. | Funding covers: <ul style="list-style-type: none"> - Project Management support - HCVS input - Pump priming for neighbourhood pilot to support community navigation work/advice and benefits model - Delivery of redesign workshops |
| Health Watch | £55,000 | To provide the support and infrastructure to strengthen and develop existing coproduction model. | Funding covers <ul style="list-style-type: none"> - Patient engagement lead - Small amount of administrative support - Expenses for meeting and volunteer time/expenses |
| Central Team | £250,000 | To provide programme management support and leadership to the Neighbourhood development programme. | Funding covers: <ul style="list-style-type: none"> - Clinical Lead - Programme lead - Programme manager - Information analysis |

| | | | |
|-----------------------------------|------------|---|---|
| City of London | £20,000 | To provide project management support to develop the City specific aspects of the Neighbourhood model. Specifically this is: a pilot on supporting primary care with housing issues, pathway for complex and diverse residents, voluntary sector model. | Funding covers: - Project Management |
| Total | £1,223,814 | | |
| Total requested (minus C/F funds) | £1,034,370 | | |

*The new GP contract indicates that central monies will be available from Q2 onwards to fund 'Clinical Lead' posts within each network. The exact process for accessing these funds is not confirmed. If we are able to secure this money centrally then the costs for the clinical lead posts within the above monies will remain in the BCF for other uses.

5ii. What will we achieve in Year Two?

In year two the programme will deliver a return on investment for the system by delivering the following for City and Hackney:

- Strengthened relationships between health, social care and wider community partners – the programme will create the time and space for partners (particularly practitioners) to come together to meet each other and generate new ideas
- The creation of an integrated Neighbourhood team and model of care to support the most complex and vulnerable patients which will help support an appropriate reduction in activity
- To roll out new models of neighbourhood care across the following services:
 - o Community Nursing
 - o Adult Social Care
 - o Mental Health
 - o Primary Care
 - o Community Navigation and support
- To continue the programme of community service re-design with a broader range of services, driven by the recent community services workshops
- To start work with a new range of partners including children's and family services, pharmacy and the voluntary sector
- A best practice example of co-production and resident engagement
- The development of a long term plan for neighbourhoods which will describe the short, medium and long term outcomes from the programme and will define a sustainable and resilient Neighbourhood infrastructure

Describing the deliverables in more detail, it is helpful to categorise them against the two over-arching dual aims for the year; **embedding new models of care across front-line teams** and, in tandem, **developing a long term plan for a sustainable neighbourhood model**.

The following table describes the year 2 deliverables (or outputs) against each of these aims in more detail, describing what this will look like for the system:

| OVER-ARCHING AIM | Deliverable | What will this look like? |
|--|--|--|
| Embedding new models of care across teams within the Neighbourhoods | 1. Continued development of Neighbourhood identities and strong primary care foundation | <ul style="list-style-type: none"> - Regular Neighbourhood MDT meetings - Delivery of QI projects - Transition from consortia to neighbourhoods - Develop clinical leadership model - Primary care contracts linked to Neighbourhoods - Service delivery models in Neighbourhoods (e.g. smoking, addiction, extended access) |
| | 2. To complete discovery (test and learn) phase with existing partners and formally review, scale and implement outcomes | <ul style="list-style-type: none"> - Complete test and learn projects launched in year 1, formal review of outcomes and roll out of new models of care across Neighbourhoods for the following services: adult community nursing, mental health, adult social care. (If formal business case is required for roll out, this should be reviewed by the steering group) - Agreed process for implementing contractual changes to reflect and embed the new models of care - New model of MDT working, community navigation and asset mapping |
| | 3. To begin new discovery phase for Year Two partners and projects | <ul style="list-style-type: none"> - Launch of new test and learn projects where new partners have joined the programme (e.g. community pharmacy) - Continued programme of community service re-design with a broader range of services - driven by the recent community service workshops - Deliver a model for community and third sector groups within neighbourhoods - Map, understand and use neighbourhood community assets better - Deliver a sustainable and strengthened model of connection to community groups and activities - Develop a model of care for children and families within the neighbourhood* |
| | 4. To deliver a model to listen to, act on and give residents a voice | <ul style="list-style-type: none"> - Continue, develop and strengthen work of the patient/resident panel - Ensure resident voice in all elements of programme |

| | | |
|--|--|---|
| | in their local Neighbourhood | <ul style="list-style-type: none"> - Ensure formal alignment to the engagement enabler group - Develop a sustainable model for resident engagement at a neighbourhood level |
| Developing a long term plan for a sustainable neighbourhood model | 5. To produce a long term development plan for Neighbourhoods, delivering outcomes and supporting sustainability | <ul style="list-style-type: none"> - Long term development plan for Neighbourhoods to be signed off through system governance – the plan will describe how we move from transformation phase to sustainable delivery - Develop an outcomes framework for neighbourhoods - Will include a clear plan for engaging wider community partners into neighbourhoods |
| | 6. Create a sustainable, integrated, collaborative leadership model and infrastructure across all Neighbourhoods. | <ul style="list-style-type: none"> - Agreed multi-disciplinary Neighbourhood leadership model - Agreement of leadership and administrative infrastructure required to support Neighbourhoods - Options to support new ways of working/culture changes - Agreed ways of working supported formally by Neighbourhood Memorandum of Understandings (MOU) between partners. - Communications/engagement plan |
| | 7. To work closely with Enabler Programmes to ensure that critical infrastructure and work is aligned to the Neighbourhood programme | <ul style="list-style-type: none"> - Delivery of critical interfaces including: Directory of Services, Shared IT systems, data sharing agreements, supporting technology such as apps and population health tools - Join up between the neighbourhood programme and the borough's estates strategy |

The year 2 deliverables for the programme will continue to progress the neighbourhoods vision. The following table shows how the deliverables described above align to and progress the vision:

| How do the year 2 deliverables progress the Neighbourhoods Vision? | | | | |
|--|--|---|--|--|
| Neighbourhoods vision | 1. To listen to, develop and plan services with local people to meet local needs | 2.To create empowered individuals, families and communities | 3.To deliver joined up care for people of all ages, especially those who are vulnerable or have complex needs | 4.To reduce inequality of access to services and health and social outcomes for our local population |
| Year 2 deliverables | <ul style="list-style-type: none"> •Continue, develop and strengthen work of the patient/resident panel •Ensure resident voice in all elements of programme •Ensure formal alignment to the engagement enabler group •Develop a sustainable model for resident engagement at a neighbourhood level | <ul style="list-style-type: none"> •Deliver a model for community and third sector groups within neighbourhoods •Developing a sustainable and strengthened model of connection to community groups and activities •Map, understand and use neighbourhood community assets better •Implement a new model of community navigation •Develop a model of neighbourhood care for children and families | <ul style="list-style-type: none"> •Complete test and learn projects launched in year 1, formal review of outcomes and roll out of new models of care across Neighbourhoods •Agreed process for implementing contractual changes to reflect and embed the new models of care •Continued programme of community service re-design •Launch of new test and learn projects where new partners have joined the programme (e.g. community pharmacy) | <ul style="list-style-type: none"> •To produce a long term development plan for Neighbourhoods, delivering outcomes and supporting sustainability •Develop an outcomes framework for neighbourhoods •Delivery of population health management tools |

Working across the Care Workstreams and supported by enabling work in: IT, Estates, CEPN, Engagement

NOTE ON THE DIAGRAM

-Some deliverables align to a number of elements, however we have placed them in the most appropriate area.

-The deliverables to develop the governance, clinical leadership, administrative support model are not shown as these support the overall neighbourhoods infrastructure rather than an element of the vision

Children's, young people and Family Services

Neighbourhoods have always intended to be a whole population model. Many similar models of integrated care across the country focus on better supporting complex and frail adults. However, we see an opportunity to use the neighbourhood structure to support children, young people and families better by better closer working between children's and adult services. In year two we will facilitate closer working between adults and children's services at both early years and adolescence. This should establish a multi-agency approach around those families that are most at risk. Whilst the work will focus on those families that are most at risk, the improved relationships

and established ways of working between adult and children's teams will support all families.

Working with families is a vehicle to strengthen sustainability, as multi-agency work in early life should return long term gains through the rest of the life course.

5ii. What outcomes can we expect to see as a result of this investment?

We are developing an outcomes framework for neighbourhoods which will be agreed within this financial year. This will provide a mechanism for measuring the impact of neighbourhoods, using both quantitative and qualitative measures. Work to date on the outcomes framework has shown that we expect neighbourhoods to deliver against the following domains:

- Improved outcomes for local residents
- A strengthened resident voice
- Improved staff experience
- Improved system integration (as an outcome in its own right)
- Financial sustainability
- Improved system level measures of population health

The following are examples of the measures that we are current considering against each domain:

| Domain | Likely Measures |
|--|---|
| Improvements in outcomes for local residents | Improvement in patient activation measures -patients reporting that they feel in control of their own condition |
| | Reduction in social isolation |
| | Improved quality of life indicators |
| | Improved measures of self-efficacy |
| A strengthened resident voice and embedded community co-production model/Benefits to residents | Improvements in accessing views from hard to reach/marginalised groups |
| | Increased meaningful resident engagement activity |
| | Increase in number and diversity of resident representatives |
| | Increase in examples of the ways in which residents have informed and shaped service change |
| | Increased shared decision making |
| | Increased care plans |
| | Increased number of residents involved in MDT meetings |
| Improvements in outcomes relating to staff experience and satisfaction | A positive impact on recruitment and retention for specific staff groups |
| | Improvements in staff satisfaction with their role |
| Improved system integration | Reported improvements in trust across teams |
| | Reported/assessed improvements in the way teams work together – reported by both staff and patients |
| | Reduction in adverse incidents relating to break downs of communication and team working across professional boundaries |
| | Reduction in avoidable admissions |
| | Reduction in delayed transfers of care |
| | Reduction in hospital length of stay for specific cohorts |

| | |
|--|--|
| | Reduced waiting time for specific services |
| | Reduction in adverse incidents |
| | Reduction in medication errors |
| | Improved medication reconciliation |
| | Reduction in emergency admissions for specific cohorts |
| Improvements in system level measures of community and population health | Reduction in avoidable deaths for treatable conditions |
| | Improved mental health and wellbeing |
| | Proportion of population involved in health lifestyle behaviours |
| | Improvements in healthy life expectancy |
| | Reduction in premature mortality |

The benefits from the development of Neighbourhoods and the associated changes in working will impact at different points depending on the type of intervention. For example, benefits associated with work on prevention will impact in the longer term and may take years to realise while other improvements may be seen much sooner than this. The mapping of expected impact and improvements to outcomes against the different interventions will be part of the final set of outcome measures produced by the end of Year One.

Contribution to improvement in outcomes for the system priority areas

System partners are in the process of agreeing a system outcomes framework, supported by Cordis Bright. As part of this process a set of system priorities have been agreed. Neighbourhoods will be central to the delivery of a range of these priorities and the associated outcomes. The programme is working in partnership with the care workstreams to help deliver the identified system priorities and improve outcomes against these areas.

A summary of how neighbourhoods will support the system priorities is in appendix B.

6. How can we be assured that the investment will deliver these outputs and outcomes?

The neighbourhoods steering group oversaw the process for developing the year 2 aims and identifying the required resources. The following principles were applied to all Year Two requests for funds:

- Investment will create additional non-recurrent transformation and clinical leadership capacity across provider organisations to support the significant transformation work required
- The central programme team is deliberately small with the decision made to concentrate on increasing capacity in organisations to support meaningful engagement and devolved leadership
- All posts are non-recurrent with the focus on front loading resources during a programme of long term change to embed the Neighbourhoods structure, create capacity to change the way teams/people work and deliver sustainable change
- Investment will support the thinking and redesign work required to deliver a transformed community services contract
- All partners have to demonstrate what the system/residents can expect to be different as a result of investment in Year Two with a clear goal and demonstrable outputs
- Partners will use existing resources to supplement the work required to deliver the Neighbourhoods programme
- All bids must support the delivery of the Year Two aims

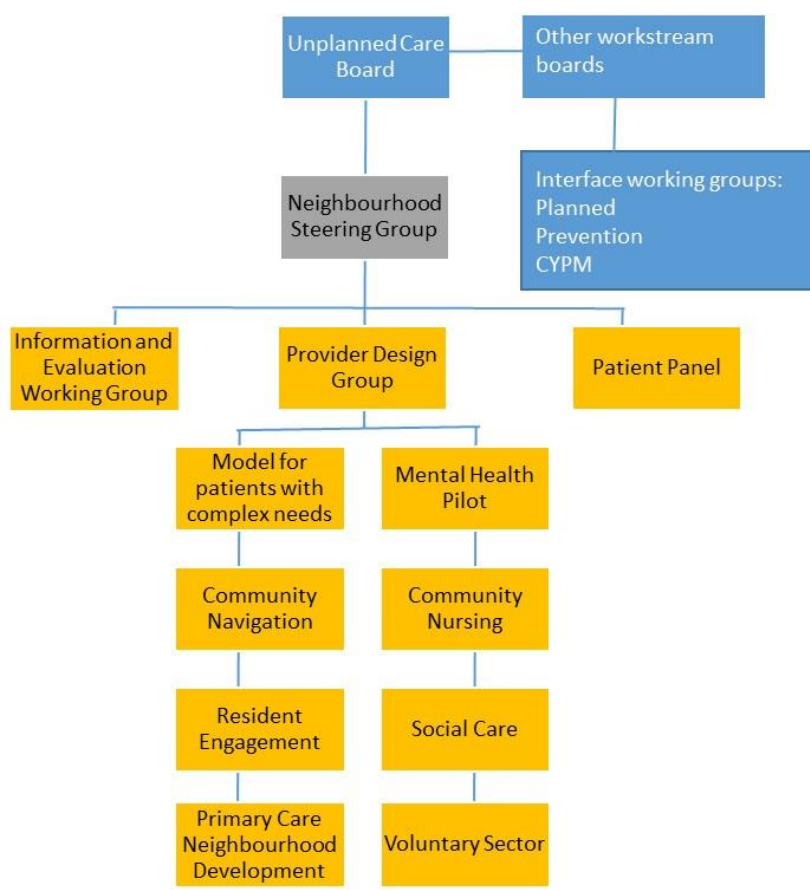
Partners within the programme were asked to consider what resources they would require to maintain their current momentum and deliver against the year 2 aims using a given template. These requests were scrutinised by a sub-set of the steering group and tested against the principles and delivery against aims. Peer review also ensured join up and took out any duplication.

As was the case in year 1, the money will be released to partners as part of a contract which will stipulate the expected recruitment and outputs required to receive the funds. Money will be released quarterly. The CCG contracting team will lead this process to ensure that appropriate rigour and objectivity is applied.

Programme Governance

We have an established programme structure in place that oversees the range of projects underway within the programme. This provides the structure to oversee and drive progress, share learning and best practice and identify risks.

The programme structure is shown in the following diagram:



7. Year 3. What will happen next?

The activities in Year Two are focused jointly on delivering new models of care across teams within the Neighbourhoods and also developing a long term plan for a sustainable neighbourhood model. This will involve identifying any ongoing running costs associated with delivering a Neighbourhood model. Partners have been asked to ensure that new service models are developed that are within their recurrent financial envelope. The investment provided in Year One and Year Two supports project management to redesign services, clinical team to oversee the change process and some pump priming to test new ideas. It is not recurrent funding to support ongoing delivery of new models of care.

From Year Three, the focus will be on transitioning to delivering Neighbourhoods sustainably ensuring that the need for any ongoing costs is well understood, well-evidenced and the expected return on investment is understood. The aim will be to keep the ongoing costs required to the minimum needed to allow the Neighbourhood model to operate and deliver. We will develop a plan to transition current contracts with a range of partners to reflect neighbourhood working. The time-scales for this will vary depending on current contract lengths.

This is supported by the LTP which says, “As part of a set of multi-year contract changes individual practices in a local area will enter into a network contract, as an extension to their current contract, and have a designated single fund through which all network resources will flow. Most CCGs have local contracts for enhanced services and these will normally be added to the network contract” (LTP p14).

In 2019/20 CCGs are required, “to commit a recurrent £1.50/head recurrently to developing and monitoring Primary Care Networks so that the target of 100% coverage is achieved as soon as it is possible and by 30 June 2019 at the latest. This investment should be planned for recurrently and needs to be provided in cash rather than in kind” (19/20 Planning Guidance p17). We will work with the CCG to ensure that this investment supports ongoing neighbourhood delivery and development, although it is acknowledged that this is not new money.

At the point of submitting this case, the new GP contract had just been published. This commits some new money for PCNs (neighbourhoods). In 2019/20, this is only a small amount to reimburse some primary care posts. However, from 2020 onwards there may be more money available. The full details of this are not yet published, but we will work to ensure that we utilise central funding where it is available to deliver the programme sustainably going into year 3 and beyond.

8. Conclusion and ask of Integrated Commissioning Boards

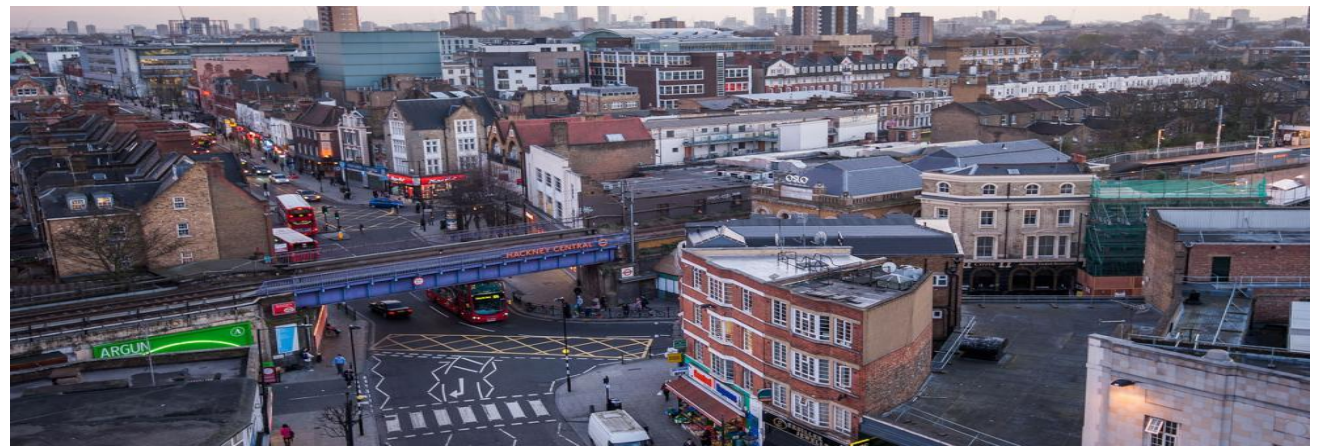
Neighbourhoods provide the structure for transforming services in City and Hackney to deliver real joined up care, to address the wider determinants of health, to target localised need and to better engage with and involve our local residents in keeping their local communities healthy. Transformation on this scale takes time and resources. We have laid the foundation and set the momentum for this change in year one of the programme, we are now requesting £1,034,370 non-recurrent funds for year two to fund the ongoing transformation.

Supporting Papers and Evidence:

- Neighbourhoods 2019/20 Business Case Presentation
- Appendix A: Progress against original business case aims/phases
- Appendix B: How neighbourhoods will support delivery of the agreed system priorities

Sign-off:

Workstream SRO: Tracey Fletcher, Chief Executive, Homerton University Hospital NHS FT



Neighbourhoods 19/20 Business Case

Integrated Commissioning Boards, February 2019
Tracey Fletcher, Nina Griffith, Stephanie Coughlin



Why are Neighbourhoods important?

Our future success in City and Hackney depends on:

- The health of our local population
- Our ability to manage demand for hospital and other care services
- Our ability to reduce the variation in outcomes across the borough
- Improving the way that we support and organise care for those in our local population who are vulnerable and have multiple and complex needs

The Neighbourhood structure and service redesign programme it oversees will be a big part of the response to these issues

How do neighbourhoods support City & Hackney's strategic direction?

Integrated Care System Development and

- Neighbourhoods are fundamental to the development of the City and Hackney Integrated Care System. They provide the framework for the delivery of out of hospital and community services and the platform for better joined up working between health and care services, the wider community and voluntary sector.

Community Services Redesign

- Our work to date on community services and the feedback from the recent set of system workshops has shown that there is scope, opportunity and significant will from front line teams to implement a broad model of integration across a wide range of children's and adult services.
- The neighbourhoods programme is the engine room for this work in 2019/20. It will provide the resources to drive the development of new models of care in community services with provider partners at the front line, working across the four care workstreams. The programme will also support ongoing collaboration between partners by creating the time and space to build relationships between partners

Safeguarding

- Safeguarding adults reviews have identified that silo working between services contributed to a failure in care. Neighbourhoods should lead to real and meaningful joined up working through both structural and cultural changes which will support improved care for our complex and vulnerable patients.

How do Neighbourhoods link to the long term plan?

- NHS Long Term plan says that every system must deliver Primary Care Networks (PCN) – these are the equivalent to Neighbourhoods
- City and Hackney have both a very well developed Neighbourhood model (PCN) but critically an ambitious redesign programme to deliver a different way of working.
- The City and Hackney Neighbourhood programme is more advanced than other areas in its approach to delivering change to the whole population and involves a wider range of partners.
- The City and Hackney Neighbourhood programme understands the importance of prevention and addressing the broader determinants of health and this sits at the heart of the programme
- The neighbourhoods programme will also work with the IT enabler to deliver improved analytics to support population health

What happened in 2018/2019?

- In 2018/2019 the system invested c. £950,000 non-recurrently to deliver the first year of the Neighbourhoods development programme
- This money released:
 - Clinical and project management resources across providers to redesign their services
 - A small central team to coordinate the work of the multiple workstreams
- This money delivered
 - The creation of a Neighbourhood structure for City and Hackney
 - Primary Care leaders who are:
 - Creating a Neighbourhood Structure across practices in each Neighbourhood
 - Leading primary care improvement projects in each Neighbourhood
 - Proving the primary care input into the service redesign projects within Neighbourhoods
 - Service redesign projects to deliver a model of Neighbourhood working across partners
 - The design of a model to support residents who are vulnerable and have complex needs
 - A strong and productive model of co-production led by the programme Patient/Resident Panel
 - The start of a sustainable infrastructure to support the operation of Neighbourhoods

What are the plans for 2019/20?

The business case identifies costs one year of non-recurrent costs of £1,034,370 to continue this work into Year Two. Funding will be used for:

- Releasing clinical time and creating clinical leaders to lead the redesign work
- Creating project management capacity within providers to deliver the redesign work
- A small central team to oversee the deliver of the whole programme and support the providers and projects
- The small increase in year two is because we are including new partners in the programme- voluntary sector and pharmacy

The deliverables for 2019/20 are two-fold:

1. Embedding service transformation across teams within the neighbourhoods:

- Continued development of the strong primary care foundation
- Create a sustainable, integrated, collaborative leadership model and infrastructure across all Neighbourhoods.
- To roll out and embed the new models of care emerging from the current range of neighbourhood pilot projects
- To continue to programme of community service re-design with a broader range of services -as driven by the recent workshops
- To begin new pilot phase for Year Two partners - pharmacy, voluntary sector, wider community services
- To deliver a model to listen to, act on and give residents a voice in their local Neighbourhood

Which will inform

2. Developing a long term plan for a sustainable neighbourhood model

- Long term development plan for Neighbourhoods to be signed off through system governance – the plan will describe how we move from transformation phase to sustainable delivery
- Will describe transition to sustainable new contracts for neighbourhoods
- Will include a clear plan for engaging wider community partners into neighbourhoods

What will happen after 2019/2020?

- The business case is asking for transformation monies to support year 2 of the programme (19/20)
- During Year Two, we will create a long term development and business plan to support the ongoing delivery of Neighbourhoods in a sustainable way
- This will take into account the potential long term plan funding streams and contractual changes required to move the neighbourhood model from a phase of transformation to sustainable delivery
- The focus of the plan will be sustainability – delivering a model of care which supports overall sustainability for City and Hackney.

Appendix A

Progress against original business case aims/phases

In Year One we set out the following aims/phases of work in the original business case. A brief summary of progress is set out in the Table below against each of the original phases with further detail in the text below about achievements across the programme.

| Aim/Phase | What does this look like? | Progress |
|--|---|---|
| 1. Neighbourhood Identities and Primary Care Foundation | <ul style="list-style-type: none"> • Clinical Leads appointed • Quarterly Neighbourhood MDT meetings • July workshops for all primary care teams • Neighbourhood integrated data profiles • Supporting information –e.g. maps • QI work in Neighbourhoods | <p>ACHIEVED</p> <p>All Neighbourhoods have a clinical lead. They have three main roles: bringing together the practices to create a primary care neighbourhood. Leading primary care specific change programmes and providing a primary care voice to the central redesign projects.</p> <p>MDT meetings continue to happen quarterly across all neighbourhoods with a high level of satisfaction reported.</p> <p>Integrated data profiles are in place and being used by clinical leads</p> <p>Supportive data such as maps of neighbourhoods and assets are in place and being further developed.</p> <p>All neighbourhoods have a primary care led QI project covering areas such as training, mental health champions, group consultations etc.</p> |
| 2. Neighbourhood Governance | <ul style="list-style-type: none"> • Data profiles • Ways of working • Vision and aims • Supporting information – e.g. maps | <p>ACHIEVED</p> <p>First iteration of data profiles completed and in use with plan for future development. Data profiles will have one page infographic to support ease of access.</p> <p>Ways of working between partners agreed and set out in strategic framework. These will be further developed over the remainder of Year One and through the work on governance and sustainability in Year Two.</p> <p>A vision has been agreed for the programme which has been tested across all workstreams. This is clear about the</p> |

| | | |
|---|--|--|
| | | <p>aspiration to help prevent ill health and focus on the broader determinants of health.</p> <p>Supporting information for each Neighbourhood is being compiled including a set of maps to show assets and infrastructure. This will be further developed over the remainder of Year One.</p> |
| <p>3. To complete discovery phase for main provider services</p> | <ul style="list-style-type: none"> • Provider test and learn projects linked to Neighbourhoods • Project plans overseen by PDG | <p>ACHIEVED</p> <p>All partners involved in Year One have established projects which are at different stages of maturity. These projects will redesign the way that their services work at a Neighbourhood level and within in an integrated team. These will have all been designed and by the end of Year One with all ready for roll out in year 2:</p> <ul style="list-style-type: none"> - Community Nursing. Delivery of a neighbourhood community nursing model. A proposed model is currently being tested with primary care. In parallel this is being costed and workforce implications considered. This is expected to go live in Year Two. - Adult Social Care. The role of social workers in the community and specifically the interface with primary care is currently being tested. Additionally the team are looking at how support could be better provided to high risk/high intensity residents through the Neighbourhood structure. Changes to the way the team work will be tested early in Year Two. - Primary Care. Significant progress has been made in developing collaboration and trust across the different practices across the Neighbourhoods through the clinical leads and development sessions held. Each Neighbourhood has identified opportunities from working more closely together, a shared primary care improvement priority and is working with partners to represent the primary care voice in the redesign projects outlined above - Mental Health. A programme of work has started to look at how mental health services need to change/be structured to support populations of 30,000 to 50,000. This is divided into two projects; a pilot in |

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| | | <p>one neighbourhood to test a better model of care residents with anxiety and depression; and a broader piece of work to develop an over-arching blueprint for mental health provision at a neighbourhood level.</p> <ul style="list-style-type: none"> - Resident Engagement. A pilot has been conducted on ways to seek resident voices and input into the Neighbourhood model. The resident panel is well established and has designed and delivered a process for naming the neighbourhoods, overseen co-production across the different projects within the programme and shaped the communication strategy and strategic direction for the programme. - Voluntary Sector. A significant process of engagement has been taking place to develop a proposal for how the voluntary sector can support neighbourhood working and contribute to integrated working. In Year two this will involve creation of voluntary sector hubs, integration of small charities, strengthening of advice, guidance and signposting function and asset mapping. - Complex and diverse patients. A model of care for residents with complex and diverse needs is currently being worked up and will be ready to test in Year Two. A critical part of this will be the function of the MDT in the community and this will be supported by a CEPN project. - Community Navigation and Asset Mapping. A large work programme has begun to strengthen and align the different services offer advice, guidance and signposting across community groups and the third sector. This is expected to deliver improvements to the model and also make recommendations for future commissioning models. A process for asset mapping community resources will also take place for each neighbourhood. - City. An agreed work programme is in place following work to identify the requirements and ask of Neighbourhoods from the City perspective. This sets out a delivery plan for Year Two of neighbourhoods for the City focusing on specific priority areas including Community Nursing, support residents |
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| | | with complex and diverse needs, housing, voluntary sector links and support and work with people who are not resident in the City but are registered with the GP practice. |
| 4. Formal review | <ul style="list-style-type: none"> • Linked to outcomes above – projects still in early phases and not yet ready for formal review | <ul style="list-style-type: none"> - A workshop is being held in January to finalise the outcome measures and evaluation framework/approach for Neighbourhoods. By the end of Year One a set of system and Neighbourhood outcomes will be agreed and in place <p>Each project underway has an agreed QI/project management methodology and measures in place to assess impact.</p> |

Appendix B: How neighbourhoods will support delivery of the agreed system priorities

| System Priority | How this will be supported by Neighbourhood work |
|---|---|
| All children and young people have a good start in life | Improved communications between Primary Care and Children Services supported by Neighbourhood work plan Neighbourhood support for increasing child immunisation rate |
| Tackling the causes of poor health and wellbeing at an earlier stage, and putting in place measures to ensure better prevention | Increased use of community assets (groups, activities) Neighbourhood work on: childhood immunisations, smoking cessation, substance misuse and health weight management will improve outcomes for these groups |
| Reduction in inequity in health and wellbeing (including closing the health and wellbeing gap for people with long term conditions and co-morbidities) | -Improved outcomes for health and wellbeing for residents with multiple and complex needs through new model of care to support them -Increased engagement via neighbourhood structure with hard to reach groups -Reduction in equity through outreach neighbourhood health and wellbeing work to community groups/housing estates/hard to reach |
| Increasing the length of a healthy disability-free life | As above |
| Creating services that are more joined up and person centred: 'services that work for me' | This is at the core of the Neighbourhoods Vision. Outcomes will include: improved resident engagement metrics, reduction in adverse incidents, improvement in patient outcome measures, improvement in patient reported outcome measures |
| Improving the mental health and wellbeing of the local population | Improvements in measures of wellbeing through the delivery of a neighbourhood mental health offer looking at the needs of the total population across different segments. |
| Helping local people to become resilient and empowered (including encouraging people to become involved in their own care and to understand and manage their own health better) | This will be delivered through a number of ways: <ul style="list-style-type: none"> - Voluntary sector model for Neighbourhoods providing improved awareness, access and support in relation to community groups and charities - Local neighbourhood models for volunteering - Neighbourhood improvement work on group consultations - Work to understand what matters to local residents |
| Increasing people's sense of control, autonomy and self-efficacy, including their ability to exercise choice and control over where, when and how they use services. | Delivery of improved local models to show what is available across all services (health, social care and third sector) Improved navigation and support services |
| Reducing social isolation | Interventions supported by the Neighbourhoods programme include: |

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| | <ul style="list-style-type: none"> - Model to support residents with complex and long term conditions - Improved navigation and support services - Increased local volunteering - Supporting and embedding learning from Connect Hackney |
| Increasing employment | This is not yet part of the scope of Neighbourhoods |
| Creating a safe environment for everyone to live in | <p>A recent resident engagement pilot showed that this was one of two main concerns for local residents.</p> <p>Working locally in neighbourhoods and creating stronger links and communication across not only health and social services but third sector, education, police and housing offers significant opportunities to work together to support existing work in this area and develop new solutions.</p> |

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| Title: | Integrated Commissioning Register of Escalated Risks |
| Date of meeting: | 15 February 2019 |
| Lead Officer: | Devora Wolfson, Integrated Commissioning Programme Director |
| Author: | Georgia Denegri, Integrated Commissioning Governance |
| Committee(s): | Integrated Commissioning Board, 15 February 2019 Transformation Board, 27 February 2019 |
| Public / Non-public | Public |

Executive Summary:

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

Background

The threshold for escalation of risks is for the inherent risk score (before mitigating action) to be 15 or higher (and therefore RAG-rated as red). Whilst in a number of cases, mitigating action has reduced the score by a significant margin, escalated risks will continue to be reported to the TB / ICB regardless of the residual risk score, until the ICB is satisfied that further reporting is not necessary.

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

New Risks

- CYPM has escalated the following new risks:

Risk CYPM12: System SEND Overspend - There is a significant financial risk to partners relating to SEND overspend – Score 20

Following Cabinet steer, HLT have convened a co-production working group to inform proposals for SEND funded packages

Risk CYPM13: Outpatient C2C Referrals for Paediatrics have been higher than normal, creating a cost pressure and financial risk to the workstream – Score 15

Rhiannon England, as the Clinical Lead, conducted an audit of coding for C2C paediatric referrals and the findings of the audit were ratified by Paediatricians. The data is currently with Planned Care for further action as part of their wider audit work.

- Unplanned Care has escalated the following new risk:

Risk UC: Issue of lack of service provision for City & Hackney residents who are registered with out-of-borough GPs, for escalation to the Transformation Board and Integrated Commissioning Board. This could lead to inequity of service provision for CH residents, where there are no comparable services in the neighbouring borough.

This issue was flagged in the January meeting of the Unplanned Care Workstream Board as an issue that cuts across a wide range of health and social care services and is a multi-workstream issue. The CCG Contracts team is currently looking into this issue to understand its scale and identify gaps. Risk scores and mitigating actions will be determined once this initial work has been carried out. In the meantime, the Unplanned Care Workstream agreed that the issue should be escalated to the ICB for discussion.

- Integrated Commissioning Programme

The Integrated Commissioning Board asked for a risk relating to the system's IT/digital infrastructure to be added on the risk register. This is currently being considered and will be added in the March 2019 report.

Risks remaining RED after mitigation

Unplanned Care Workstream

Risk UC15: Ongoing difficulties in recruiting GP staff across unplanned care services, including OOH, Pucc and Primary Care puts pressure on the whole C&H health system risk that patients and are thus seen in acute settings such as A&E [impacts HUH 4hour target and cost] – Score remained 16

Update on actions taken to mitigate risk and impact of actions:

- The providers have met together a number of times through the integrated urgent care reference group and are considering options for how to work together to better attract GPs into the range of services
- We have benchmarked with neighbouring boroughs to borrow ideas.
- We are reviewing rates of pay across NEL.

Planned Care Workstream

Risk PC11: There has been an increase in elective activity in Q1 2018/19 and if this continues it will result in a budget overspend – Score remained 20

Update on actions taken to mitigate risk and impact of actions:

- The risk was first reported in October 2018. Overall the Homerton response is that the increased activity reflects an increase in need that may be temporary in nature. The reason for the increase in activity is being investigated as a matter of urgency. Contingency planning is underway and the Joint Action plan developed with engagement from key stakeholders is being implemented to address the causes of the over performance.
- C2C audits were completed in December and further actions will be identified from them.
- Gastro Daycase activity is now being investigated.
- Activity will be discussed at CEC in December and will also be escalated with HUH.
- Regular updates are being provided to the Planned Care CLG.

Children, Young People and Maternity Workstream

Risk CY8: Risk that low levels of childhood immunisations in the brought may lead to outbreaks of preventable disease that can severely impact large numbers of the population – Score remained 15

Update on actions taken to mitigate risk and impact of actions:

- Risk falls within CYPM Workstream Transformation Priority: 0 -5
- Childhood Immunisations Domiciliary Service will be available from June 2018
- Reviewing joint work between primary care and community paediatrics.
- The CCG funded an urgent response to a measles outbreak.
- We have non-recurrent funding for North East Hackney immunisation service agreed in principle for 2019/20.

Changes in risk scores and other changes

There were no changes in risk scores.

The CCG Governing Body asked that the previously reported score of the Unplanned Care Workstream's Risk UC1 (relating to the scoped programme of system savings for the financial year 2018/19) is reconsidered and the risk description refreshed. Similarly, the score of the Planned Care Workstream's Risk PC7 (relating to the CCG rating being affected due to cancer 62 days target at Homerton having been missed for a number of months this year) is also reconsidered and the risk description refreshed.

Risk Pv4 of the Prevention workstream relating to no resources being allocated to the delivery of the big ticket item 'Making Every Contact Count' has been removed as it is no longer considered a risk.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report.

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report.

Links to Key Priorities:

The risk register is a mechanism for ensuring the continued delivery of priorities in the City Joint Health & Wellbeing Strategy including:

- Good mental health for all
- Effective health and social care integration
- All children have the best start in life
- Promoting healthy behaviours

and the continued delivery of the priorities in the Hackney Joint Health & Wellbeing Strategy including:

- Improving the health of children and young people
- Controlling the use of tobacco

- Promoting mental health
- Caring for people with dementia

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Supporting Papers and Evidence:**Appendix 1** - Integrated Commissioning Escalated Risk Register – February 2019**Sign-off:**


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

City of London Corporation: Simon Cribbens, Assistant Director, Commissioning and Partnerships

City & Hackney CCG: David Maher, Managing Director

Integrated Commissioning Programme Escalated Risks

| Risk / Event Details | | | | Inherent Scores [pre mitigation] | | | Mitigation Plan | Action Taken | Residual Scores [post mitigation] | | | Risk Direction since last report |
|----------------------|----------------------|---|--|----------------------------------|----------|---------------------|---|---|-----------------------------------|----------|---------------------|----------------------------------|
| Reference Number | Workstream / Project | Lead Officer | Risk Description (Cause-Event-Effect) | Likelihood | Severity | Inherent Risk Score | Scoped programme of work to mitigate this risk [bullet action plan including timescales and performance metrics where available & appropriate. All actions should indicate who is responsible for carrying them out.] | Monthly update on actions taken to mitigate risk and impact of actions | Likelihood | Severity | Residual Risk Score | |
| IC5 | IC Programme | David Maher / Anne Canning / Simon Cribbens | Workstreams not effectively delivering on their responsibilities leading to poor performance or failure of commissioned services within the scope of s75 agreements. | 4 | 4 | 16 | Rigorous process for development of workstreams; Clear governance systems to manage IC processes and provide rigorous oversight (Devora Wolfson) | Ongoing work on system and process design. Phased approach and piloting will limit the risk to delivery and allow time for lessons learned to be embedded across all workstreams. Transformation Board and ICBs provide oversight to ensure levels of performance are maintained. ICS Convenor to support SROs has been appointed and leads the Neighbourhood Health and Care Services project. External review of the programme and its governance completed an implementation plan is being put in place. | 3 | 4 | 12 | ↔ |
| IC9 | IC Programme | David Maher / Anne Canning / Simon Cribbens | Failure to agree on a collaborative model to the Integrated Care System (e.g. payment system, risk share model, organisational form) resulting in impact on delivery of services and financial viability of partner organisations. | 4 | 4 | 16 | Develop appropriate model in collaboration with full range of stakeholders; Use current phase of Integrated Commissioning to develop partnerships in City & Hackney health and social care networks; | A series of workshops to collaboratively discuss models is underway with engagement from all commissioners and providers. Providers are also meeting together to discuss options and there will be further system-wide discussions. ICS Convenor appointed to support building relationships between partners in health and social care organisations and their commitment to collaboration and integrated service delivery. | 3 | 4 | 12 | ↔ |

| Risk / Event Details | | | | Inherent Scores [pre mitigation] | | Mitigation Plan | Action Taken | Residual Scores [post mitigation] | | | Risk Direction since last report | |
|----------------------|----------------------|------------------------------|--|----------------------------------|----------|---------------------|--|--|----------|---------------------|----------------------------------|---|
| Reference Number | Workstream / Project | Lead Officer | Risk Description (Cause-Event-Effect) | Likelihood | Severity | Inherent Risk Score | Scoped programme of work to mitigate this risk [bullet action plan including timescales and performance metrics where available & appropriate. All actions should indicate who is responsible for carrying them out.] | Monthly update on actions taken to mitigate risk and impact of actions | | | | |
| | | | | | | | | Likelihood | Severity | Residual Risk Score | | |
| IC10 | IC Programme | Jonathan McShane/ Lee Walker | There is a risk of delay in the planning or implementation of CS2020 project that could result in the service not starting on time or the aspirations of the project not being achieved. | 4 | 4 | 16 | There is a Task and Finish group tasked with monitoring the risks around the implementation of 2020. This steering group has representation from both Contracting and Procurement. The task of the Task and Finish Group is to mitigate risks around implementation. | A full time programme manager has been recruited to drive the co-ordination of the project and co-ordinate key functions. The programme manager started on 22 Oct and is supervised by the existing programme management resource. This is supported by a programme support function to co-ordinate tasks related to the timely implementation of the project. Key senior stakeholders have been and continue to be engaged by membership of the Task and Finish Group with the aim of creating strong senior project ownership. Links with existing programmes of work (ie Neighbourhoods) have been created in order to create a landing spot for the on the ground implementation. NELCSU's procurement function has been engaged to scope potnenital holdups with procurement and to make sure that the process is expedited to the best possible degree. The group has engaged with CCGs who have gone through the process before in order to ensure the minimisation of delays. | 4 | 3 | 12 |  |

| Risk / Event Details | | | | Inherent Scores [pre mitigation] | | Mitigation Plan | Action Taken | Residual Scores [post mitigation] | | | Risk Direction since last report | | | |
|----------------------|----------------------------|--------------------------------|--|----------------------------------|----------|---------------------|---|--|--|--|----------------------------------|----------|---------------------|---|
| Reference Number | Workstream / Project | Lead Officer | Risk Description (Cause-Event-Effect) | Likelihood | Severity | Inherent Risk Score | Scoped programme of work to mitigate this risk [bullet action plan including timescales and performance metrics where available & appropriate. All actions should indicate who is responsible for carrying them out.] | Monthly update on actions taken to mitigate risk and impact of actions | | | Likelihood | Severity | Residual Risk Score | |
| UC1 | Unplanned Care - Programme | Tracey Fletcher/ Nina Griffith | Failure to deliver the scoped programme of System Savings for financial year 2018/19 | 4 | 4 | 16 | Programme of System Savings meetings including reps from HUH, ELFT, CCG, LBH and CoL arranged for period x6 months, Terms of reference for this group agreed by all partners Regular System Savings updates and items at the Unplanned Care management Board Thorough investigation of Unplanned Care Acute 'Menu of Opportunities' Longer term, larger, system transformations will be required to deliver savings | Savings have been identified for 2018/19, however, there are risks attached to delivery of these. These are monitored monthly at the system savings group. Some mitigations have also been implemented. A recent increase in A&E attendance at the Homerton Hospital is currently being analysed. Month 9 Update - Projections at m9 were on plan. | | | 3 | 4 | 12 | ↔ |
| UC2 | Unplanned Care - Programme | Tracey Fletcher/ Nina Griffith | Workstream struggles to assume all responsibilities and deliver outcomes as required | 4 | 4 | 16 | Introduction of more formal programme governance including risk register, workstream reporting and dashboards Commissioned external piece of OD facilitation so that the workstream can jointly form their vision and strategy, and consider what behaviours are required to deliver | New governance system in place, OD consultation work on hold Assurance gateway 3 complete and passed through all committees Dementia alliance formally reporting into the unplanned care board New quarterly board seminar in place - to support strategy development and test work areas against this Monthly finance and QIPP monitoring report in place - though may need some development to make more user friendly | | | 3 | 3 | 9 | ↔ |
| UC3 | Unplanned Care - Programme | Tracey Fletcher/ Nina Griffith | If Primary care and Community Services are not sufficiently developed and are not established as a first point of call for patients this could lead to an increase in the number of inappropriate attendances at A&E and unplanned admissions to hospital. | 5 | 4 | 20 | xIncrease the resilience of Hackney nursing homes through enhancing GP provision to the nursing homes contract xIncrease support to frail housebound patients at risk of admission through the Frail Home Visiting Service (FHV) xProvide C&H patients with alternative methods of accessing Primary Care Services [not just A&E] through the Duty Doc Service xReduce the number of inappropriate attendances at A&E and unplanned admissions to hospital through Paradoc xDevelop and implement Neighbourhood model | X Extended Paradoc service has been operating since April. Evidence shows that the service is providing an effective attendance / admission avoidance function for patients; there is a low level of conveyance to hospitals, and the service is cost effective based on current levels of activity. The service will be continued in 2019/20. X In August 2018 the Board endorsed a proposal to continue investment of PMS Premium money into the Proactive Care Practice-based service for 2019/20, for recommendation to the Primary Care Quality Board and the CCG Contracts Committee. This service is being evaluated. X An enhanced dementia navigation service will be implemented in 2019/20. | | | 4 | 3 | 12 | ↔ |

| Risk / Event Details | | | | Inherent Scores [pre mitigation] | | Mitigation Plan | Action Taken | Residual Scores [post mitigation] | | | Risk Direction since last report | | | |
|----------------------|----------------------------|----------------------------|---|---|----------|---------------------|---|--|--|---|----------------------------------|----------|---------------------|--|
| Reference Number | Workstream / Project | Lead Officer | Risk Description (Cause-Event-Effect) | Likelihood | Severity | Inherent Risk Score | Scoped programme of work to mitigate this risk [bullet action plan including timescales and performance metrics where available & appropriate. All actions should indicate who is responsible for carrying them out.] | Monthly update on actions taken to mitigate risk and impact of actions | | | Likelihood | Severity | Residual Risk Score | |
| UC4 | Unplanned Care - Programme | Nina Griffith | Workstream fails to successfully integrate patients and the public in the design and development of services; services are not patient focused, and are thus limited in reach and scope | 4 | 4 | 16 | (i) Discharge working group established to develop proposals which will include discharge to assess (ii) Discharge actions included within A&E Delivery plan and monitored by the urgent care board (iii) LBH and Homerton have established a regular DTOC group that is focused on ensuring effective joint arrangements around discharge (iv) Weekly teleconference to discuss performance with Director X. Implement actions from Multi Disciplinary Case Notes Review relating to DTOCs X. High impact Change Model (LBH and CoL) has been set up to monitor performance | X A second patient representative has been appointed to the board. Workstream director presented to the CCG PPI forum and met with both Healthwatch City and Hackney to gain support in identifying broader range of users across our workstreams. X All of the programme workstreams have at least one patient representative, and are talking to these individuals about how we involve expert users for more detailed service re-design. X All reports are now required to report explicitly on activities in relation to patient and public involvement X Members of the Unplanned care team undertook advanced co-production training in October as part of work led by Healthwatch. As a result of this, we are developing a workstream co-production plan. | 3 | 4 | 12 | ↔ | | |
| UC5 | | Unplanned Care - Programme | Tracey Fletcher/ Dylan Jones | Risk that Homerton A&E will not maintain delivery against four hour standard for 18/19. | 5 | 4 | 20 | System Resilience Funding part of a wider investment and transformation plan has been signed off. 1.Additional Clinical Capacity 2.Maintaining Flow 3.Additional Bed Capacity 4.Demand management and community pathways Divert ambulance activity: Maintain ParaDoc Model and further integrate, diverting activity from London Ambulance DutyDoctor aim to improve patient access to primary care and manage demand on A&E | X HUH have maintained strong operational grip through senior management focus on ED and hospital flow X Recent reduction in DTOCs should support flow X Work to produce a PC admission avoidance DoS (via MiDos) underway – part of Case Notes Review action plan X 2018/19 Winter Planning has been undertaken, bringing together systems partners together round delivery of flow. X The Discharge Steering Group is overseeing a winter preparedness plan to ensure all discharge services are ready for winter and to minimise delayed discharges and support hospital flow. | 3 | 4 | 12 | ↔ | |

| Risk / Event Details | | | | Inherent Scores [pre mitigation] | | | Mitigation Plan | Action Taken | Residual Scores [post mitigation] | | | Risk Direction since last report |
|----------------------|------------------------------|--|---|----------------------------------|----------|---------------------|---|--|-----------------------------------|----------|---------------------|----------------------------------|
| Reference Number | Workstream / Project | Lead Officer | Risk Description (Cause-Event-Effect) | Likelihood | Severity | Inherent Risk Score | Scoped programme of work to mitigate this risk [bullet action plan including timescales and performance metrics where available & appropriate. All actions should indicate who is responsible for carrying them out.] | Monthly update on actions taken to mitigate risk and impact of actions | Likelihood | Severity | Residual Risk Score | |
| UC6 | Unplanned Care - Urgent Care | Nina Griffith/ Urgent Care Reference Group | Risk that pathway development through the North East London IUC and new 111 service are not successfully delivered and patients are not being booked into our local primary care service - Some technical errors mean not all electronic referrals get through, and some patients are transferred on the phone; - Demand for Primary Care 111 Services has decreased since the service has gone live, with no corresponding increase in Emergency Care admissions; - There is one known example of a failed referral since the launch of the service | 4 | 4 | 16 | Working with providers to get improved visibility at all stages of the process | January 2019 Update: The booking elements are much improved, and the Healthy London Partnership continues to support work to resolve any outstanding issues. We continue to work with the provider and the CSU to get better visibility on the service. CCG-specific data should be available by the contract meeting in February. There is still a need to better understand activity and CSU are working to improve this. | 3 | 4 | 12 | ↔ |
| UC7 | Unplanned Care - Urgent Care | Nina Griffith/ Urgent Care Reference Group | Integrated Urgent Care (111) re-procurement risk of negative impact on quality of service and impact on other urgent care systems Local impact: Increased demand on C&H acute services due to risk averse nature of 111 assessment Challenges recruiting GPs to the CAS Risk that patients will be attracted by quick call answering times from 111 Risk that the new service increases demand for urgent care services, as new patients who were not previously using urgent care services begin using 111 | 4 | 4 | 16 | xExtensive modelling with external support and engagement with stakeholders (patients, clinicians, commissioners). xClinical involvement in service specification development. xRe-procurement of service to be overseen by appropriate CCG Committees [Audit and CCG GB] and Unplanned Care Workstream xService to be continually monitored post mobilisation xIUC service reporting requirements include audit of onward referral to local services to review appropriateness. xEnsure that alternative primary urgent care services are promoted to patients and clinicians to ensure alternate services are frequented by patients [MDCNR] xInvestigate what existing providers may be able to support health system in event of delay xLocal promotion of Duty Doctor to encourage patients and health care professionals to choose this service over 111 | The NEL 111 service went live on 1st August 2018. We have extended the CHUHSE contract for a standalone GP out of hours service until end March 2019. CHUHSE are supporting the workstream to find a sustainable solution. Work underway through the Urgent care reference group to agree the sustainable solution January 2019 Update: This risk relates to the procurement of the NEL 111 service, which went live on 1 August 2018. The Urgent Care meeting will discuss and reframe the current risk regarding quality and the impact of services on local face-to-face services. | 3 | 4 | 12 | ↔ |

| Risk / Event Details | | | | Inherent Scores [pre mitigation] | | | Mitigation Plan | Action Taken | Residual Scores [post mitigation] | | | Risk Direction since last report |
|----------------------|----------------------------|---|--|----------------------------------|----------|---------------------|---|--|-----------------------------------|----------|---------------------|----------------------------------|
| Reference Number | Workstream / Project | Lead Officer | Risk Description (Cause-Event-Effect) | Likelihood | Severity | Inherent Risk Score | Scoped programme of work to mitigate this risk [bullet action plan including timescales and performance metrics where available & appropriate. All actions should indicate who is responsible for carrying them out.] | Monthly update on actions taken to mitigate risk and impact of actions | Likelihood | Severity | Residual Risk Score | |
| UC9 | Unplanned Care - Discharge | Simon Galczynski/ Discharge Steering Group | Improved DTOC levels are not maintained | 5 | 4 | 20 | (i) Discharge working group established to develop proposals which will include discharge to assess (ii) Discharge actions included within A&E Delivery plan and monitored by the urgent care board (iii) LBH and Homerton have established a regular DTOC group that is focused on ensuring effective joint arrangements around discharge (iv) Weekly teleconference to discuss performance with Director x Implement actions from Multi Disciplinary Case Notes Review relating to DTOCs x High impact Change Model (LBH and CoL) has been set up to monitor performance | xWeekly teleconference continues and performance continues to improve. London BDF Team confirmed Hackney will not be subject to special measures of risk of loss of funding. xMeeting with Principle Head of Adult Social Care taken place, action plan being developed to design and deliver a small-scale Case Note Review for DTOCs xCapacity to deliver plans and culture shift required [re High Impact Change Model] | 4 | 2 | 8 | ↔ |
| UC15 | Unplanned Care | Tracey Fletcher/ Nina Griffith | Ongoing difficulties in recruiting GP staff across unplanned care services, including OOH, PUCC and Primary Care puts pressure on the whole C&H health system risk that patients and are thus seen in acute settings such as A&E [impacts HUH 4hour target and cost] | 4 | 4 | 16 | Ongoing work to develop a new model which better utilises and integrates all Primary Care services – expectation that this will protect GP resource GP OOH contract budget has been modelled to accommodate increased hourly rates required for interim, face to face, OoHs GPs Consider how partners can work together to make an attractive offer to GPs Explore ways to address challenges recruiting GPs through CPEN | The providers have met together a number of times through the integrated urgent care reference group and are considering options for how to work together to better attract GPs into the range of services We have benchmarked with neighbouring boroughs to borrow ideas. We are reviewing rates of pay across NEL. | 4 | 4 | 16 | ↔ |

| Risk / Event Details | | | | Inherent Scores [pre mitigation] | | Mitigation Plan | Action Taken | Residual Scores [post mitigation] | | | Risk Direction since last report | | | |
|----------------------|----------------------|-----------------------------------|---|----------------------------------|----------|---------------------|---|---|--|--|----------------------------------|----------|---------------------|-----|
| Reference Number | Workstream / Project | Lead Officer | Risk Description (Cause-Event-Effect) | Likelihood | Severity | Inherent Risk Score | Scoped programme of work to mitigate this risk [bullet action plan including timescales and performance metrics where available & appropriate. All actions should indicate who is responsible for carrying them out.] | Monthly update on actions taken to mitigate risk and impact of actions | | | Likelihood | Severity | Residual Risk Score | |
| UC | Unplanned Care | Whole Workstream | Issue of lack of service provision for City & Hackney residents who are registered with out-of-borough GPs, for escalation to the Transformation Board and Integrated Commissioning Board. This could lead to inequity of service provision for CH residents, where there are no comparable services in the neighbouring borough. | TBC | TBC | TBC | This issue was flagged in the January meeting of the Unplanned Care Workstream Board as an issue that cuts across a wide range of health and social care services and is a multi-workstream issue. The CCG Contracts team is currently looking into this issue to understand its scale and identify gaps. Risk scores and mitigating actions will be determined once this initial work has been carried out. In the meantime the Unplanned Care Workstream agreed that the issue should be escalated to the ICB for discussion. | TBC | | | TBC | TBC | TBC | NEW |
| PC1 | Planned Care | Simon Galczynski / Siobhan Harper | Financial Pressures in the Learning Disabilities Service create challenges for the current IC partnership arrangements and may impact on CLG proposals for future pooled budget developments | 5 | 4 | 20 | Partners need to agree a shared transformation and recovery plan for the LD service (Simon Galczynski / Siobhan Harper) | The pilot to assess an indicative sample of 50 service users was successfully completed and the outcomes and methodology are being reviewed and confirmed by external consultants at PwC. | | | 4 | 3 | 12 | ↔ |
| PC7 | Planned Care | Siobhan Harper / Sue Maign | The CCG rating could be affected due to cancer 62 days target at Homerton having been missed for a number of months this year | 4 | 4 | 16 | There are weekly and fortnightly performance management discussions regarding Cancer position | NCEL improvement plan in place and Homerton is required to deliver local actions. HUH 62 day standard has improved in September, October and November. The risk to CCG performance remains linked to backlog in surgical patients at UCLH. Actions to improve are in the NCEL system plan. | | | 3 | 4 | 12 | ↔ |
| PC11 | Planned Care | Siobhan Harper | There has been an increase in elective activity in Q1 2018/19 and if this continues it will result in a budget overspend. | 5 | 4 | 20 | Overall the Homerton response is that the increased activity reflects an increase in need that may be temporary in nature. The reason for the increase in activity has not been fully explained (there has not been an increase in primary care referrals) and the situation is being investigated as a matter of urgency. Contingency planning is underway and an action plan will be implemented to address the causes of the overperformance. | xThe issue has been raised with the Homerton senior management and urgent investigations are underway. xAn action plan has been developed with engagement from key stakeholders. xC2C audits were completed in December and further actions will be identified from them. xGastro Daycase activity is now being investigated. xActivity will be discussed at CEC in December and will also be escalated with HUH. xRegular updates are being provided to the Planned Care CLG. | | | 5 | 4 | 20 | ↔ |

| Risk / Event Details | | | | Inherent Scores [pre mitigation] | | | Mitigation Plan | Action Taken | Residual Scores [post mitigation] | | | Risk Direction since last report |
|----------------------|----------------------|--------------------------------------|---|----------------------------------|----------|---------------------|---|---|-----------------------------------|----------|---------------------|----------------------------------|
| Reference Number | Workstream / Project | Lead Officer | Risk Description (Cause-Event-Effect) | Likelihood | Severity | Inherent Risk Score | Scoped programme of work to mitigate this risk [bullet action plan including timescales and performance metrics where available & appropriate. All actions should indicate who is responsible for carrying them out.] | Monthly update on actions taken to mitigate risk and impact of actions | Likelihood | Severity | Residual Risk Score | |
| Pv4 | Prevention | Jayne Taylor | Risk of no resources being allocated to the delivery of the Big Ticket Item, 'Making Every Contact Count' – without additional resources progress is likely to be limited. | 5 | 3 | 15 | Full scoping for delivery of this Big Ticket item took place in Q3 and Q4 2017/18, including identification of virtual team and potential funding. Ability to make use of contract variations and re-procurements to require the provision of MECC training to all provider organisations | Funding from LB Hackney Public Health and the ICT Enabler Group has been secured and the programme proposals have been agreed by TB and ICB. CEPN funding for MECC training has been agreed in principle, but is awaiting final confirmation whilst potential overlaps with other projects seeking funding are investigated. | 5 | 2 | 10 | ↔ |
| CY8 | CYP | Amy Wilkinson | Risk that low levels of childhood immunisations in the brought may lead to outbreaks of preventable disease that can severely impact large numbers of the population | 5 | 3 | 15 | 1. CYPs Workstream closely involved in NHSE quarterly steering group 2. CCG NR investment in childhood immunisations 3. A workshop with NHS England is planned for February for develop a strategic approach | 1. Risk falls within CYPOM Workstream Transformation Priority: 0 -5 2. Childhood Imms Domiciliary Service will be available from April 2018 3. Reviewing joint work between primary care and community paed Oct 18-Jan 19 - The CCG funded an urgent response to a Measels outbreak. January 19 Update - We have non-recurrent funding for North East Hackney imms service agreed in principle for 2019/20 | 5 | 3 | 15 | ↔ |
| CYPM9 | CYP | Kate Heneghen / Sarah Darcy | Gap in provision for children who require independent healthcare plans in early years settings; and development of Educational Healthcare Plans (EHCPs) for children in these settings. | 4 | 4 | 16 | Review on a case by case basis where issues are identified, involvement of Designated Medical Officer where appropriate | Reviews are happening as part of the EHCP pilot. As part of the Independent Healthcare Plan (IHP) work, Public Health and the CCG are working with the Hackney Learning Trust and the Homerton Hospital to scope the level of need and implement a pilot to support settings in developing IHPs. A meeting of these partners is scheduled for February, and the Pilot will run from March to July 2019. | 4 | 4 | 16 | ↔ |
| CYPM12 | CYP | Toni Dawodu / Hackney Learning Trust | System SEND Overspend - There is a significant financial risk to partners relating to SEND overspend. | 5 | 4 | 20 | Following Cabinet steer, HLT have convened a co-production working group to inform proposals for SEND funded packages | | 5 | 4 | 20 | NEW |
| CYPM13 | CYP | Rhiannon England | Outpatient C2C Referrals for Paediatrics have been higher than normal, creating a cost pressure and financial risk to the workstream | 5 | 3 | 15 | The Planned Care workstream is carrying out wider audits of coding at HUHFT. | Rhiannon England conducted an audit of coding for C2C paediatric referrals and the findings of the audit were ratified by Paediatricians. The data is currently with Planned Care for further action as part of their wider audit work. | 5 | 3 | 15 | NEW |

| | |
|----------------------------|---|
| Title: | Integrated Commissioning vision, values, strategic objectives and Outcomes Framework |
| Date: | 15 February 2019 |
| Lead Officer: | Devora Wolfson, Integrated Commissioning Programme Director Jonathan McShane, Integrated Commissioning Convenor Yashoda Patel, Head of Performance and Alignment, CCG |
| Author: | Devora Wolfson, Integrated Commissioning Programme Director |
| Committee(s): | Transformation Board, 30 January 2019 Integrated Commissioning Boards, 15 February 2019 |
| Public / Non-public | Public |

Executive Summary:

A draft vision and values were developed over the summer and autumn following extensive consultation and input from residents and patients. The Transformation Board and Integrated Commissioning Board also had the opportunity to comment and input at their meetings in September and October 2018.

Integrated Commissioning partners have been developing an outcomes framework in partnership with patients and residents and this report sets out progress on this work.

The independent integrated commissioning governance review recommended a rapid exercise driven by a programme SRO to refresh the aims and objectives of the programme in a more succinct format. This report sets out:

- The revised City and Hackney Vision, Values and Strategic Objectives
- The Outcomes Framework

Appendix 1 illustrates the links between vision, values, strategic objectives and the outcomes framework.

Issues from Transformation Board for the Integrated Commissioning Boards

TB asked that the vision reflected the ambition to come together as system partners to address the underlying causes of poor health. These comments have been incorporated into the vision below.

Recommendations:

The City Integrated Commissioning Board is asked to:

- **APPROVE** the revised vision for integrated commissioning
- **APPROVE** the outcomes framework

The Hackney Integrated Commissioning Board is asked to:

- **APPROVE** the revised vision for integrated commissioning
- **APPROVE** the outcomes framework

Links to Key Priorities:

Integration is a key priority in both the City of London and Hackney Health and Wellbeing Strategies. Having a clear vision, priorities and outcome measures will help support the integration project going forward.

Specific implications for City

The vision and outcomes framework is relevant to both City and Hackney residents and City workers.

Specific implications for Hackney

The vision and outcomes framework is relevant to both City and Hackney residents and City workers.

Patient and Public Involvement and Impact:

Patients and the public have been involved throughout the development of the vision and the outcomes framework. Resident value statements were collected from residents at a workshop run by Healthwatch. The value statements from the workshop were consulted on with a range of community groups. Healthwatch and workstream public reps were invited to the outcomes workshop to feed into the development of the outcomes framework and priority themes.

Clinical/practitioner input and engagement:

Clinicians/practitioners from provider and commissioner organisations (TB members) were invited to workshop to feed into development of outcomes framework and priority themes.

Impact on / Overlap with Existing Services:

N/A

Main Report

1. Our vision and values

A draft vision and values were developed over the summer and autumn following extensive consultation and input from residents and patients. The draft vision went through a number of iterations and was consulted on extensively with residents and patients at the 'Let's Talk' events. At the same events we also consulted on our values.

The Transformation Board and Integrated Commissioning Board also had the opportunity to comment and input at their meetings in September and October 2018.

The independent integrated commissioning governance review carried out by PriceWaterhouseCoopers (PwC) recommended a rapid exercise driven by a programme SRO to refresh the aims and objectives of the programme in a more succinct format.

Our revised vision, values and strategic objectives are set out below:

Our vision

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

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

Our values

Our values are that we:

- **Listen to and involve** the public in everything we do
- **Recognise and value diversity** within our communities and our staff
- **Build on** local community assets and individuals' strengths
- **Are honest** about the challenges and opportunities ahead

- **Encourage** staff and patients to be take responsibility for their actions and choices
- **Treat** staff, patients and partners across the health system with respect, compassion and dignity at all times
- **Act for the ‘system’ and the patient** rather than for individual organisations

2. Our strategic objectives

We have developed five strategic objectives based on the objectives set out in the Strategic Framework approved by ICB last year.

These objectives are critical to ensure we are able to achieve our vision. The objectives are to:

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

3. Our outcomes framework

As we had reported to the Integrated Commissioning Board in September 2018, we have been developing an outcomes framework for City and Hackney (to sit alongside the vision) that would be co-owned by residents and system partners, in order to:

- Provide purpose and legitimacy to the work of the integrated commissioning system
- Provide motivation for staff – setting out what they are working towards
- Frame measures to monitor the impact of work on health and care needs of residents and ensure progress

The process for defining the outcomes framework for City and Hackney (based on learning from other national and international models) was as follows:

- Ensure the system knows what values/outcomes are important to local residents associated with their health and care and work with residents to achieve these (ensure wide range of residents involved)
- Align these with priorities based on population health data and needs assessments
- Agree the final list of priorities with all system partners
- Identify appropriate indicators to measure impact against these
- Agree these system measures with system partners
- Ensure consultation on these priorities and measures has taken place with wide range of residents
- Ensure processes are put in place to use the outcomes framework effectively

The Workstream Workshops

Between November and December 2018 outcomes-focussed workshops were held for each of the four care workstreams. At these workshops, system partners and public/patient representatives were asked to prioritise outcomes relevant to their workstream area. For each care workstream a 'top five' set of outcomes were confirmed by the workshop. Indicators were then suggested for each outcome.

The outcomes that emerged from the workshops were as follows:

1. Making sure all children and young people have a good start in life
2. Achieving a reduction in the present inequity in health and wellbeing (as well as contributing towards reducing inequity in other areas outside the remit of the Integrated Commissioning Programme). This includes closing the health and wellbeing gap for people with long term conditions and co-morbidities.
3. Increasing the length of a healthy life, so that local people have both longer lives and more years spent free of ill-health and disability.
4. Tackling the causes of poor health and wellbeing at an earlier stage, and putting in place measures to ensure better prevention.
5. Creating 'services that work for me', or services that are more joined up and person centred.
6. Improving the mental health and wellbeing of the local population, including ensuring better access to mental health care.

7. Helping local people to become resilient and empowered, increasing people's sense of control, autonomy and self-efficacy. This includes encouraging people to become involved in their own care and to understand and manage their own health better.
8. Reducing social isolation.
9. Increasing employment.
10. Creating a safe environment for everyone to live in, for example by linking in with housing services.

Next steps

- Develop and agree the process for the development, refinement, and management out each of the Workstreams' Outcome Frameworks;
- Agree with stakeholders how framework will be used effectively to effect improvement in these outcomes;
- Evaluation team will then work with workstreams on: what activities/outputs they are planning to contribute to these outcomes (as per evaluation recommendations): more robust project planning process including robust value proposition and theory of change for each workstream;
- Agree the evaluation expectations going forward to then begin the evaluation framework development process
 - This will use the outcomes frameworks as a basis for determining which outcomes the programme and workstreams will be evaluated against, and the indicators which may be used to support this.

Appendix 1

How the outcomes align to strategic IC Vision, Values and Strategic Objectives

| Our vision | | | |
|---|--|---|--|
| Working together across City and Hackney to support people and their families to live the healthiest lives possible and receive the right care when they need it. | | | |
| IC Vision statement | IC Strategic objective | Cordis Bright- Specific Outcomes | Example key indicator |
| <p>More support for patients and their families to get healthy, stay well and be as independent as possible</p> <p>Neighbourhoods where people and communities are actively supported to help themselves and each other</p> | <p>Empower patients and residents</p> | <p>Skills and knowledge of the workforce to support people navigating the system</p> <p>Patients feel supported to manage their own conditions are care for as long as possible</p> <p>Inequalities in health life expectancy are reduced</p> <p>People feel more empowered to manage their own health better</p> | <ul style="list-style-type: none"> • Proportion of people feeling supported to manage their condition (NHS Domain 2.1) • Proportion of people who use services who have control over their daily life (1b ASCOF) • % of patients reporting LTC + feel supported to manage condition • Mortality rates (of people with LD, Serious Mental Illness, Frail & elderly, Dementia & other vulnerable groups, compared with population-wide mortality rate) • Staff feel they have the skills and knowledge to support people in |

| | | | |
|---|---|---|--|
| | | <p>Reducing domestic violence in the community</p> <p>Reducing violence in the community</p> <p>Reduce CIN rates</p> <p>Employment rates are improved for people with mental health problems</p> | <p>navigating the health and care system, measured by staff survey (if this is taking place)</p> <ul style="list-style-type: none"> • Domestic abuse incidents • Reported violent crime rates • CIN rate • Proportion of people finding it easy to find information about support • % of adults with a learning disability in paid employment • % of working age adults (18-69) who are receiving secondary mental health services and who are on the Care Programme Approach at the end of the month who are recorded as being employed |
| <p>More support for patients and their families to get healthy, stay well and be as independent as possible</p> <p>Neighbourhoods where people and communities are actively supported to help themselves and each other</p> | <p>Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities</p> | <p>Quality of life of people in city and hackney is Improved</p> <p>Smoking prevalence is reduced</p> <p>Obesity is reduced for children and adults</p> <p>Reduced prevalence of causes of ill health</p> <p>Prevalence if problematic alcohol use is reduced</p> | <ul style="list-style-type: none"> • ASCOF 1a – Social care related quality of life • Healthy life expectancy at birth and at age 65 • Smoking prevalence in adults • Smoking prevalence at age 15 • Excess weight in year 6 • Excess weight in Reception • Excess weight in adults - % of adults classified as overweight or obese |

| | | | |
|--|--|--|---|
| <p>Neighbourhoods where people and communities are actively supported to help themselves and each other</p> | | <p>Increased breast feeding prevalence</p> <p>Perinatal mental health is improved</p> <p>Rates of infant mortality, still births and neonatal and maternal deaths are reduced</p> <p>The wellbeing of people with long term conditions is improved</p> | <ul style="list-style-type: none"> • Increased uptake of screening programmes and immunisation (e.g. TB, shingles, flu) • Population vaccination coverage – MMR for two doses (5 years old) • Admission episodes for alcohol-specific conditions • Neonatal mortality and stillbirths • Infant mortality • Breastfeeding prevalence at 6-8 weeks after birth • Postpartum psychosis • Mild-moderate depressive illness and anxiety in perinatal period • Severe depressive illness in perinatal period • Health-related quality of life for people with LTCs (ASCOF 1A**) • People feeling supported to manage LTCs • Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) • Social prescribing wellbeing stars • Take up of 'Time to Talk' • IAPT LTC measures • EQ5D scores (NHS outcomes framework and ASCOF) |
|--|--|--|---|

| | | | |
|---|---|---|---|
| <p>Joined up support that meets the physical, mental and other needs of patients and their families</p> <p>High quality GP practices, pharmacies and community services that offer patients more support</p> | <p>Deliver proactive community based care closer to home and outside of institutional settings where appropriate</p> | <p>Patients and service users receive the care they need when and where they need it</p> | <ul style="list-style-type: none"> • People's experience of their care (ASCOF 3E**) |
| <p>Thriving local hospitals for patients when they need</p> <p>High quality GP practices, pharmacies and community services that offer patients more support</p> <p>Joined up support that meets the physical, mental and other needs of patients and their families</p> | <p>Deliver integrated care which meets the physical, mental health and social needs of our diverse communities</p> | <p>Improved childhood experiences</p> <p>People with mental health conditions are better able to manage their conditions</p> <p>Improved mental health and wellbeing among adults</p> <p>Improved mental health and wellbeing among children and young people</p> | <ul style="list-style-type: none"> • Adults in contact with secondary mental health services who live in stable and appropriate accommodation and are in employment • Number of crisis presentations of admissions for Mental Health at A&E • Social isolation (ASCOF) • Self-reported wellbeing (PHOF) • Proportion of people with a common mental health problem accessing improving access to psychological therapies (IAPT) treatment. |

| | | | |
|--|--|-------------------------------------|---|
| <p>Neighbourhoods where people and communities are actively supported to help themselves and each other</p> | | | <ul style="list-style-type: none"> Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) This may already be measured via the schools Measuring Wellbeing survey in City & Hackney. If not, a relevant indicator could be included, e.g. Warwick-Edinburgh Mental Wellbeing Scale |
| | Ensure we maintain financial balance as a system and achieve our financial plans | <i>No specific outcome provided</i> | <i>Indicators will be developed</i> |

Sign-off:

London Borough of Hackney ____Anne Canning, Group Director of Children, Adults & Community Health

City of London Corporation __Simon Cribbens, Assistant Director, Commissioning & Partnerships

City & Hackney CCG _____David Maher, Managing Director

| | |
|----------------------------|---|
| Title: | Consolidated Finance (income & expenditure) report as at December 2018 - Month 09 |
| Date: | 15 February 2019 |
| Lead Officers: | Anne Canning, London Borough of Hackney (LBH) Jane Milligan, City & Hackney Clinical Commissioning Group (CCG) Simon Cribbens, City of London Corporation (CoLC) |
| Authors: | Integrated Commissioning Finance Economy Group: Sunil Thakker, Director of Finance, City & Hackney CCG Mark Jarvis, Head of Finance, Citizens' Services, City of London Ian Williams, Group Director, Finance and Corporate Resources, LBH |
| Committee(s): | City Integrated Commissioning Board, 15 February 2019 Hackney Integrated Commissioning Board, 15 February 2019 Transformation Board, 27 February 2019 |
| Public / Non-public | Public |

Executive Summary:

This report on finance (income & expenditure) performance for the Integrated Commissioning Fund covers the period of April 2018 to December 2018 across the City of London Corporation, London Borough of Hackney and City and Hackney CCG.

At Month 9 (December) the Integrated Commissioning Fund has a forecast of £3.9m adverse against its annual budget, an improvement of £1m on the Month 8 position. The favourable movement in the forecast is being driven by the CCG, with the underlying forecast due to the London Borough of Hackney LD related cost pressures.

City & Hackney CCG reports a year end surplus of £1m at Month 9. The surplus declared is to support the 2018/19 NEL system wide control total. The previously highlighted risk of Waltham Forest CCG breaching their control total was recognised with a £3.0m adverse movement. Tower Hamlets CCG and Newham CCG also declared improvement against their control totals to mitigate the situation.

The City of London forecasts a small year-end adverse position of £0.2m, driven by the Prevention workstream.

The London Borough of Hackney is forecasting an adverse position of £4.7m, driven by cost pressures on Learning Disabilities budgets (primarily commissioned care packages).

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report.

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report.

Links to Key Priorities:

N/A

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

Supporting Papers and Evidence:

Appendix 1 – Integrated Commissioning Fund Financial Performance Report Month 09 (December) 2018 Year to date cumulative position

Sign-off:

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

City of London Corporation: Mark Jarvis, Head of Finance

City & Hackney CCG: Sunil Thakker, Director of Finance



City and Hackney
Clinical Commissioning Group



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

Integrated Commissioning Fund Financial Performance Report

Month 09 (December) 2018 Year to date cumulative position

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- 7. Risks and Mitigations tracker – London Borough of Hackney**
- 8. Savings Performance**

Consolidated summary of Integrated Commissioning Budgets

| Pooled Budgets | Organisation | Annual Budget £000's | YTD Performance | | | Forecast | | |
|----------------|-----------------------------------|---|-----------------|--------------|-----------------|-------------------------|--------------------------|---------------------------|
| | | | Budget £000's | Spend £000's | Variance £000's | Forecast Outturn £000's | Forecast Variance £000's | Prior Mth Variance £000's |
| | City and Hackney CCG | 25,621 | 19,215 | 19,464 | (249) | 25,801 | (181) | (212) |
| | London Borough of Hackney Council | *LBH split between pooled and aligned not available. | | | | | | |
| | City of London Corporation | 210 | 158 | 41 | 117 | 204 | 6 | 6 |
| Total | | 25,831 | 19,373 | 19,505 | (132) | 26,005 | (175) | (206) |

| Aligned | Organisation | Annual Budget £000's | YTD Performance | | | Forecast | | |
|---------|-----------------------------------|---|-----------------|--------------|-----------------|-------------------------|--------------------------|---------------------------|
| | | | Budget £000's | Spend £000's | Variance £000's | Forecast Outturn £000's | Forecast Variance £000's | Prior Mth Variance £000's |
| | City and Hackney CCG | 384,751 | 277,575 | 277,326 | 249 | 383,570 | 1,181 | 212 |
| | London Borough of Hackney Council | *LBH split between pooled and aligned not available. | | | | | | |
| | City of London Corporation | 7,475 | 4,782 | 4,827 | (45) | 7,669 | (194) | (202) |
| Total | | 392,226 | 282,357 | 282,153 | 204 | 391,239 | 987 | 10 |

| ICF | Organisation | Annual Budget £000's | YTD Performance | | | Forecast | | |
|-------------------|-----------------------------------|----------------------|-----------------|--------------|-----------------|-------------------------|--------------------------|---------------------------|
| | | | Budget £000's | Spend £000's | Variance £000's | Forecast Outturn £000's | Forecast Variance £000's | Prior Mth Variance £000's |
| | City and Hackney CCG | 410,372 | 296,790 | 296,790 | (0) | 409,372 | 1,000 | - |
| | London Borough of Hackney Council | 102,502 | 76,876 | 89,867 | (12,990) | 107,226 | (4,724) | (4,722) |
| | City of London Corporation | 7,685 | 4,940 | 4,868 | 72 | 7,873 | (188) | (196) |
| Total ICF Budgets | | 520,558 | 378,606 | 391,525 | (12,918) | 524,470 | (3,912) | (4,918) |

| | | | | | | | |
|-----------------------------------|--------|--------|--------|---|--------|---|---|
| CCG Primary Care co-commissioning | 46,282 | 32,734 | 32,734 | - | 46,282 | - | - |
| Total | 46,282 | 32,734 | 32,734 | - | 46,282 | - | - |

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

Summary Position at Month 9

- At Month 9 (December) the Integrated Commissioning Fund has a forecast of £3.9m adverse against its annual budget, an improvement of £1m on the Month 8 position. The favourable movement in the forecast is being driven by the CCG, with the underlying forecast due to the London Borough of Hackney LD related cost pressures.
- City & Hackney CCG reports a year end surplus of £1m at Month 9. The surplus declared is to support the 2018/19 NEL system wide control total. The previously highlighted risk of Waltham Forest CCG breaching their control total was recognised with a £3.0m adverse movement. This likely improvement in the CCG's forecast outturn had been previously factored into its risk assessment. Tower Hamlets CCG and Newham CCG also declared improvement against their control totals to mitigate the situation.
- The level of unmitigated risk assigned to the Homerton Acute contract increased in month 9 resulting in a deterioration in the net forecast outturn. For out of area providers, net over-performance on out of areas providers improved slightly, in the main due to UCLH and Moorfields Eye Hospital. The Acute portfolio was fully risk assessed with reserves released to manage the situation. Action plans are underway to address over-performance and demand.
- The City of London forecasts a small year end adverse position of £0.2m, driven by the Prevention workstream.
- The London Borough of Hackney is forecasting an adverse position of £4.7m, driven by cost pressures on Learning Disabilities budgets (primarily commissioned care packages).

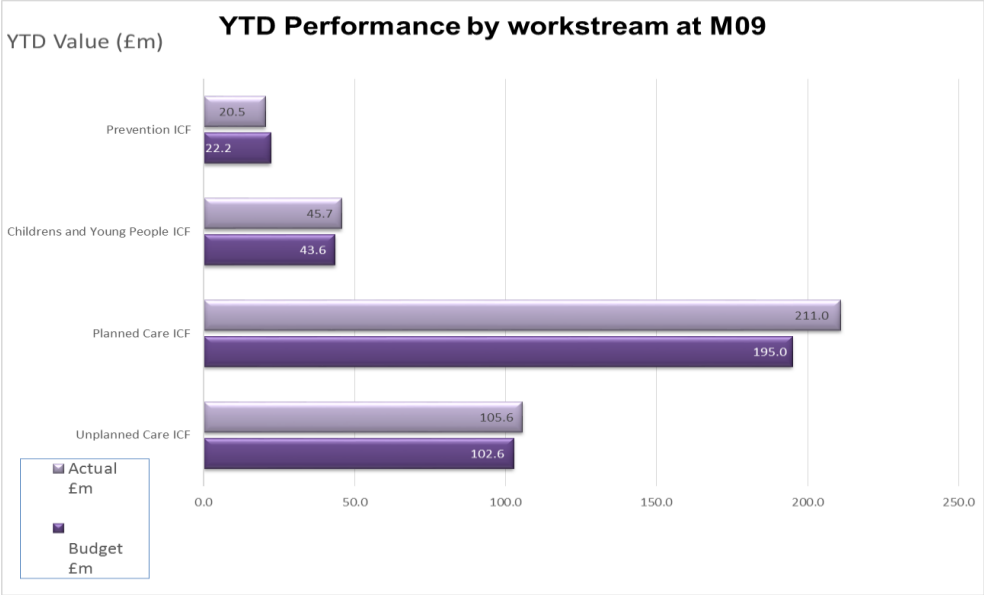
- Pooled budgets** reflect the pre-existing integrated services of the Better Care Fund (BCF) including the Integrated Independence Team (IIT) and Learning Disabilities. These budgets are forecast to over spend by £0.2m at year end, this is being driven by Learning Disabilities Commissioned care packages.

Note

Planned Care further pooling of Continuing Healthcare (CHC) and Adult Social Care budgets will be actioned in the new financial year (2019/20).

Integrated Commissioning Budgets – Performance by workstream

| WORKSTREAM | Annual Budget £m | YTD Performance | | | Forecast | | | |
|--|------------------|-----------------|-----------|-------------|---------------------|----------------------|-----------------------|----------|
| | | Budget £m | Actual £m | Variance £m | Forecast Outturn £m | Forecast Variance £m | Prior Mth Variance £m | Movement |
| Unplanned Care ICF | 137.2 | 102.6 | 105.6 | (3.0) | 139.4 | (2.2) | (2.2) | (0.0) |
| Planned Care ICF | 267.7 | 195.0 | 211.0 | (16.1) | 277.7 | (10.0) | (8.7) | (1.3) |
| Childrens and Young People ICF | 58.2 | 43.6 | 45.7 | (2.1) | 59.0 | (0.8) | (0.5) | (0.3) |
| Prevention ICF | 30.3 | 22.2 | 20.5 | 1.7 | 30.5 | (0.2) | (0.2) | 0.0 |
| All workstreams | 493.3 | 363.4 | 382.9 | (19.4) | 506.6 | (13.3) | (11.6) | (1.7) |
| Corporate services | 26.0 | 14.2 | 8.1 | 6.2 | 16.7 | 9.3 | 6.7 | 2.6 |
| Local Authorities (DFG Capital and CoL income) | 1.2 | 0.9 | 0.6 | 0.4 | 1.2 | 0.0 | 0.0 | 0.0 |
| Not attributed to Workstreams | 27.3 | 15.2 | 8.7 | 6.5 | 17.9 | 9.4 | 6.7 | 2.7 |
| Grand Total | 520.6 | 378.6 | 391.5 | (12.9) | 524.5 | (3.9) | (4.9) | 1.0 |



Performance by Workstream.

- The report by workstream combines ‘Pooled’ and ‘Aligned’ services but excludes chargeable income. CCG corporate services are also excluded and are shown separately as they do not sit within workstreams.
- The workstream position reflects the Integrated Commissioning Fund without the application of mitigating reserve and corporate running costs.
- Planned Care:** The consolidated Planned Care position at Month 9 is £10.m adverse, an in month deterioration of £1.3m.
- The underlying Planned Care workstream variance is driven by LBH, where Learning Disabilities has a £4m pressure due to increased demand. The LBH forecast includes a contribution of £1.9m from the CCG for the LD Joint Funding Pilot. This non recurrent drawdown was badged to support LD packages and is subject to the outcome of a PWC review which has now been completed at the time of writing this report which is currently undergoing an internal review before being shared with the CCG’s Governing Body.
- The London Borough of Hackney have assumed 100% of the contribution in their forecast position but have also flagged this as a possible risk (see LBH risks and opportunities slide). The LD forecast is in line with the outturn of the previous financial year and LBH plan to mitigate any year end deficit with council reserve funding after the outcomes of the review are complete. In addition to this, the Local Authority are experiencing delays in achieving some of the £2.5m Housing Related Support (HRS) savings profiled for this year resulting in a £0.9m overspend.
- The CCG over spend is driven by Homerton (£2.3m); Barts Health (£0.4m); Whittington Hospital (£0.3m) and Guys and St Thomas’ (£0.4m).
- The in month movement of £1.3 is being driven by Homerton activity where there forecast has worsened reflecting a revised assessment of the position based om the outcome of recent reviews and an amendment to the risk. In addition to this there has been a deterioration (£0.2m) to the LBH positon driven by Learning Disabilities.
- Unplanned Care:** The workstream is forecasting a year end over spend of £2.2 which reflects the CCG adverse forecast position of £3.1m relating to acute over performance and the LBH under spend relating to Interim Care £0.8m. The LBH position is offset by overspends on care packages expenditure that sit in the Planned Care workstream .
- CYPM:** The workstream is forecasting a year end over spend of £0.8m driven by CCG acute activity at Barts (£0.2m), Guys (£0.2m) and the Homerton contract which is also over performing against budget (£0.3m).

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

City and Hackney CCG – Position Summary at Month 09, 2018

| | | | | YTD Performance | | | Forecast | | |
|----------------|----------------------------|----------------------------|-------------------------|------------------|-----------------|--------------------|-------------------------------|--------------------------------|---------------------------------|
| Pooled Budgets | ORG | WORKSTREAM | Annual Budget £000's | Budget £000's | Spend £000's | Variance £000's | Forecast Outturn £000's | Forecast Variance £000's | Prior Mth Variance £000's |
| | Commissioned | Unplanned Care | 19,094 | 14,321 | 14,297 | 23 | 19,063 | 31 | 0 |
| | | Planned Care | 6,476 | 4,857 | 5,129 | (272) | 6,688 | (212) | (212) |
| | | Prevention | 50 | 37 | 37 | 0 | 50 | 0 | 0 |
| | | Childrens and Young People | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Pooled Budgets Grand total | | 25,621 | 19,215 | 19,464 | (249) | 25,801 | (181) | (212) |

| Aligned | ORG | WORKSTREAM | Annual Budget £000's | Budget £000's | Spend £000's | Variance £000's | Forecast Outturn £000's | Forecast Variance £000's | Prior Mth Variance £000's |
|--------------------------------|-----|-----------------------------|-------------------------|------------------|-----------------|--------------------|-------------------------------|--------------------------------|---------------------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| Commissioned | | Unplanned Care | 112,144 | 84,137 | 86,402 | (2,265) | 115,315 | (3,171) | (2,978) |
| | | Planned Care | 195,105 | 140,585 | 143,622 | (3,036) | 199,285 | (4,180) | (3,047) |
| | | Prevention | 3,386 | 2,538 | 2,538 | 0 | 3,386 | 0 | 0 |
| | | Childrens and Young People | 48,095 | 36,071 | 36,673 | (602) | 48,908 | (812) | (478) |
| | | Corporate and Reserves | 26,021 | 14,243 | 8,092 | 6,152 | 16,678 | 9,344 | 6,715 |
| | | Aligned Budgets Grand total | 384,751 | 277,575 | 277,326 | 249 | 383,570 | 1,181 | 212 |
| Subtotal of Pooled and Aligned | | | 410,372 | 296,790 | 296,790 | (0) | 409,372 | 1,000 | 0 |

| | | | | | | | | |
|--------------------------|-------------------------------|---------|---------|---------|-----|---------|-------|---|
| In Collab | Primary Care Co-commissioning | 46,282 | 32,734 | 32,734 | 0 | 46,282 | 0 | 0 |
| Grand Total | | 456,654 | 329,524 | 329,524 | (0) | 455,654 | 1,000 | 0 |
| CCG Total Resource Limit | | 487,069 | | | | | | |
| SURPLUS | | 30,415 | | | | | | |

- CYPM** workstream is forecasting a year end over spend of £0.8m. The adverse forecast is being driven by the Homerton contract (£0.3m) where performance drivers are PbR Inpatients (Obstetrics, Paediatrics and Neonatology); Barts Health (£0.2) and Guys (£0.3m)
- Corporate and Reserves** is reporting a forecast underspend of £9.4m, which reflects the release of acute reserves (£0.95m), contingency (£2.6m), corporate reserves (£1.3m), Non recurrent funding release (£1m to support NEL) and benefits from the resolution of prior year disputes (£2.7m).
- Primary Care Co-Commissioning (outside of the ICF):** At month 9, the Primary Medical Service is reporting a year to date breakeven position. However, the CCG is aware of and anticipating potential cost pressures in the areas of rent and rates and it will be mitigated using headroom.

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

- At Month 9 City & Hackney CCG declared a £1m surplus. The CCG delivered its plan to break even plus an additional surplus in support of the wider NEL system, as Waltham Forest CCG reported a £3m adverse movement in their forecast outturn position. Tower Hamlets CCG and Newham CCG also improved their forecasts by £1.5 and £0.5m respectively. A risk shared framework is unlikely to be deployed in 2019.
- The £31.4m surplus forecast outturn has been risk assessed and delivery expected to be on target. The surplus represents the cumulative brought forward surplus of £32.4m less £1.9m drawdown plus the additional £1.0m in-year surplus declared.
- The Governing Body agreed to badge the £1.9m non-recurrent funding to support the Learning Disabilities Joint Funding Pilot with the LBH. An independent review of the pilot carried out by PWC was reviewed and scrutinised by the FPC in late January. The report will be presented to the GB in February for consideration to release the non recurrent drawdown badged against the pilot LD programme.
- Acute finance and activity over-performance continues at the Month 08 run rate trend. Homerton continues to over perform in 1st Outpatients, Elective Day Cases and Other Referrals (mainly Consultant to Consultant). Out of areas providers such as Bart's and UCHL have improved this month, reducing the adverse variance by £0.2m. The Acute position reported is a mitigated position based on all known risks and opportunities at month 9.
- Pooled budgets:** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF), Integrated Independence Team (IIT) and Learning Disabilities. At Month 9 these are forecast to over spend by £0.2m driven by Learning Difficulties staff and inflationary uplifts.
- Unplanned Care:** At Month 9 the £3m adverse forecast is being driven by over performance on a number contracts; Homerton (£1.8m) where the joint recovery recovery plan is still ongoing with some actions having been completed; Barts Health (£1.2m) driven by non-elective activity in vascular surgery, nephrology, general surgery and clinical haematology and The London Ambulance Service (£0.4m) .
- Planned Care:** The £4.1m adverse position at Month 9 is a deterioration of £1m on Month 8, driven by the Homerton contract (£2.3m) where the risk rating previously used has been superseded. The current forecast reflects a revised assessment which includes the outcome of recent reviews. Performance drivers are Geriatric medicine, Respiratory medicine and Gastroenterology. The joint recovery plan is still underway with many outcomes expected in the last quarter of the financial year; Barts Health over performance (£0.4m) is driven by regular attenders in clinical haematology and medical oncology; Whittington Hospital (£0.3m) and Guys and St Thomas' (£0.4m). The position includes CHC* forecast overspend of £0.6m relating to Funded Nursing Care.

City and Hackney CCG - Risks and Mitigations Month 09, 2018

Summary and Progress Report on Financial Risks and Opportunities to Month 9 - 31 Dec 2018

| Ref: | Description | Risks/ (Opps) £'000 | Prob. % | Adj. Recurrent £'000 | Adj. Non Recurrent £'000 | Narrative |
|--|------------------------------------|------------------------|------------|----------------------------|--------------------------------|--|
| 1 | Homerton Acute performance | 4,600 | 92% | 4,251 | 0 | Risk adjusted over-performance. |
| 2 | Bart's Acute performance | 2,000 | 90% | 1,800 | 0 | Risk adjusted over-performance and under delivery of QIPP. |
| 3 | Outer sector - Acute performance | 1,800 | 76% | 1,368 | 0 | Risk adjusted based on total out of area providers and their over-performance. |
| 4 | NCA performance | 400 | 23% | 91 | 0 | Risk based on uncertainty of activity. |
| 5 | Continuing Healthcare, LD & EOL | 900 | 85% | 766 | 0 | Risk relating to activity increase above plan, high cost packages and service provision. |
| 6 | Non Acute performance | 200 | 34% | 67 | 0 | Over-performance across the portfolio. |
| 7 | Programme Costs | 200 | 0% | 0 | 0 | Non-recurrent costs in support of the integrated commissioning programme. |
| 8 | Non Recurrent Investment Programme | 1,600 | 100% | 0 | 1,600 | Approved non recurrent programme. |
| 9 | NELCSU POD Transfer to NELCA | 400 | 100% | 0 | 400 | Risk associated with the transfer of NELCSU services to NELCA. |
| 10 | CHS 2020 | 1,700 | 100% | 0 | 1,700 | Transformation programme |
| 11 | Primary Care - Rent Revaluation | 500 | 0% | 0 | 0 | Retrospective rent increases. |
| 12 | Primary Care - Rates | 250 | 0% | 0 | 0 | Increased rateable value on estate. |
| 13 | Joint LD programme | 1,965 | 100% | 0 | 1,965 | Programme currently work in progress subject to independent review. |
| Total Risks | | 16,515 | 85% | 8,344 | 5,665 | |
| 1 | Acute Claims and Challenges | (1,500) | 39% | (582) | 0 | Based on historic trend, revised to reflect current probability. |
| 2 | Acute Reserves | (951) | 100% | (951) | 0 | Release to contain acute over-performance. |
| 3 | Contingency | (7,806) | 99% | (4,750) | (2,965) | Contingency net of challenges and increase in surplus |
| 4 | Prescribing | (400) | 0% | 0 | 0 | Breakeven declared. |
| 5 | Running Costs | (1,300) | 100% | (1,300) | 0 | Release of reserves to underwrite acute programme costs. |
| 6 | Prior Year & Dispute Resolution | (5,000) | 89% | 0 | (4,461) | Opportunities arising from settlement of disputes and balance sheet gains. |
| 7 | Non Recurrent Investment slippage | (100) | 0% | 0 | 0 | Risk assessed opportunity. |
| Total Opportunities | | (17,057) | 88% | (7,583) | (7,426) | |
| | | | | 761 | (1,761) | |
| Headline surplus | | | | | (31,415) | |
| In- Year Surplus | | | | | (1,000) | |
| Drawdown for Pilot LD Business Case | | | | | 1,965 | |
| Underlying brought forward surplus | | | | | (33,380) | |

City of London Corporation – Position Summary at Month 09, 2018

| | | | | YTD Performance | | | Forecast | | |
|----------------------------|------------------|----------------|-------------------------|------------------|-----------------|--------------------|----------------------------|-----------------------------|---------------------------------|
| Pooled Budgets | ORG Split | WORKSTREAM | Annual Budget £000's | Budget £000's | Spend £000's | Variance £000's | Forecast Outturn £000's | Forecast Variance £000's | Prior Mth Variance £000's |
| | Comm'n'd & DD | Unplanned Care | 65 | 33 | 14 | 19 | 65 | - | - |
| | | Planned Care | 145 | 125 | 27 | 98 | 139 | 6 | 6 |
| | | Prevention | - | - | - | - | - | - | - |
| Pooled Budgets Grand total | | | 210 | 158 | 41 | 117 | 204 | 6 | 6 |

| Aligned Budgets | ORG Split | WORKSTREAM | Annual Budget £000's | Budget £000's | Spend £000's | Variance £000's | Forecast Outturn £000's | Forecast Variance £000's | Prior Mth Variance £000's |
|-----------------|-----------------------------|---|-------------------------|------------------|-----------------|--------------------|----------------------------|-----------------------------|------------------------------|
| | Comm'n'd & *DD | Unplanned Care | 346 | - | - | - | 346 | - | - |
| | | Planned Care | 3,869 | 2,826 | 2,825 | 1 | 3,873 | (4) | (16) |
| | | Prevention | 2,349 | 1,288 | 1,263 | 25 | 2,550 | (201) | (197) |
| | | Childrens and Young People | 1,088 | 786 | 876 | (90) | 1,088 | (0) | - |
| | | Non - exercisable social care services (income) | (177) | (118) | (137) | 19 | (189) | 12 | 12 |
| | Aligned Budgets Grand total | | 7,475 | 4,782 | 4,827 | (45) | 7,669 | (194) | (201) |
| Grand total | | 7,685 | 4,940 | 4,868 | 72 | 7,873 | (188) | (195) | |

* DD denotes services which are Directly delivered .

* Aligned Unplanned Care budgets include IBCF funding - £317k

* Comm'n'd = Commissioned

- At Month 9 The City of London Corporation is forecasting a year end adverse position of £0.2m against its full year plan. This is a deterioration on the Month 8 position.
- Pooled budgets** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF). Pooled budgets are forecasting a small under spend of £6k at year end. This relates to the Better Care fund Care Navigator service.
- Aligned budgets** are forecast to be over spent by £0.2m at year end.
- The Prevention workstream is forecasting a year end over spend of £0.2m and is driving the forecast. This is due to:
 - A forecast overspend on public health salaries due to staff movements including maternity cover - £0.1m. This will be met from the Public Health reserves
 - Adult Social Care occupational therapy services are also forecast to overspend - £0.04m
- The Unplanned Care aligned annual budget of £346k relates to the IBCF where spending plans have now been agreed and any unspent amount at the year end will be carried forward.
- No additional savings targets were set against City budgets for 2018/19.

London Borough of Hackney – Position Summary at Month 09, 2018

| Pooled and Aligned Budgets | ORG Split | WORKSTREAM | Total Annual Budget £000's | Pooled Annual Budget £000's | Aligned Annual Budget £000's | YTD Performance | | | Forecast | | |
|-----------------------------------|-----------|---|----------------------------|-----------------------------|------------------------------|-----------------|--------------|-----------------|--------------------|-----------------|---------------------------|
| | | | | | | Budget £000's | Spend £000's | Variance £000's | Fcast Spend £000's | Variance £000's | Prior Mth Variance £000's |
| Commissioned & Directly Delivered | | LBH Capital BCF (Disabled Facilities Grant) | 1,414 | 1,414 | - | 1,060 | 709 | 351 | 1,414 | - | - |
| | | LBH Capital subtotal | 1,414 | 1,414 | - | 1,060 | 709 | 351 | 1,414 | - | - |
| | | Unplanned Care (including income) | 5,529 | 1,139 | 4,390 | 4,147 | 4,880 | (733) | 4,616 | 913 | 756 |
| | | Planned Care (including income) | 62,082 | 26,002 | 36,080 | 46,562 | 59,434 | (12,873) | 67,721 | (5,639) | (5,479) |
| | | CYPM | 8,986 | - | 8,986 | 6,740 | 8,183 | (1,443) | 8,986 | | |
| | | Prevention | 24,491 | - | 24,491 | 18,368 | 16,660 | 1,708 | 24,490 | 1 | 1 |
| | | LBH Revenue subtotal | 101,088 | 27,140 | 73,948 | 75,816 | 89,158 | (13,342) | 105,812 | (4,724) | (4,722) |
| Grand total | | | 102,502 | 28,554 | 73,948 | 76,876 | 89,867 | (12,990) | 107,226 | (4,724) | (4,722) |

102,502

- There is a delay in achieving some of the £2.5m Housing Related Support (HRS) savings profiled for this year resulting in a £0.9m overspend. The service is working in collaboration with existing providers to develop a sustainable service model pending wider re-commissioning exercise in 2019/20 and it is anticipated that HRS savings targeted for 2018/19 and additional savings agreed for 2019/20 will be fully achieved in 2019/20. It should be noted that a challenging programme of savings was agreed for HRS and prior to the current year, savings totalling £1.8m were delivered on time and in full.
- **Unplanned Care:** The majority of the Unplanned care forecast under spend relates to Interim Care £0.7m and is offset by overspends on care packages expenditure which sit in the Planned Care workstream.
- Safeguarding forecast has reduced by £66k this month as a result of Deprivation of Liberty Safeguard (DoLS) assessment being lower than initially anticipated.
- Further underspends of £95k on staffing projections for Q4 is attributed to delays with recruitment plans and reductions in agency rates
- **In summary,** the Planned Care overspend is partially offset by forecast underspends in Unplanned Care reducing the overall revenue overspend to £4.7m
- **CYPM & Prevention Budgets:** Public Health constitutes vast majority of LBH CYPM & Prevention budgets which is forecasting a very small underspend.

- At Month 9 LBH reports a forecast overspend of £4.7m
- **Pooled budgets** reflect the pre-existing integrated services of the Better Care Fund (including the Integrated Independence Team IIT) and Learning Disabilities.
- **Planned Care:** The Pooled Planned Care workstream is driving the LBH over spend.
 - Learning Disabilities Commissioned care packages within this work stream is the main area of over spend, with a £4m pressure after contribution of £1.9m from the CCG for joint funded LD packages pilot and one off ASC grant of £0.9m. The CCG contribution is subject to work on joint funding arrangements being undertaken with the CCG. The programme of work which commenced earlier in the financial year is now complete and has been independently reviewed by PWC. This report is being internally reviewed before being presented to the CCGs Governing Body for consideration prior to the release of payment.
 - It is anticipated that there should be a firm position agreed by the end of February 2019, delayed from December 2018. The overall budget pressure within LD represents increase in demand in terms of numbers and complexity.
 - The service is utilising the care fund calculator to ensure value for money is achieved on some of the more expensive packages of care. Furthermore the Group Director of Finance and Corporate Resources is reviewing the use of one-off resource to manage the remaining position, although the extent that this will be required is dependent on the year-end position of the Council as a whole.
 - The Physical & Sensory Support along with Memory/Cognition & MH (OP) is forecasting an overspend of £0.3m. The service has seen a sharp increase in the number of new clients (101 clients, full year impact £1.6m) via hospital discharge. The forecast overspend is suppressed by non recurrent winter pressures monies announced by the Government in the Budget 2018 to ease NHS winter pressures.
 - The Care Management & Adults Divisional Support is forecasting a £0.7m overspend. This is due to staffing pressures within Integrated Learning Disabilities for additional staffing capacity to manage demands within the service and improve annual review performance.
 - Provided Services position is a £0.2m underspend. This is due one off additional income.

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London Borough of Hackney - Risks and Mitigations Month 09, 2018

| 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). | 4,724 | 100% | 4,724 | 100% |
| | Learning Disability Joint Funding | 1,900 | | 1,900 | |
| | | | | | |
| | | | | | |
| | TOTAL RISKS | 6,624 | 100% | 6,624 | 100% |
| | | | | | |
| | Mitigations | Full Mitigation Value £'000 | Probability of success of mitigating action % | Expected Mitigation Value £'000 | Proportion of Total % |
| | Work with CCG to determine ongoing contributions for LD joint packages | TBC | TBC | TBC | TBC |
| | Review one off funding | 4,724 | 100% | 4,724 | 100% |
| | | | | | |
| | Uncommitted Funds Sub-Total | 4,724 | 100% | 4,724 | 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 09, 2018

City and Hackney CCG

- The CCG has a net savings target of £5.1m and is forecast to deliver on plan. At Month 9, the schemes that have been under achieving have been risk assessed and the forecast adjusted to reflect true delivery. In turn, mitigations have been identified to ensure full year forecast of £5.1m.
- The key adverse variances to plan are:
- OP transformation – Forecast variance to plan (£590k) This project was delayed by 3 months due to funding approval and a further 3 months due to Trust recruitment. Potential coding issues around first attendance have been raised with the Trust and are being investigated while the follow up component of the plan has delivered
- End of Life: Hospice at home – Forecast variance to plan (£140k) – Delays in sign off and stakeholder agreement pushed plans back into the fourth quarter, no forecast delivery is booked at this time.
- Minor eye conditions – Forecast variance to plan (£112k) Overall A&E performance at Moorfields is performing to plan, but, a new coding schema is making it hard to disinter the planned fall in low acuity activity – the delivery of this QIPP may be revised toward plan as we work with our partners on the data
- Termination of pregnancy - Forecast variance to plan (£101k) – Procurement of the AQP provider delayed implementation until the later part of the year
- Adverse performance to plan has been mitigated by changes to the HAMU tariff and primary care prescribing and estate benefits

London Borough of Hackney

- LBH has agreed savings of £2.7m for 2018/19 (this includes delayed telecare charging implementation of £0.36m), of this we are on course to deliver £1.8m (£0.3m one off income) for 2018/19. The shortfall in savings relates to delays in achieving Housing Related Support (HRS) savings that is resulting in a £0.9m overspend. The service is working in collaboration with existing providers to develop a sustainable service model pending wider re-commissioning exercise in 2019/20.

City of London Corporation

- The CoLC have not identified a saving target to date for the 2018/19 financial year

| | |
|----------------------------|--|
| Title of report: | Housing with Care – Summary of the Care Quality Commission Inspection |
| Date of meeting: | 15 February 2019 |
| Lead Officer: | Anne Canning - Group Director Children's, Adults and Community Health, London Borough of Hackney |
| Author: | Tessa Cole, Head of Strategic Programmes and Governance, Adult Services, London Borough of Hackney |
| Committee: | Integrated Commissioning Board, 15 February 2019, to note |
| Public / Non-public | Public |

Executive Summary:

- 1.1. Housing with Care (HwC) is an in-house provided service in Adult Services at the London Borough of Hackney which supports just over 230 people in 14 schemes located across the borough. These schemes provide care and support to people in 'supported living,' so they can live in their own homes as independently as possible. HwC is a regulated service and subject to inspection by the Care Quality Commission (CQC).
- 1.2. In November and December 2018 the care and support provided through HwC was inspected by the CQC. Following this inspection they have rated the service as 'inadequate'. This is a change from the previous CQC rating which was 'good' in February 2016.
- 1.3. During this inspection the CQC identified a number of concerns, which they judged to be serious enough to issue a warning notice that more serious regulatory action will be taken if improvements aren't made, which could lead to the service losing its registration, this has effectively placed the service in 'special measures.'
- 1.4. The CQC inspectors noted that the service provided good and compassionate care in many instances. However, some of the organisational and administrative practices needed to ensure a good quality of care delivery were not in place, and this represents a significant risk.
- 1.5. The CQC have asked LB Hackney to ensure that the improvements they have identified are in place by 8th March 2019. In a feedback meeting on 19th December 2018, the CQC lead inspector said that they had confidence in the willingness and the ability of the management team for Housing with Care to make the required changes on time.

- 1.6. To ensure the improvements are made on time additional resource has been freed up to focus on the delivery of a robust improvement plan that has been immediately developed to address the concerns raised by the CQC.
- 1.7. As is the process with all providers, the findings of the inspection have initiated the start of the Council Provider Concerns process which is led by the Head of Commissioning for Adult Services and has a proven track record of successfully working with providers where there are concerns about quality and delivering significant improvements.
- 1.8. The CQC inspection report, including the rating, was published publicly on 17th January 2019. In anticipation a communications plan was developed with key messages about the inspection, the change in rating and the next steps, to provide reassurance to service users and their families receiving care and support from the service; staff within the service; elected members and the public.
- 1.9. Service users and their families have been proactively contacted by letter and offered face to face briefings with members of the Adult Services Senior Management Team to provide them with reassurance that their ongoing care and support needs will continue to be met and Healthwatch and other advocacy services have been invited to these briefings.
- 1.10. It is anticipated that all of the areas of improvement identified as part of the warning notice will be actioned by or before the deadline of 8th March 2019 given by the CQC. This will be reported back with clear evidence and will be noted by the CQC. The final rating of 'Inadequate' will, however, remain. The CQC will return for another inspection within 6-12 months of the current report being published.

Role of Integrated Commissioning Board in relation to this item, and funding route

To note only.

Issues from Transformation Board for the Integrated Commissioning Boards

NA

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report

The Hackney Integrated Commissioning Board is asked to:

- To **NOTE** the report

Specific implications for City

N/A - there are no City of London residents receiving care and support from Housing with Care services in Hackney.

Specific implications for Hackney

All service users receiving care and support through the Housing with Care services are Hackney residents.

Patient and Public Involvement and Impact:

A letter has been sent to all service users and their families informing them of the outcome of the inspection and giving them some reassurances that there will be no disruption to their ongoing care and support, the letter includes a summary of FAQs anticipating questions they might have. They will also be invited to face to face briefings with members of the Senior Management Team in Adult Services who will go out to each of the schemes to meet with service users and their families, these briefings will also be supported by Healthwatch and the Advocacy Project. There are also ongoing discussions with Healthwatch and the Advocacy Project about how we can engage with service users in the Housing with Care schemes to involve them in the improvement work going forward and potentially set up a group advocacy project as an alternative model of advocacy support.

Clinical/practitioner input and engagement:

The Housing with Care scheme managers have been briefed by the Director of Adult Services to ensure that staff feel assured by the plans in place to improve the service and that they feel supported by senior management during this period. Members of the Senior Management Team in Adult Services will also be attending all the schemes to update the wider staffing group and answer any questions they might have about the process.

Equalities implications and impact on priority groups:

- Housing with Care services support people with physical disabilities; learning disabilities and mental health issues.

Safeguarding implications:

- All the service users supported by the Housing with Care service are vulnerable adults and safeguarding is at the centre of the recommendations of the CQC report

and the improvement plan that has been developed to address the concerns raised by the CQC.

- An update report has gone to the Safeguarding Adults Board informing them of the inspection outcome and sharing the improvement plan which has been developed.
- The inspection outcome has initiated the council's Provider Concerns procedure which the Head of Adult Safeguarding will input into to ensure any safeguarding issues are addressed, as they would with any external provider.

Impact on / Overlap with Existing Services:

N/A

Main Report

1. Background to Housing with Care

- 1.1. In Hackney there are 14 Housing with Care (Hwc) schemes, providing care and support to 232 people in 'supported living,' so they can live in their own homes as independently as possible. There are separate contracts for care and housing.
- 1.2. The 14 schemes range in size from 8 to 40 self-contained flats in each scheme. It is mainly for people over the age of 55 and they hold individual tenancies with a social landlord. Some schemes specialise in helping people with similar needs, for example people with learning disabilities, memory problems or brain injury.
- 1.3. Housing support is provided to residents by the social landlord and includes a housing support worker to help with tenancies, such as arranging repairs. Personal care and support is provided by the London Borough of Hackney.
- 1.4. There is one registered manager for seven schemes and a second manager awaiting registration from CQC for the other seven schemes.
- 1.5. HwC is a regulated service and is subject to inspections by the CQC. The CQC does not regulate accommodation used for supported living and the inspection looked at the personal care and support provided.

2. Summary of the CQC's Inspection

- 2.1. The CQC carried out its latest inspection of HwC between 23rd November and 5th December 2018 - the inspection was announced on 21st November. The last inspection before that, took place in February 2016 where the service was rated as 'good.'
- 2.2. A new inspection regime has been introduced between these two inspections, giving a service one of four possible ratings which are:
 - Outstanding
 - Good
 - Requires Improvement
 - Inadequate.

If there are one or several areas rated as 'requiring improvement' or rated as 'inadequate' this affects the service's overall rating.
- 2.3. In order to give a rating, the inspection looks at 5 core domains, detailed in the table below. The ratings assigned against each of these domains for HwC as part of the most recent inspection is detailed in the rating column on the right.

| No. | Domain | Rating |
|-----|---|----------------------|
| 1. | Is the service safe ? | Inadequate |
| 2. | Is the service effective ? | Inadequate |
| 3. | Is the service caring ? | Requires Improvement |
| 4. | Is the service responsive to people's needs? | Requires Improvement |
| 5. | Is the service well-led ? | Inadequate |

2.4. The CQC identified a number of serious concerns which they communicated during the inspection. In summary concerns centred around:

- Incomplete records for medication
- Not enough evidence to show lessons learnt had been shared and implemented if an issue had been raised within schemes
- Incomplete risk assessments
- Incomplete individual care plans
- Quality assurance systems not being operated effectively to identify and address issues with the quality and safety of the service
- Understanding and application of relevant legislation to some practices
- High number of agency staff

The CQC inspectors noted that the service provided good and compassionate care in many instances. However, some of the organisational and administrative practices needed to ensure a good quality of care delivery were not in place, and this represents a significant risk.

2.5. On the 7th December a warning notice was issued under Section 29 of the Health and Social Care Act which detailed the CQC's concerns, requiring compliance against these areas by 8th March 2019.

2.6. Following the completion of the inspection a feedback session took place on 19th December 2018, followed by the draft report being sent by the CQC. At the feedback session the inspectors said that despite the seriousness of the concerns they had confidence in the willingness and the ability of the management team for Housing with Care to make the required changes on time and that the CQC inspectors had noted that the service provided good and compassionate care in many instances.

3. Summary of the Action Plan and Next Steps

- 3.1. Adult Services has taken the outcome of this inspection very seriously and a detailed and thorough action plan has been immediately drawn up by Adult Services in response to the warning notice and the inspection report. The service will be inspected again within the next 6-12 months and a further decision will be made as to whether HwC remains within 'special measures.'
- 3.2. As is the process with all providers, the findings of the inspection has also initiated the start of the Council Provider Concerns process which is led by the Head of Commissioning for Adult Services and has previously been successful in supporting external providers to make significant improvements to quality, for example, Supreme Care in 2018.
- 3.3. This means the quality assurance team oversees progress against the CQC recommendations; oversees the implementation of any service improvements; ensures these improvements are embedded and carries out announced and unannounced service reviews to the individual schemes.
- 3.4. Additional resource has also been allocated to overseeing and delivering the action plan, including dedicated project management resource from the department's programme management office; additional operational capacity within the HwC service; and additional quality assurance support in commissioning.
- 3.5. A working group to deliver the actions is in place, bringing together expertise and support from different teams, including Quality Assurance, Safeguarding, Provided Services, the Programme Management Office and Communications.
- 3.6. The group is meeting weekly to monitor progress against the action plan and to raise and solve issues and delays as they arise, to ensure all actions will be completed by 8th March 2019. A Communications Plan and a Risks and Issues log are also in place, being overseen and implemented by the working group.
- 3.7. The CQC have also offered to provide guidance to support us in checking the progress of the plan, and to provide more specialist information where needed.

4. Summary of the Communications Plan

- 4.1. The Council's communications team has worked closely with Adult Services to develop a robust communications plan and set of consistent messages to proactively provide reassurance to service users and their families and staff within the service. This is summarised in more detail below.

- 4.2. **Service users and their families** - A letter has been sent to all service users and their families informing them of the outcome of the inspection and giving them some reassurances that there will be no disruption to their ongoing care and support, the letter includes a summary of FAQs anticipating questions they might have. They will also be invited to face to face briefings with members of the Senior Management Team in Adult Services who will go out to each of the schemes to meet with service users and their families, these briefings will also be supported by Healthwatch and the Advocacy Project.
- 4.3. **Staff within the service** - The Housing with Care scheme managers have been briefed by the Director of Adult Services to ensure that staff feel assured by the plans in place to improve the service and that they feel supported by senior management during this period of change. Members of the Senior Management Team in Adult Services will also be attending all the schemes to update the wider staffing group and answer any questions they might have about the process. The trade unions have also been briefed by the Director of Adult Services in anticipation of the publication of the inspection report.

5. Conclusion

- 5.1. It is anticipated that all of the areas of improvement identified will be actioned by or before the deadline of 8th March 2019 given by the CQC. This will be reported back with clear evidence and will be noted by the CQC.
- 5.2. The final rating of 'Inadequate' will remain. However CQC will return for another inspection within 6-12 months of the current report being published. If they can see the action plan is in place with consistent implementation, this will increase the likelihood of the service's rating improving in due course.

Supporting Papers and Evidence:

The full CQC Inspection Report can be found: <https://www.cqc.org.uk/location/1-136277108>

A summary of the action plan in place to address improvements required by the CQC can be found: <https://hackney.gov.uk/housing-with-care>

Sign-off:

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



| | |
|----------------------------|--|
| Title of report: | Update on Pooled Budget proposals for Continuing Healthcare and Adult social care packages |
| Date of meeting: | 15 February 2019 |
| Lead Officer: | Simon Cribbens, SRO Planned Care Workstream |
| Author: | Siobhan Harper, Director Planned Care Workstream |
| Committee(s): | Integrated Commissioning Board, 15 February 2019, to note |
| Public / Non-public | Public |

Executive Summary:

This paper provides an update to Integrated Commissioning Board (ICB) members on the proposal to pool budgets between continuing health care (CHC) and adult social care packages. The Planned Care workstream developed the initial proposal in February 2018 and set out a programme of work which included a pilot to apply a joint funding procedure within learning disability services.

Due to the scale of the work within the original scope of the proposal and the complexity of implementing the pilot in the learning disability care group, the original timelines were not met. The workstream provided a further update to the ICB in December 2018 and this paper details the progress since that date.

Issues from Transformation Board for the Integrated Commissioning Boards

N/A

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report and in particular the opportunities for further integrated commissioning at scale which would be enabled by the pooled budget approach

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report and in particular the opportunities for further integrated commissioning at scale which would be enabled by the pooled budget approach

Links to Key Priorities:

Specific health and social care measures which will be addressed by this proposal

- Quality premium for continuing healthcare
- ASCOF measures for residential care, DTOC
- Improved patient experience and greater choice and control

Specific implications for City

Bespoke arrangements will be agreed with each authority

Specific implications for Hackney

Bespoke arrangements will be agreed with each authority

Patient and Public Involvement and Impact:

Patients and the Public have been consulted on these proposals at commissioning intentions events in 2017/18 and 2018/19. An expert reference group will be set up when the programme management is in place.

Clinical/practitioner input and engagement:

The Planned Care Core Leadership Group receive regular updates on the work set out in this report. This includes representation from primary and secondary care clinicians.

Equalities implications and impact on priority groups:

None in the context of this report

Safeguarding implications:

None in the context of this report

Impact on / Overlap with Existing Services:

This has an impact on the work of the Unplanned Care workstream in the context of Delayed Transfers of care and services which are shared within the Better Care Fund. Changes in commissioning practice could also impact on practitioners in health and social care teams and will also be considered in context of neighbourhoods and out of hospital/community services.

Main Report

1. Background

This paper provides an update to Integrated Commissioning Board (ICB) members on the proposal to pool budgets between continuing health care (CHC) and adult social care packages. The Planned Care workstream developed the initial proposal in February 2018 and the Integrated Commissioning Board approved the decision to:

- extend pooling arrangements across City and Hackney Clinical Commissioning Group (CCG), London Borough of Hackney (LBH) and City of London (COL), and a specific timetable for agreeing a new joint funding mechanism for the Integrated Learning Disability Service (ILDS).
- delegate authority to relevant chief financial officers to finalise and agree the detailed financial arrangements for 2018/19 as part of the agreement of 2018/19 budgets, subject to normal governance approvals for each partner
- submit the business case to NHS England to establish the extended pool for 2018/19 and the focused work on Integrated Learning Disability Services within this.

Due to complexities involved in the process, the original timelines were not met. The workstream provided a further update to the ICB in December 2018 where the following were noted. The commissioning partners agreed to

- conclude the outstanding actions in relation to the funding of learning disabilities by 31 December 2018, including finalisation of the methodology developed, risk sharing agreements and revision of Section 75 agreements
- to reconvene the Finance and Economy Group to enable and lead this work to progress wider pooling arrangements in 2019/20 across other needs groups.

This paper provides an update to these actions.

2. Current Position

2.1 Learning Disability (LD) Joint funding pilot and progress in other care groups

The pilot has now concluded and the findings have been reviewed through an independent audit conducted by Price Waterhouse Coopers (PwC). PwC have produced an audit report, which has been considered by the CCG Finance and Performance Committee and shared with the Chief Financial Officer for London Borough of Hackney. It is anticipated that the next steps following agreement by the Chief Financial officers, will be to formalise the joint funding policy within the service supported by a broader move on progressing the wider pooling ambition. It is expected that this will be finalised within the month and will verify the original CCG application to NHSE for a £1.9m drawdown for 2018/19 as additional resource to the health needs for the learning disability care group. The pilot project has demonstrated positive progress towards greater cooperation and integration between health and social care and as

such offers a solid basis from which to develop our shared ambitions. Notwithstanding the commitment to working together from the commissioning organisations, implementing the project has enabled a better appreciation of the organisational perspectives on culture, practice and financial risk.

There have been wider discussions between the commissioning partners on applying a joint funding approach to older people and physical disability care groups with some exceptional cases already benefiting from this. The pilot project has also helped to identify that there are training and development needs across the care groups to understand the principles and application of joint funding criteria to routine practice. This will need to be factored into the next phase of implementation as part of a wider context of further pooled budgets.

2.2 Joint Brokerage

This remains an area of high priority and the workstream has secured interim support from the CCG to implement brokerage within the CHC team. This is a time-limited resource for six months to fully scope how the brokerage function will both support care package delivery and integrate with local authority teams in both Hackney and the City. A specific input will also be provided to the LD team. Working with the provider market on a spot purchasing level is important in terms of managing quality, cost and demand but also to ensure that the CHC function is optimal for City and Hackney residents. Delays in process are cited as linked to the lack of this expertise in our system and the national emphasis on achieving the key targets for CHC assessment in community settings and within the 28 day timeframe are expected to be consistently maintained because of this investment. Longer term this function will ideally be secured by the wider approach of pooled budgets and shared functions in the local system.

2.3 Joint procurement and commissioning

The increased focus on integration and system based working has enabled commissioners to act on opportunities for joint procurement, purchasing and commissioning plans. These include Housing First which as an initiative funded by health for the first year, will be included in broader plans for housing related support for City and Hackney, discussion and agreement about joint pricing with specific providers and the development of an integrated pathway for accommodation for residents with serious mental health problems. The accommodation pathway for this group will explore how partners can consolidate resources spread across a range of spot purchased and contracted services to provide a higher quality offer provided locally. There are also opportunities to implement this approach within learning disability services and for residential care, nursing and continuing care home provision. Further detailed analysis needs to be undertaken by the partners to test the assumptions for the financial benefits of this integrated strategic approach of commissioning a range of quality local provision for all care groups. However, a pooled budget framework can create the conditions to strengthen our ways of working and be transformative to our local system whereby our plans to provide for our most vulnerable residents are driven by a fully integrated commissioning model.

2.4 Task and Finish Finance group and additional programme support

The Task and Finish (T&F) finance group has continued to meet since the December update. Following finalisation of the LD pilot, the Chief Finance Officers will advise the T&F finance group on the financial framework and associated risk share structure to the CHC and adult social care pooled budget from April 2019.

The partners have agreed to resource additional programme support on a three-way basis and this will be taken forward to develop the further opportunities within the context of the work outlined above.

3. North East London (NEL) Commissioning Alliance developments on Continuing Health Care

There is an increased focus within NEL on the need to deliver a CHC offer that is standardised and in line with national best practice, standards and expectations. As a sector, NEL is now in a process of escalated assurance with NHS England regarding delivery of the national quality premium standards. For City and Hackney, these are on an upward trajectory and will be achieved by March 2019. Going forward there will be a greater expectation on these standards and NHS England's national team will be issuing an exemplar service specification for CHC. As such, plans for the future form of CHC delivery will need to be in this context though the importance of the local arrangements and strong links with adult social care will remain paramount.

4. Conclusion

In summary the ICB are asked to note that:

- progress on the pooled budget proposal has been steady and that the pace can now increase with the finalisation of the LD position
- that the pooling can provide impetus to commissioning plans which are already emerging and create the conditions for transformative work
- and the National context for CHC delivery which may impact on the local system

Sign-off:

Workstream SRO: Simon Cribbens

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

City of London Corporation: Simon Cribbens, Assistant Director, Commissioning & Partnerships

City & Hackney CCG: David Maher, Managing Director

| | |
|----------------------------|--|
| Title: | Prevention Workstream Report |
| Date: | 15 February 2019 |
| Lead Officer: | Jayne Taylor – Workstream Director Anne Canning - SRO |
| Author: | Jayne Taylor – Workstream Director |
| Committee(s): | CCG Clinical Executive Committee – 12 Dec 2018 CCG Patient and Public Involvement Committee – 13 Dec 2018 CCG Finance and Performance Committee – 19 Dec 2018 Transformation Board – 30 January 2019 Integrated Commissioning Board – 15 February 2019 |
| Public / non-public | Public |

Executive summary:

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

- delivery of the workstream ‘asks’
- performance against Integrated Assessment Framework standards, ASCOF (Adult Social Care Outcomes Framework) measures, CQUIN (Commissioning for Quality and Innovation) Care Quality and Quality Premium measures
- Finance and QIPP (Quality, Innovation, Productivity and Prevention) delivery
- Future plans and opportunities for the workstream.

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

Performance:

- Very high performance on QOF (Quality and Outcomes Framework) 2017/18, especially in relation to blood pressure management.
- Demonstrable progress in improving diabetes ‘triple target’ metric (well controlled blood pressure, cholesterol and blood sugar)
- Child obesity remains a significant challenge locally, and requires action at all levels of the local system involving a broad partnership of organisations, communities and individuals. The Hackney Obesity Strategic Partnership is leading a programme of work to tackle the individual, social and environmental drivers of obesity, and the local Healthy Weight Strategy is being refreshed this year. Evidence-based adult and child weight management services are in place and a range of obesity prevention activity is also commissioned by Public Health.
- Good progress with tobacco control plans, but more to be done to embed treatment of tobacco dependency within the NHS. Local Stop Smoking Services continue to provide high quality support for smokers to quit – the Quality Premium target for number of quitters was exceeded in 2017/18, and plans are on track to ensure 2018/19 targets are met.
- Rates of sexual health screening remain high.
- Alcohol treatment completions have improved significantly in recent years, with local performance now in line with the national average.
- Employment rates among people with learning disability and mental illness remain low. A bid has been made for NHS England ‘wave 2’ funding to develop Individual Placement and Support (IPS) services locally to address this.

Savings targets and investment decisions in the context of prevention:

- All of the work described in this paper is designed to reduce demand elsewhere in the system. There is also a stated aim to shift resources towards prevention within the City and Hackney Integrated Care System. Consideration needs to be given to defining appropriate savings targets for the Prevention workstream in this context.
- Small investments in prevention schemes can release large gains, but the timeframe over which returns on these investments can be achieved vary widely (longer for action on the social determinants of health, shorter for targeted interventions to tackle disease-specific risk factors). In this context, consideration should be given to adopting a flexible approach in defining the timeframe over which prevention schemes are required to demonstrate RoI.

Issues from Transformation Board for Integrated Commissioning Board:

None

Recommendations:

The City Integrated Commissioning Board is asked to:

- **NOTE** the report

The Hackney Integrated Commissioning Board is asked to:

- **NOTE** the report

Links to key priorities:

The report reflects nationally mandated requirements as well as local ambitions and priorities.

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and public involvement and impact:

Resident representatives are members of the Prevention Core Leadership Group and ad-hoc involvement in specific projects has been curated with the support of Healthwatch. Co-production and ongoing engagement is in train or in development in the workstream's transformation plans. Further work with patient and public representatives will be incorporated in the plans for 2019/20 and beyond.

Clinical/practitioner input and engagement:

We have two clinical leads on our Core Leadership Group, and a number of clinicians and practitioners are Associate Members of the workstream, supporting various priority areas of our work.

Equalities implications and impact on priority groups:

There are no specific equalities issues addressed through this report. Impact assessments will be undertaken on any new plans for the workstream in 2019/20.

Impact on / overlap with existing services:

One of our priorities is to support other workstreams to embed prevention principles in their plans. A number of joint projects are being taken forward currently, and more are planned in 2019/20.

Supporting Papers and Evidence:

Appendix 1 – Prevention workstream report

Sign-off:

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

Prevention Workstream Report

Integrated Commissioning Board
15 February 2019

Prevention – overview of the ask

Support all care workstreams to embed prevention principles in their plans to achieve a system shift towards prevention and early intervention

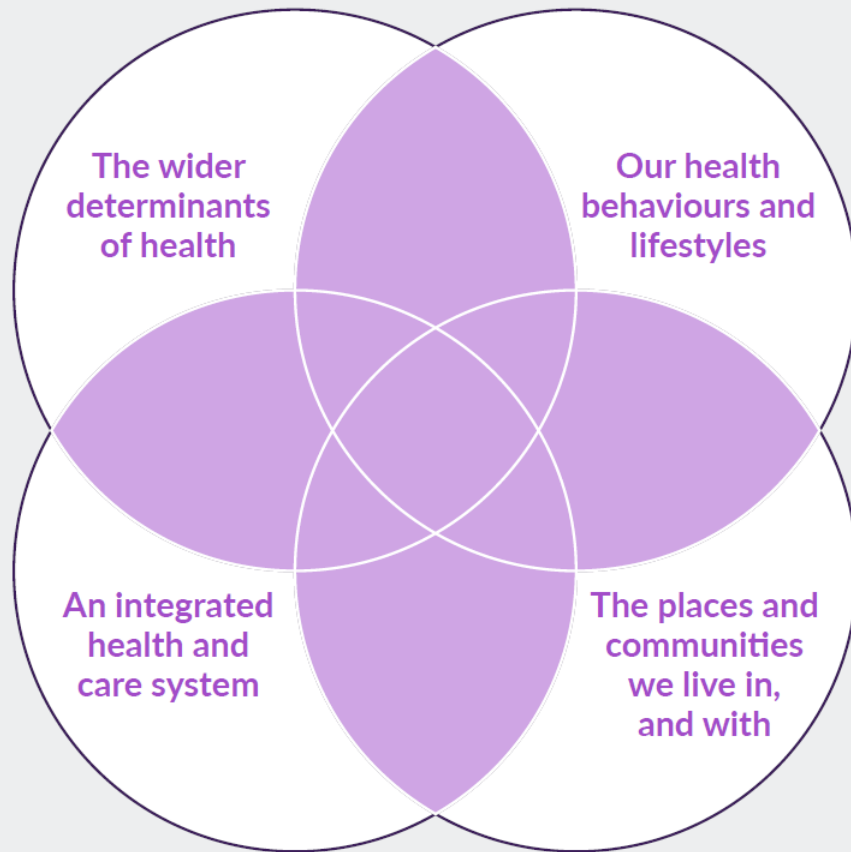
Reduce exposure to the main preventable risk factors for health inequalities, poor health and premature mortality

Enable people to live healthy lives and manage their own health

Early identification (of risk factors)
Early diagnosis (of long-term conditions)
Early intervention

Advocacy and partnership to improve the social, economic and environmental drivers of health and health inequalities ('Marmot principles')

Context – prevention and population health



“Our focus must shift from treating single acute illnesses to promoting the health of the whole individual. That requires more resources for prevention.”

Rt Hon Matt Hancock
Secretary of State for Health and Social Care

Summary – successes & challenges to date

Successes

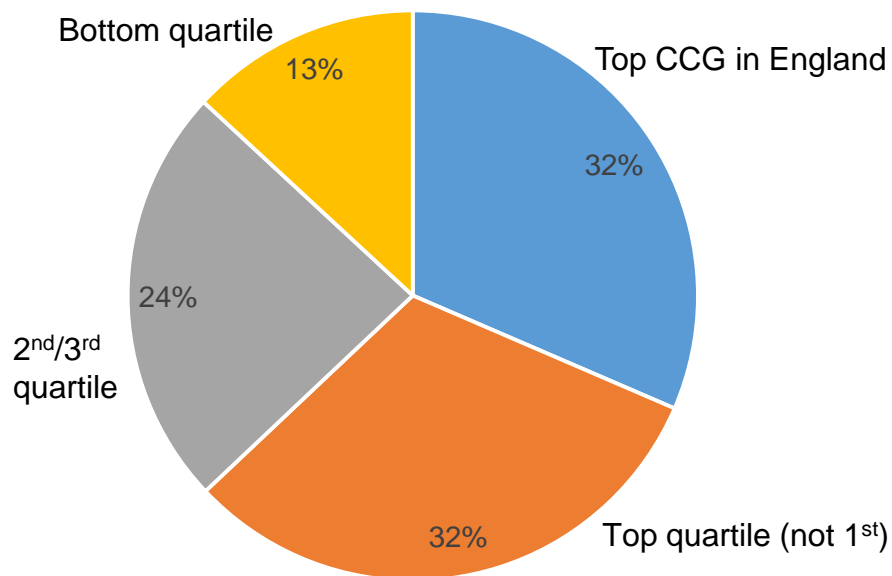
- **LTC management in primary care:** top in clinical attainment on QOF 2017/18 (ranked 1st or 2nd, out of 194 CCGs in England)
- High/increasing number **referrals to preventative services:** 2,000 to NDPP and 1,200 to Social Prescribing so far; 3,500 annual referrals to weight management/exercise of referral; almost 3,000 smokers accessing support to quite each year
- **Good progress with tobacco control plans:** NHS smokefree pledge signed by Homerton, ELFT, CCG, GP Confed; smoking in pregnancy pathways, new stop smoking service
- **High levels of sexual health screening:** high chlamydia detection rate; comparatively high HIV testing rates (=relatively low late diagnosis rates)
- Significant **improvement in alcohol treatment completions**
- 300+ people trained in Mental Health First Aid

Challenges

- **Diabetes IAF clinical assessment** in 2016/17 = 'needs improving'
Update: recently published data for 2017-18 suggests improvement on diabetes 'triple target' for type 2 diabetes patients - thanks to major effort by primary care staff, meds management and specialist diabetes team (final IAF position for 2017/18 TBC)
- **Child obesity** remains stubbornly high
- **Sexual health:** increasing and changing demand; service fragmentation
- Ongoing (local and national) challenge of **access to mental health services for people with substance misuse**

QOF performance 2017/18

City and Hackney CCG
LTC and Smoking indicators
(Base: patients receiving the intervention)



Areas for improvement:

- Atrial Fibrillation or stroke treated with anti-coagulation (2 measures)
- CHD, stroke, COPD or diabetes and flu immunisation
- Patients with asthma with measures of variability or reversibility recorded
- People with diabetes whose HbA1c is 75mmol/l or less

Top performing CCG on 12/38 measures:

- Managing blood pressure in people with: high blood pressure; peripheral arterial disease; stroke; coronary heart disease and diabetes (2 measures)
- People with asthma and Chronic Obstructive Pulmonary Disease who have had a review and been monitored with a recognised clinical measure (3 measures)
- People with COPD who have been diagnosed using the correct assessment (spirometry)
- People with long term conditions who smoke being offered support and treatment to stop smoking
- People with diabetes who have had a foot check in the last year

Summary – opportunities & risks

Opportunities

- Neighbourhoods – prevention focus
- Supporting/working with other workstreams on prevention priorities
- Embedding treatment of tobacco dependency in NHS care pathways (in line with recent RCP report, “Hiding in plain sight”)
- Hackney Healthy Weight Strategy refresh in 2019 – co-production approach
- Learning from the Sport England Local Delivery Pilot: a community-led place-based approach to tackling inactivity in a deprived community
- Sexual health e-service: improving access and addressing cost pressures
- Mental health: mental health and substance misuse joint re-commissioning; NHS England IPS wave 2 funding
- Alcohol VBA– potential to incentivise through primary care?

Risks

- Ongoing rise in numbers of people with obesity and diabetes - service capacity to cope
- Funded not identified for a number of priorities identified through RightCare process (PIC bids unsuccessful), including:
 - pulmonary rehab
 - stroke vocational rehab
- Spirometry accreditation: risk to future provision of service in primary care

Summary – transformation plans

- **Making Every Contact Count**
 - Decision on final tranche of funding (CEPN transformation) awaited
 - Recruitment underway for implementation lead and digital/comms lead
- **Care navigation and supporting self-management**
 - 2 joint Prevention/Neighbourhood projects underway/planned:
 - a) care navigation (provider led working group) – mapping and strengthening the local offer
 - b) community asset mapping – improving access to information about local resources that support positive health and wellbeing
 - Relevant ICT enabler funded projects:
 - Social Prescribing digital pilot
 - Directory of services
 - Opportunities to align Social Prescribing and Health Coach services through re-commissioning plans during 2019
 - Roll-out of group consultations (total funding envelope TBC)
 - Learning from peer support pilots

Workstream asks 2017/18 and 2018/19 TACKLING THE MAIN PREVENTABLE RISK FACTORS FOR POOR HEALTH

| | |
|-----------------|---|
| Tobacco | <p>Hackney Health & Wellbeing Board provides strategic oversight to the Hackney Tobacco Control Plan, which is focused on the following: (1) preventing young people taking up smoking; (2) communicating/educating on the harms from using tobacco; (3) ‘de-normalising’ smoking and protecting people from second hand smoke; (4) motivating every smoker to quit; (5) delivering high quality stop smoking services; (6) reducing the availability & supply of cheap/illegal tobacco. In the City, action on tobacco control is led by the Healthy Behaviours Steering Group. ‘Whole system’ CLear self-assessment planned for early 2019.</p> |
| Obesity | <p>Hackney Obesity Strategic Partnership – multi-disciplinary partnership taking whole system action to tackle obesity. Strategic priorities: (1) working with local businesses to improve access to healthy, affordable food; (2) community insight and engagement; (3) getting people active as part of their daily lives; (4) workplace health; (5) identifying and supporting people at increased risk of obesity-related harm; (6) school-based interventions.</p> |
| Alcohol & drugs | <p>Hackney Alcohol and Substance Misuse Oversight Group coordinates activity related to the alcohol strategy and provides oversight of substance misuse services. In the City, oversight is provided by the Healthy Behaviours Steering Group and Health & Wellbeing Advisory Group</p> <p>Alcohol strategy priorities: (1) encourage healthier drinking behaviours; (2) commission appropriate and responsive treatment services; (3) support families, carers and young people affected by alcohol misuse; (4) promote responsible drinking environments.</p> <p>Substance misuse services: joint re-commissioning of substance misuse services in the City and Hackney to commence shortly (new services in place by October 2020); currently working with ELFT and Greenhouse practice to identify mental illness earlier and develop a trauma-informed model of treatment.</p> |

Workstream asks 2017/18 and 2018/19

LONG-TERM CONDITIONS – EARLY INTERVENTION

| | |
|--------------------------------------|--|
| NHS Health Check | <p>Cardiovascular disease risk assessment and prevention programme for people age 40-74. Managed through primary care.</p> <p>Good uptake in both the City and Hackney – performance has improved in recent years and compares favourably with other similar areas (see slide 20).</p> <p>2019/20 commissioning intention – integrate NHS Health Check within Long-term conditions contract (see below).</p> |
| Long-term conditions contract | <p>Incentivises early detection and effective management of long-term conditions in primary care. Includes ‘Time to Talk’ – extended consultations for patients with multiple LTCs.</p> <p>Continues to produce positive results on key metrics when compared with other areas – blood pressure control, COPD management, support to smokers.</p> <p>LTC contract incentives have supported significant improvement in performance on the ‘triple target’ for diabetes treatment (IAF metric).</p> |
| RightCare | <p>Respiratory and stroke reviews completed and recommendations for new/enhanced service pathways are being progressed – in partnership with Planned Care workstream.</p> |
| Diabetes Prevention | <p>National Diabetes Prevention Programme - new local (NEL) provider in place since May 2018. Approx 1,200 referrals to date.</p> <p>Homerton structured education programme for people at high risk of diabetes (XPOD).</p> |

Workstream asks 2017/18 and 2018/19

MENTAL HEALTH

| | |
|--|--|
| Integrated Public Mental Health/5 to Thrive Steering Group | Delivering Public Mental Health Action Plan and embedding 5 to Thrive. Public Mental Health Action Plan priorities: (1) make Hackney the most welcoming, healthy, and accessible place in London for residents with severe & enduring mental health conditions; (2) provide support for mental resilience in times of stress or change; (3) deliver a child-centred, prevention-focused health and wellbeing education service; (4) prevent suicide and self-harm; (5) promote positive mental wellbeing through the built environment and create mentally healthy places. |
| Suicide prevention | Multi-agency suicide prevention groups established in City and Hackney. |
| Mental Health First Aid | Programme recommissioned in Hackney and being rolled out in the City. |
| Wellbeing Network | Service designed to build resilience to prevent onset of mental health problems and alleviate issues such as stress, anxiety, low mood. Evaluation underway. Service redesign and re-commissioning will commence in 2019/20. |
| Improving access to mental health services for people with substance misuse | Service User Network (SUN) group run by ELFT located in Hackney Recovery Service. PIC funding being used to develop a local approach to address this local/national issue – to inform substance misuse re-commissioning. |
| Supported employment | Provider-led Supported Employment Network established. |
| LTC IAPT service | Service based at Homerton, designed to increase referrals to IAPT for patients with physical long-term conditions. |

Workstream asks 2017/18 and 2018/19 SEXUAL HEALTH

City and Hackney Sexual Health Forum

Chaired by Homerton clinician.
Membership includes: VCS (Brook, Positive East), CCG, GP Confederation, Homerton sexual health services, Homerton children & young people's health services (CHYPS Plus), pharmacies and Public Health.

Sexual health services

Sexual health services recommissioned in 2017 on basis of Integrated Sexual Health Tariff for London and standard specification – cost efficiencies and consistency of service.

New City clinic at 80 Leadenhall opened April 2018.

Sexual Health London e-healthcare service launched - residents can now register online for an STI test kit to be sent to them in the post.

Draft specification for a new primary care sexual health service has been developed with the GP Confederation.

Service fragmentation remains, linked to separate commissioning responsibilities (e.g. community gynae, psychosexual services, support for people living with HIV).

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Workstream asks 2017/18 and 2018/19

STAFF HEALTH & WELLBEING

| | |
|---|--|
| London Healthy Workplace Charter accreditation | <p>LB Hackney (Excellence)</p> <p>Homerton (Excellence)</p> <p>City of London Corporation (Achievement)</p> <p>City & Hackney CCG (Commitment)</p> |
| Hackney staff health and wellbeing partnership group | <p>LB Hackney, Homerton and the CCG meet on a regular basis to share good practice and deliver joint activity where relevant/appropriate. Close links with City's Business Healthy team (see below).</p> |
| City of London Business Healthy network | <p>Provides support to improve the health and wellbeing of City workers through a dedicated website (c800 organisations subscribed) plus events/workshops focused on different aspects of workplace health and wellbeing.</p> <p>Research underway to better understand the health and wellbeing needs of City workers to support service development.</p> |
| LB Hackney staff health and wellbeing programme | <p>Priorities informed by response to staff survey.</p> <p>Staff Health & Wellbeing Group provides oversight and leadership.</p> <p>A network of 20+ health champions support delivery.</p> |

Workstream asks 2017/18 and 2018/19

IDENTIFICATION & SUPPORT FOR VULNERABLE GROUPS

| | |
|--------------------------|---|
| Carers | <p>LB Hackney in process of re-commissioning a new service to better identify and provide support for carers in the borough – business case in preparation.</p> <p>Strong co-production focus - carers reference group has shaped the planning and delivery of the service redesign project.</p> |
| Recently bereaved | <p>Service provided by St Joseph's.</p> <p>Non-recurrent funding secured to expand age eligibility criteria – ends in March 2019.</p> <p>Options under review.</p> |
| Socially isolated | <p>Social Prescribing and other care navigation services relevant here.</p> <p>The workstream has strong links with the Connect Hackney programme (a 6 year Big Lottery funded programme to tackle social isolation in older people) - includes a new 'community connector' service.</p> <p>The 2019/20 Healthier City & Hackney Fund includes a 'tackling loneliness in under 50s' strand – learning from awarded projects will inform future service plans.</p> |
| Rough sleepers | <p>Recent review of the healthcare needs of rough sleepers in the City identified a number of key priorities which are being taken forward by the Corporation, in partnership with the Prevention workstream and Mental Health Coordinating Committee.</p> |
| 'Complex' needs | <p>Multiple Needs Service continues to produce excellent outcomes – both for service users and in reducing utilisation/cost of crisis services.</p> <p>Other services providing a similar 'case worker' model of care for people with complex needs includes PAUSE, Open Doors, HIV Clinical Nurse Specialists.</p> |

Supporting a system shift to prevention – joint projects

| | |
|---|---|
| Children, Young People & Maternity | <ul style="list-style-type: none"> • Integrated child obesity pathway • Maternal obesity pathway • Smoking in pregnancy • Teenage pregnancy self-assessment |
| Mental Health Coordinating Committee | <ul style="list-style-type: none"> • Substance misuse and mental health joint re-commissioning • City rough sleepers care pathway • (Supported employment) Individual Placement and Support (IPS) NHSE wave 2 funding bid |
| Planned Care | <ul style="list-style-type: none"> • Refresh of diabetes centre support to primary care • Integrated adult obesity pathway • Review/recommissioning of post-stroke community rehab pathway • Collaborative approach to commissioning women's community health services (including gynae and contraception services) |
| Unplanned Care | <ul style="list-style-type: none"> • Neighbourhoods projects – care navigation, community asset mapping • Falls prevention pathway • Frequent attenders (TBC) |

Five Year Forward View objectives & delivery

The following FYFV objectives are relevant to Prevention – local plans and progress on each of these are covered elsewhere in this report.

| Objective | Summary of local action | See slide(s) |
|---|---|----------------------|
| Incentivising and supporting healthier behaviour in the NHS | <ul style="list-style-type: none"> • Making every contact count • 'Risky behaviours' CQUIN (alcohol & tobacco) • Healthy food CQUIN | 7, 24 |
| Targeted prevention | <ul style="list-style-type: none"> • Public health commissioned services (including weight management and exercise on referral, Stop Smoking Services) • NHS Health Check • National Diabetes Prevention Programme & XPOD • Long-term conditions contract | 8, 9, 18, 20, 21, 23 |
| Workplace health | <ul style="list-style-type: none"> • Various initiatives across key partner organisations | 12, 24 |
| Supporting people to manage their own health | <ul style="list-style-type: none"> • Social Prescribing • Diabetes structured education • Group consultations • Peer support pilots | 7, 19 |
| Better support to carers | <ul style="list-style-type: none"> • Redesign of carer support services in Hackney | ICB Page 120 13 |

Local alignment and progress towards STP plan

STP Prevention priorities

- Diabetes prevention and self-management – for local plans and progress, see slides 9 & 18
 - 2 NHSE funding bids secured: City & Hackney structured education; NEL wide support for triple treatment target achievement
- Smoking & tobacco control – for local plans and progress, see slides 8, 20, 23, 24
 - Focus on smokefree NHS estate, smoking in pregnancy pathways, embedding treatment of tobacco dependency in care pathways
 - NB: City & Hackney Prevention Workstream Director is STP smoking/tobacco control lead
- Workplace health - for local plans and progress, see slides 12 & 24

Relevant STP Mental Health priorities

- Supported employment (IPS) – see slides 10 & 22
- Mental Health First Aid – see slides 4 & 10

Prevention commissioning intentions

Incorporate NHS Health Checks (commissioned by Public Health) into the single GP Confed contract - alignment with LTC contract

Update KPIs and targets within LTC contract (BAU)

Re-commission Social Prescribing service to better integrate with other care navigation services in City and Hackney, including Health Coaches (commissioned by LBH Public Health)

Embed the following CQUIN targets (acute & mental health) as service KPIs: preventing ill health by risky behaviours – alcohol and tobacco (screening advice / support & referral)

Proposed as a NEL commissioning intention

Work with the Planned Care and CYPM Workstreams to develop and implement an obesity pathway for City and Hackney

Support the Planned Care Workstream to review the post stroke rehabilitation pathway to ensure patients are effectively supported in the community after having a stroke

Support the Planned Care Workstream to implement recommendations from the Type 2 Diabetes Healthcare Needs Assessment to ensure services are aligned with models of best practice and are providing optimal care for people living with type 2 diabetes in City and Hackney

Better support patients with psychosis to stop smoking and lose weight through the introduction of specific targets in our contract with ELFT (embedding 2018/19 CQUIN targets as service KPIs)

Complete a review of the City and Hackney substance misuse service to inform re-commissioning plans for 2020/21 – including options to improve access to mental health support for clients with substance misuse

Progress work to develop the local Individual Placement & Support (IPS) offer in accordance with strategic work at an STP level

Improvement and Assessment Framework (IAF)

2016/17 CCG IAF Assessment Diabetes – requires improvement

IAF indicator: **103a Diabetes patients that achieved all NICE recommended treatment targets**

Latest outturn (2016/17): 36.7%

Performance in lowest quartile for England and peer group

Actions and plans:

- Ongoing target within the LTC contract with the GP Confederation to call in and treat patients who are currently not meeting the NICE treatment targets.
- NHSE funded nurse (via STP) focusing on Type 1 patients.
- Work in progress to align local reporting to better reflect national data
- **Latest data from the National Diabetes Audit shows significant improvement in performance in 2017/18 for type 2 diabetes patients – highest performer in NEL on this measure**

IAF indicator: **103b People with diabetes diagnosed <1 year who attend structured education**

Latest outturn (2016/17): 8.7%

Performance in 2nd quartile for England and peer group, improving trend

Actions and plans:

- Coding investigation is ongoing
- Diabetes specialist nursing team now directly coding attendance into EMIS records
- Successfully applied for NHS England funding, which is being used to (a) increase the number and accessibility of structured education courses available locally (584 additional places funded so far) and (b) employ a psychology assistant to call non-attenders to ascertain reasons and encourage future attendance.

Improvement and Assessment Framework (IAF)

IAF indicator: **102a % Year 6 children (age 10-11) who are overweight or obese**

Latest outturn (2016/17): 41.5%

Performance in lowest quartile for England and peer group, relatively stable since measures began (2006/7)

Actions and plans:

- Whole system action to tackle obesity being led Hackney Obesity Strategic Partnership – see slide 8
- Child obesity services re-commissioned in 2018; re-procurement of physical activity services underway
- City and Hackney Healthy Weight Strategy will be refreshed in 2019, taking a co-production approach (series of engagement events plus design workshop planned)

IAF indicator: **108a Proportion of carers with a LTC who feel supported to manage their condition**

Latest outturn (2017): 59.6%

Performance in lowest quartile for England and 2nd quartile of peer group. New indicator – no trend data.

Actions and plans:

- Re-commissioning of carer support services underway in Hackney (see slide 13)
- Long-term conditions contract supports early detection and effective management of long-term conditions in primary care

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Other key indicators (1)

| Indicator | Latest outturn | Actions and plans |
|--|--|---|
| Smoking prevalence | Hackney Latest outturn (2017): 21.4% Significantly above England average (14.9%), comparable to most 'similar' areas No data available for the City | Comprehensive tobacco control plan in place – see slide 8 |
| Uptake of NHS Health Check (PHOF 2.22V) | Hackney Latest outturn (2013/14-2017/18): 60.2% of eligible population received Health Check City of London Latest outturn: 56.5% Significantly above London average (49.3%) | City of London and LB Hackney contracts will continue to incentivise uptake and reduce variation in performance across practices. |
| Sexual health – chlamydia detection rate age 16-24 (PHOF 3.02) | Hackney Latest outturn (2017): 4,463 per 100,000 pop City of London Latest outturn: 1,183 per 100,000 pop (<i>NB: based on very small numbers</i>) London average: 2,199 per 100,000 (Higher detection rate assessed as 'better' on PHOF) | Service re-commissioning supports continued high performance on these metrics – see slide 11 ICB Page 125 |

Other key indicators (2)

| Indicator | Latest outturn | Actions and plans |
|---|---|--|
| Alcohol and substance misuse (PHOF 2.15i & 2.15iii) | <p>City & Hackney Significant improvements in successful alcohol treatment completions in recent years. Latest outturn (2017): 39.5% Slightly above England average (38.5%)</p> <p>Successful treatment completions for opiate users also in line with England average. Latest outturn (2017): 7.1% Slightly above England average (6.5%)</p> | Planned recommissioning will support continued improvement on these metrics – see slide 8 |
| People with a LTC feeling supported to manage their condition (NHSOF 2.1) | <p>City & Hackney Latest outturn (2016/17): 60%</p> <p>Very similar to London average (59%), slightly below England average (64%)</p> | <p>Various initiatives to improve support for self-care - see slide 7 + Other services covered by Planned Care (e.g. rehabilitation programmes, embedded psychologists in diabetes/COPD/sickle cell community services, IAPT for people with LTCs)</p> |

Other key indicators (3)

| Indicator | Latest outturn | Actions and plans |
|---|---|--|
| Proportion of adults with a learning disability in paid employment (ASCOF 1E) | <p>Hackney Latest outturn (2017/18): 3.7%</p> <p>(zero return for City of London – very low numbers)</p> <p>This compares with a London average of 7.5%</p> | <p>A new in-house service has been commissioned for LBH via Hackney Works with targets that would bring Hackney in line with the London average.</p> <p>Supported Employment Network – see slide 10</p> |
| Proportion of adults in contact with secondary mental health services in paid employment (ASCOF 1F) | <p>Hackney Latest outturn (2017/18): 3.0%</p> <p>(zero return for City of London – very low numbers)</p> <p>This compares with a London average of 6.0%.</p> | <p>A new in-house service has been commissioned for LBH via Hackney Works with targets that would bring Hackney in line with the London average.</p> <p>Supported Employment Network – see slide 10</p> <p>Preparing to bid for NHSE wave 2 IPS funding – see slide 14</p> |

Quality Premium

Metric: **number of successful smoking quitters**

- 2017/18 target: 1398
- 2017/18 outturn: 1402 (exceeded)
- 2018/19 target: 1350
- Activity to achieve 2018/19 target:
 - new Stop Smoking Service in place since July 2018, includes KPI to deliver Quality Premium target
 - Support to Homerton and ELFT to achieve risky behaviours CQUIN targets – see slide 24
 - Successful PIC bid to develop offer of support to quit as part of COPD care pathways

CQUINs

| | 2017/18 targets | 2017/18 achievement |
|--|---|---|
| Staff health & wellbeing | <ul style="list-style-type: none"> 5 percentage point improvement in selected staff survey questions | Partially achieved (ELFT) Not achieved (Homerton) |
| Healthy food for NHS staff, visitors and patients | <ul style="list-style-type: none"> 70% drinks sugar free 60% confectionary <250kcal 60% pre-packed meals <400kcal/<5g sat fat per 100g | Achieved (Homerton) <i>N/A ELFT</i> |
| Flu vaccination uptake for frontline clinical staff | <ul style="list-style-type: none"> 70% | Achieved (ELFT & Homerton) |
| Risky behaviours – tobacco & alcohol screening, brief advice, referral | <ul style="list-style-type: none"> Tobacco screening – 90% Tobacco very brief advice – 90% Tobacco referrals/medication offer – 30% Alcohol screening – 50% Alcohol brief advice & referrals – 80% | ELFT: <ul style="list-style-type: none"> Partially achieved Achieved Partially achieved Achieved Achieved <i>N/A Homerton – introduced in 2018/19</i> |
| Personalise care & support planning | <ul style="list-style-type: none"> Systems in place Patient cohort identified Staff trained | Achieved (Homerton) ICB Page 129 <i>N/A ELFT</i> |

Prevention budget - overview

| Fund type: Pooled vs Aligned | CCG £'000 | LBH £'000 | CoLC £'000 | TOTAL £'000 |
|---|--------------|---------------|---------------|----------------|
| Pooled Budgets | | | | |
| Pooled - Prevention | 50 | | | |
| Aligned' Budgets | | | | |
| Aligned - Prevention | 3,386 | 24,492 | 2,349 | 30,227 |
| Total Contribution into 'Aligned' budgets | 3,436 | 24,492 | 2,349 | 30,277 |
| | | | | |
| Total Annual Budget | 3,436 | 24,492 | 2,349 | 30,277 |
| Forecast Actual | 3,436 | 24,491 | 2,546 | 30,472 |
| Forecast Variance | 0 | 1 | (197) | (195) |

- CCG and LBH Prevention budget is reporting a year end break even position
- QIPP target: £76k – on track to deliver against plan

Savings targets and investment decisions in the context of prevention

All Prevention activity is designed to reduce demand elsewhere in the system
Strategic aim to shift focus **and resources** towards prevention

- Savings targets for the Prevention workstream should be defined within this context

Small investments in prevention schemes can release large gains, but timeframe for returns varies widely
(longer=social determinants, shorter=targeted disease-specific risk factors)

- Case for taking a flexible approach in defining the timeframe over which prevention schemes are required to demonstrate RoI

Co-production and resident engagement

Our approach

- 2x resident representatives as full workstream members (in process of replacing one of these)
- User engagement plan template developed for use in planning relevant projects
- Ad-hoc engagement with existing patient/public groups as appropriate
- Seeking to recruit a cohort of 'champions' to call on for specific engagement activity/shape specific projects

A few examples

- Patient engagement on group consultations
- Engagement with high risk smokers informed Stop Smoking Service re-design
- Sexual health re-commissioning - waiting room survey and focus groups with local service users
- Carers service re-design – carers reference group has shaped approach
- MECC – co-production approach to business case development, to continue as programme evolves
- Advice sought from PUEG on appropriate targeted engagement activity to improve hypertension outcomes
- Public engagement on commissioning intentions at Staying Healthy event (Nov 2018)

Integrated Commissioning Glossary

| | | |
|-------|---|--|
| CCG | Clinical Commissioning Group | Clinical Commissioning Groups are groups of GPs that are responsible for buying health and care services. All GP practices are part of a CCG. |
| CHS | Community Health Services | Community health services provide care for people with a wide range of conditions, often delivering health care in people's homes. This care can be multidisciplinary, involving teams of nurses and therapists working together with GPs and social care. Community health services also focus on prevention and health improvement, working in partnership with local government and voluntary and community sector enterprises. |
| DToC | Delayed Transfer of Care | A delayed transfer of care is when a person is ready to be discharged from hospital to a home or care setting, but this must be delayed. This can be for a number of reasons, for example, because there is not a bed available in an intermediate care home. |
| ELHCP | East London Health and Care Partnership | The East London Health & care Partnership brings together the area's eight Councils (Barking, Havering & Redbridge, City of London, Hackney, Newham, Tower Hamlets and Waltham Forest), 7 Clinical Commissioning Groups and 12 NHS organisations. While East London as a whole faces some common problems, the local make up of and characteristics of the area vary considerably. Work is therefore shaped around three localized areas, bringing the Councils and NHS organisations within them together as local care partnerships to ensure the people living there get the right services for their specific needs. |
| FYFV | NHS Five Year Forward View | The NHS Five Year Forward View strategy was published in October 2014 in response to financial challenges, health inequalities and poor quality of care. It sets out a shared vision for the future of the NHS based around more integrated, person centred care. |
| IC | Integrated Commissioning | Integrated contracting and commissioning takes place across a system (for example, City & Hackney) and is population based. A population based approach refers to the high, macro, level programmes and interventions across a range of different services and sectors. Key features |

| | | |
|-----|---|--|
| | | include: population-level data (to understand need across populations and track health outcomes) and population-based budgets (either real or virtual) to align financial incentives with improving population health. |
| ICB | Integrated Commissioning Board | The Integrated Care Board has delegated decision making for the pooled budget. Each local authority agrees an annual budget and delegation scheme for its respective ICB (Hackney ICB and City ICB). Each ICB makes recommendations to its respective local authority on aligned fund services. Each ICB will receive financial reports from its local authority. The ICB's meet in common to ensure alignment. |
| ICS | Integrated Care System | An Integrated Care System is the name now given to Accountable Care Systems (ACSs). It is an 'evolved' version of a Sustainability and Transformation Partnership that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners. |
| | Multidisciplinary/MDTs | Multidisciplinary teams bring together staff from different professional backgrounds (e.g. social worker, community nurse, occupational therapist, GP and any specialist staff) to support the needs of a person who requires more than one type of support or service. Multidisciplinary teams are often discussed in the same context as joint working, interagency work and partnership working. |
| | Neighbourhood Programme (across City and Hackney) | The neighbourhood model will build localised integrated care services across a population of 30,000-50,000 residents. This will include focusing on prevention, as well as the wider social and economic determinants of health. The neighbourhood model will organise City and Hackney health and care services around the patient. |

| | | |
|------|--|--|
| NEL | North East London (NEL) Commissioning Alliance | This is the commissioning arm of the East London Health and Care Partnership comprising 7 clinical commissioning groups in North East London. The 7 CCGs are City and Hackney, Havering, Redbridge, Waltham Forest, Barking and Dagenham, Newham and Tower Hamlets. |
| | Primary Care | Primary care services are the first step to ensure that people are seen by the professional best suited to deliver the right care and in the most appropriate setting. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services. |
| QIPP | Quality, Innovation, Productivity and Prevention | QIPP is a programme designed to deliver savings within the NHS, predominately through driving up efficiency while also improving the quality of care. |
| | Risk Sharing | Risk sharing is a management method of sharing risks and rewards between health and social care organisations by distributing gains and losses on an agreed basis. Financial gains are calculated as the difference between the expected cost of delivering care to a defined population and the actual cost. |
| | Secondary care | Secondary care services are usually based in a hospital or clinic and are a referral from primary care. rather than the community. Sometimes 'secondary care' is used to mean 'hospital care'. |
| | Step Down | Step down services are the provision of health and social care outside the acute (hospital) care setting for people who need an intensive period of care or further support to make them well enough to return home. |
| STP | Sustainability and Transformation Partnership | Sustainability and transformation plans were announced in NHS planning guidance published in December 2015. Forty-four areas have been identified as the geographical 'footprints' on which the plans are based, with an average population size of 1.2 million people (the smallest covers a population of 300,000 and the largest 2.8 million). A named individual has led the development of each Sustainability and Transformation Partnership. Most Sustainability and Transformation Partnership leaders come from clinical commissioning groups and NHS trusts or foundation trusts, but a small number come from local government. Each partnership developed a 'place-based plans' for the future of health and |

| | | |
|--------|--|--|
| | | care services in their area. Draft plans were produced by June 2016 and 'final' plans were submitted in October 2016. |
| | Tertiary care | Care for people needing specialist treatments. People may be referred for tertiary care (for example, a specialist stroke unit) from either primary care or secondary care. |
| | Vanguard | A vanguard is the term for an innovative programme of care based on one of the new care models described in the NHS Five Year Forward View. There are five types of vanguard, and each address a different way of joining up or providing more coordinated services for people. Fifty vanguard sites were established and allocated funding to improve care for people in their areas. |
| | The City | City of London geographical area |
| CoLC | City of London Corporation | |
| | City and Hackney System | City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation, Homerton University Hospital NHS FT, East London NHS FT, City & Hackney GP Confederation. |
| | Commissioners | City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation |
| CS2020 | Community Services 2020 | The programme of work to deliver a new community services contract from 2020. |
| ISAP | Integrated Support and Assurance Process | The ISAP refers to a set of activities that begin when a CCG or a commissioning function of NHS England (collectively referred to as commissioners) starts to develop a strategy involving the procurement of a complex contract. It also covers the subsequent contract award and mobilisation of services under the contract. The intention is that NHS England and NHS Improvement provide a 'system view' of the proposals, focusing on what is required to support the successful delivery of complex contracts. Applying the ISAP will help mitigate but not eliminate the risk that is inevitable if a complex contract is to be utilised. It is not about creating barriers to implementation. |
| LBH | London Borough of Hackney | |
| NHSE | NHS England | |

| | | |
|------|-------------------------------------|--|
| NHSI | NHS Improvement | |
| PIN | Prior Information Notice | A method for providing the market place with early notification of intent to award a contract/framework and can lead to early supplier discussions which may help inform the development of the specification. |
| CPA | Care Programme Approach | |
| CYP | Children and Young People's Service | |
| LAC | Looked After Children | |

| Integrated Commissioning Boards Forward Plan 2018-19 | |
|--|--|
| Title | Reporting Lead |
| 14-Mar-19 | |
| IC Programme | |
| Mental Health Strategy including crisis intervention, suicide and veterans and Early Intervention in Psychosis | David Maher/ Dan Burningham |
| IC Safeguarding | Devora Wolfson/ Olivia Katis |
| IC Risk Report | Devora Wolfson |
| Integrated Finance Report | Sunil Thakker / Ian Williams / Mark Jarvis |
| Service transformation/ updates | |
| Update on Homerton overperformance | Simon Cribbens |
| Healthier City & Hackney Fund | Anne Canning / Poppy Middlemiss |
| Health of LAC procurement | Anne Canning / Amy Wilkinson |
| Intermediate Care Beds - short to medium term options | Tracey Fletcher / Nina Griffith |
| Workstream & Enabler Groups reporting | |
| CYPM detailed review | Anne Canning / Amy Wilkinson |