

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

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

**Joint Meeting in public of the two Integrated Commissioning Boards on  
Thursday 12 September 2019, 10.00 – 12.00,  
Guildhall, Alderman's Dining Room**

Item no.	Item	Lead and purpose	Page no.	Document type	Time
1.	Welcome, introductions and apologies	Chair	-	Verbal	10.00
2.	Declarations of Interests	Chair <i>For noting</i>	3-8	Paper	
3.	Questions from the Public	Chair	-	Verbal	
4.	Minutes of the Previous Meeting and Action Log	Chair <i>For approval</i>	9-17	Paper	
5.	Better Care Fund 2019-20	Simon Galczynski <i>For approval</i>	18-28	Paper	10.05
6.	Integrated Commissioning Communications & Engagement Strategy / Branding	David Maher <i>For decision</i>	29-43	Paper	10.15
7.	System Maturity Matrix	Jonathan McShane <i>For noting</i>	44-54	Paper	10.45
8.	City & Hackney Summary Response to the NHS Long Term Plan – an update	Nicholas Ib <i>For noting</i>	56-70	Paper	11.00
9.	System Commissioning Intentions 2020/21 – update	David Maher <i>For noting</i>	71-74	Paper	11.15
10.	Adult Substance Misuse Service	Jayne Taylor <i>For noting</i>	75-85	Paper	11.30
11.	Integrated Commissioning Progress Report	Carol Beckford <i>For noting</i>	86-92	Paper	11.45

	<b>Integrated Commissioning Finance Report</b>	Ian Williams / Sunil Thakker / Mark Jarvis <i>For noting</i>	93-106		
<b>Governance items for information</b>					
-	<b>Integrated Commissioning Workstream Risk Registers</b>	<i>For information</i>	107-122	Paper	For information
-	<b>S75 Agreement between LBH, COL &amp; CCG</b>	<i>For information</i>	Appx	Paper	For information
.	<b>AOB &amp; Reflections</b>	Chair  <i>For discussion</i>		Paper	-
-	<b>Integrated Commissioning Glossary</b>	<i>For information</i>	123	IC Glossary	For information

**Date of next meeting:**

**10 October 2019, Hackney Town Hall, Room 102 & 103**

**Integrated Commissioning**  
**2019 Register of Interests**

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Simon	Cribbens	12/08/2019	City ICB advisor/ regular attendee Accountable Officers Group member	City of London Corporation	Assistant Director - Commissioning & Partnerships, Community & Children's Services	Pecuniary Interest
				City of London Corporation	Attendee at meetings	Pecuniary Interest
				Porvidence Row	Trustee	Non-Pecuniary Interest
Sunil	Thakker	11/12/2018	Transformation Board Member - CHCCG City and Hackney ICB advisor/ regular attendee	City & Hackney CCG	Chief Financial Officer	Non-Pecuniary Interest
Ian	Williams	10/05/2017	Hackney ICB advisor/ regular attendee	London Borough of Hackney	Group Director, Finance and Corporate Resources	Pecuniary Interest
				n/a	Homeowner in Hackney	Pecuniary Interest
				Hackney Schools for the Future Ltd	Director	Pecuniary Interest
				NWLA Partnership Board	Joint Chair	Pecuniary Interest
				Chartered Institute of Public Finance and Accountancy	Member	Non-Pecuniary Interest
				Society of London Treasurers	Member	Non-Pecuniary Interest
				London Finance Advisory Committee	Member	Non-Pecuniary Interest
				Schools and Academy Funding Group	London Representative	Non-Pecuniary Interest
				London Pensions Investments Advisory Committee	Chair	Non-Pecuniary Interest
Ruby	Sayed	11/12/2018	City ICB member	City of London Corporate	Member	Pecuniary Interest
				Gaia Re Ltd	Member	Pecuniary Interest
				Thincats (Poland) Ltd	Director	Pecuniary Interest
				Bar of England and Wales	Member	Pecuniary Interest
				Transition Finance (Lavenham) Ltd	Member	Pecuniary Interest
				Nirvana Capital Ltd	Member	Pecuniary Interest
				Honourable Society of the Inner Temple	Member	Non-pecuniary interest
				Independent / Temple & Farringdon Together	Member	Non-pecuniary interest
				Guild of Entrepreneurs	Founder Members	Non-pecuniary interest
				Bury St. Edmund's Woman's Aid	Trustee	Non-pecuniary interest
Mark	Jarvis	10/04/2017	City ICB advisor / regular attendee	City of London Corporation	Head of Finance	Pecuniary Interest
				City of London Corporation	Head of Finance	Pecuniary Interest
Anne	Canning	27/06/2019	Hackney ICB advisor / regular attendee Accountable Officers Group member	London Borough of Hackney	Group Director - Children, Adults & Community Health	Pecuniary Interest
					Partner works at Our Lady's Convent School, N16	Indirect interest
Honor	Rhodes	01/03/2019	Member - City / Hackney Integrated Commissioning Boards	City & Hackney Clinical Commissioning Group	Lay Member for Governance	Pecuniary Interest
				Tavistock Centre for Couple Relationships	Director	Non-Pecuniary Interest
				Southwark Giving	Chair	Non-Pecuniary Interest
				The School and Family Works, Social Enterprise	Special Advisor	Pecuniary Interest
				HUHFT	Daughter is employed as Assistant Psychologist	Indirect interest
				Oxleas NHS Foundation Trust	Spouse is Tri-Borough Consultant Family Therapist	Indirect interest
				Early Intervention Foundation	Trustee	Non-Pecuniary Interest
				n/a	Registered with Barton House NHS Practice, N16	Non-Pecuniary Interest
Gary	Marlowe	25/06/2019	GP Member of the City & Hackney CCG Governing Body ICB advisor / regular attendee	City & Hackney CCG Governing Body	GP Member	Pecuniary Interest
				De Beauvoir Surgery	GP Partner	Pecuniary Interest
				City & Hackney CCG	Planned Care Lead	Pecuniary Interest
				Hackney GP Confederation	Member	Pecuniary Interest
				British Medical Association	London Regional Chair	Non-Pecuniary Interest
				n/a	Homeowner - Casimir Road, E5	Non-Pecuniary Interest
				City of London Health & Wellbeing Board	Member	Non-Pecuniary Interest

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



Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Anntoinette	Bramble	05/06/2019	Member - Hackney Integrated Commissioning Board	Hackney Council	Deputy Mayor	Pecuniary Interest
				Local Government Association	Member of the Children and Young Board	Pecuniary Interest
				Schools Forum	Member	Pecuniary Interest
				SACRE	Member	Pecuniary Interest
				Admission Forum	Member	Pecuniary Interest
				HSFL (Ltd)		Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Urswick School	Governor	Non-Pecuniary Interest
				City Academy	Governor	Non-Pecuniary Interest
				Hackney Play Bus (Charity)	Board Member	Non-Pecuniary Interest
				Local Government Association	Member	Non-Pecuniary Interest
				Lower Clapton Group Practice	Registered Patient	Non-pecuniary interest
Feryal	Clark	15/02/2019	Member - Hackney Integrated Commissioning Board (ICB Chair July 2018 - March 2019)	Hackney Council	Deputy Mayor and Cabinet Member for Health, Social Care, Leisure and Parks	Pecuniary Interest
				London Councils Transport and Environment Committee	Member	Pecuniary Interest
				London Waste recycling Board	Member	Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				Labour party	Member	Non-Pecuniary Interest
				Hackney Health and Wellbeing Board	Chair	Non-Pecuniary Interest
				Local GP practice	Registered patient	Non-Pecuniary Interest
Marianne	Fredericks	21/11/2018	Member - City Integrated Commissioning Board	City of London	Member	Pecuniary Interest
				Farringdon Ward Club	Member	Non-Pecuniary Interest
				The Worshipful Company of Firefighters	Liveryman	Non-Pecuniary Interest
				Christ's Hospital School Council	Member	Non-Pecuniary Interest
				Aldgate and All Hallows Foundation Charity	Member	Non-Pecuniary Interest
				The Worshipful Company of Bakers	Liveryman	Non-Pecuniary Interest
				Tower Ward Club	Member	Non-Pecuniary Interest
Christopher	Kennedy	25/06/2019	Deputy Member - Hackney Integrated Commissioning Board	Hackney Council	Cabinet Member for Families, Early Years and Play	Pecuniary Interest
				Lee Valley Regional Park Authority	Member	Non-Pecuniary Interest
				Hackney Empire	Member	Non-Pecuniary Interest
				Hackney Parochial Charity	Member	Non-Pecuniary Interest
				Labour party	Member	Non-Pecuniary Interest
				Local GP practice	Registered patient	Non-Pecuniary Interest
Dhruv	Patel	12/08/2019	Member - City Integrated Commissioning Board	City of London Corporation	Deputy Chairman, City of London Corporation Integrated Commissioning Sub-Committee	Pecuniary Interest
				Clockwork Pharmacy Group SSAS, Amersham	Trustee; Member	Pecuniary Interest
				Clockwork Underwriting LLP, Lincolnshire	Partner	Pecuniary Interest
				Clockwork Retail Ltd, London	Company Secretary & Shareholder	Pecuniary Interest
				Clockwork Pharmacy Ltd	Company Secretary	Pecuniary Interest
				DP Facility Management Ltd	Director; Shareholder	Pecuniary Interest
				Clockwork Farms Ltd	Director; Shareholder	Pecuniary Interest
				P&A Developments	Company Secretary	Pecuniary Interest
				Clockwork Hotels LLP	Partner	Pecuniary Interest
				Capital International Ltd	Employee	Pecuniary Interest
					Land Interests - 8/9 Ludgate Square 215-217 Victoria Park Road 236-238 Well Street 394-400 Mare Street 1-11 Dispensary Lane	Pecuniary Interest
					Securities - Fundsmith LLP Equity Fund Class Accumulation GBP J P Morgan American Investment Trust PLC Ord	Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
				City of London Academies Trust	Director	Non-Pecuniary Interest
				The Lord Mayor's 800th Anniversary Awards Trust	Trustee	Non-Pecuniary Interest
				City Hindus Network	Director; Member	Non-Pecuniary Interest
				Aldgate Ward Club	Member	Non-Pecuniary Interest
				City & Guilds College Association	Life-Member	Non-Pecuniary Interest
				The Society of Young Freemen	Member	Non-Pecuniary Interest
				City Livery Club	Member and Treasurer of u40s section	Non-Pecuniary Interest
				The Clothworkers' Company	Liveryman; Member of the Property Committee	Non-Pecuniary Interest
				Diversity (UK)	Member	Non-Pecuniary Interest
				Chartered Association of 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

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Randall	Anderson	15/07/2019	Member - City Integrated Commissioning Board	City of London Corporation	Chair, Community and Children's Services Committee	Pecuniary Interest
				n/a	Self-employed Lawyer	Pecuniary Interest
				n/a	Renter of a flat from the City of London (Breton House, London)	Non-Pecuniary Interest
				Member	American Bar Association	Non-Pecuniary Interest
				Masonic Lodge 1745	Member	Non-Pecuniary Interest
				Worshipful Company of Information Technologists	Freeman	Non-Pecuniary Interest
				City of London School for Girls	Member - Board of Governors	Non-Pecuniary Interest
				Neaman Practice	Registered Patient	Non-Pecuniary Interest
Andrew	Carter	12/08/2019	City ICB advisor / regular attendee	City of London Corporation	Director of Community & Children's Services	Pecuniary Interest
				Petchey Academy & Hackney / Tower Hamlets College	Governing Body Member	Non-pecuniary interest
				n/a	Spouse works for FCA (fostering agency)	Indirect interest
David	Maher	19/06/2019	Accountable Officers Group Member ICB regular attendee/ AO deputy	City and Hackney Clinical Commissioning Group	Managing Director	Pecuniary Interest
				World Health Organisation	Member of Expert Group to the Health System Footprint on Sustainable Development	Non-Pecuniary Interest
				NHS England, Sustainable Development Unit	Social Value and Commissioning Ambassador	Non-Pecuniary Interest
Rebecca	Rennison	31/05/2019	Member - Hackney Integrated Commissioning Board	Target Ovarian Cancer	Director of Public Affairs and Services	Pecuniary Interest
				Hackney Council	Cabinet Member for Finance and Housing Needs	Pecuniary Interest
				Cancer52Board	Member	Non-Pecuniary Interest
				Clapton Park Tenant Management Organisation	Board Member	Non-Pecuniary Interest
				North London Waste Authority	Board Member	Non-Pecuniary Interest
					Land Interests - Residential property, Angel Wharf	Non-Pecuniary Interest
					Residential Property, Shepherdess Walk, N1	Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Fabian Society	Member	Non-Pecuniary Interest
				English Heritage	Member	Non-Pecuniary Interest
				Chats Palace	Board Member	Non-Pecuniary Interest
Carol	Beckford	09/07/2019	Integrated Commissioning Programme Director (Interim)	Hunter Health Group	Agency Worker	Non-Pecuniary Interest
Henry	Black	27/06/2019	NEL Commissioning Alliance - CFO	Barking, Havering & Redbridge University Hospitals NHS Trust	Wife is Assistant Director of Finance	Indirect interest
				East London Lift Accommodation Services Ltd	Director	Non-financial professional interest
				East London Lift Accommodation Services No2 Ltd	Director	Non-financial professional interest
				East London Lift Holdco No2 Ltd	Director	Non-financial professional interest
				East London Lift Holdco No3 Ltd	Director	Non-financial professional interest
				East London Lift Holdco No4 Ltd	Director	Non-financial professional interest
				ELLAS No3 Ltd	Director	Non-financial professional interest
				ELLAS No4 Ltd	Director	Non-financial professional interest
				Infracare East London Ltd	Director	Non-financial professional interest
Jane	Milligan	26/06/2019	Member - Integrated Commissioning Board	NHS North East London Commissioning Alliance (City & Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)	Accountable Officer	Pecuniary Interest
				North East London Sustainability and Transformation Partnership	Senior Responsible Officer	Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
				n/a	Partner is employed substantively by NELCSU as Director of Business Development from 2 January 2018 on secondment to Central London Community Services Trust.	Indirect Interest
				Stonewall	Ambassador	Non-Pecuniary Interest
				Peabody Housing Association Board	Non-Executive Director	Non-pecuniary interest
Ellie	Ward	22/01/2018	Integration Programme Manager, City of London Corporation	City of London Corporation	Integration Programme Manager	Pecuniary Interest
Mark	Rickets	16/05/2018	Member - City and Hackney Integrated Commissioning Boards	City and Hackney Clinical Commissioning Group	Chair	Pecuniary Interest
			Primary Care Quality Programme Board Chair (GP Lead)	Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow	Non-financial professional interest
			Primary Care Quality Programme Board Chair (GP Lead)	GP Confederation	Nightingale Practice is a Member	Professional financial interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	Professional financial interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	Nightingale Practice (CCG Member Practice)	Salaried GP	Professional financial interest
Jon	Williams	29/03/2017	Attendee - Hackney Integrated Commissioning Board	Healthwatch Hackney	<p>Director</p> <p>Hackney Council Core and Signposting Grant</p> <p>- CHCCG NHS One Hackney &amp; City Patient Support Contract</p> <p>- CHCCG NHS Community Voice Contract</p> <p>- CHCCG Involvement Alliance Contract</p> <p>- CHCCG Devolution Communications and Engagment Contract</p> <p>Based in St Leonard's Hospital</p>	Pecuniary Interest

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

**and**

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

**Minutes of meeting held in public on 11 July 2019,  
In Room 102 & 103, Hackney Town Hall, Mare St. London E8 1EA**

**Present:**

**Hackney Integrated Commissioning Board**

Hackney Integrated Commissioning Committee

Cllr Christopher Kennedy	Cabinet Member, Families, Early Years and Play	London Borough of Hackney
Cllr Feryal Clark	Deputy Mayor and Cabinet Member for Health, Social Care, Leisure and Parks	London Borough of Hackney

City & Hackney CCG Integrated Commissioning Committee

Honor Rhodes	Governing Body Lay member	City & Hackney CCG
Jane Milligan	Accountable Officer	East London Health and Care Partnership
Mark Rickets	CCG Chair (ICB Chair)	City & Hackney CCG

**City Integrated Commissioning Board**

City Integrated Commissioning Committee

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

City & Hackney CCG Integrated Commissioning Committee

Honor Rhodes	Governing Body Lay member	City & Hackney CCG
Jane Milligan	Accountable Officer	East London Health and Care Partnership
Mark Rickets	CCG Chair (ICB Chair)	City & Hackney CCG

**In attendance**

Amaka Nnadi	Finance & Estates Consultant	City & Hackney CCG
-------------	------------------------------	--------------------

Andrew Carter	Director, Community & Children's Services	City of London Corporation
Carol Beckford	Programme Director, Integrated Commissioning	London Borough of Hackney, City of London Corporation, and City & Hackney CCG
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Jake Ferguson	Chief Executive	Hackney Council for Voluntary Services
Jonathan McShane	Integrated Commissioning Convenor	London Borough of Hackney, City of London Corporation, and City & Hackney CCG
Rhiannon England	CYPMF Clinical Lead	City & Hackney CCG
Simon Cribbens	Assistant Director Commissioning & Partnerships, Community & Children's Services	City of London Corporation
Siobhan Harper	Planned Care Workstream Director	City & Hackney CCG
Sunil Thakker	Director of Finance	City & Hackney CCG

#### **Apologies – ICB members**

Councillor Antoinette Bramble	Deputy Mayor & Cabinet Member for Education, Young People & Children's Social Care	Hackney Council
Councillor Rebecca Rennison	Cabinet Member for Finance and Housing Needs	City & Hackney CCG

#### **Other apologies**

Gary Marlowe	Governing Body GP member	City & Hackney CCG
Henry Black	Chief Finance Officer	North East London Commissioning Alliance
Mark Jarvis	Head of Finance	City of London Corporation
Tim Shields	Chief Executive	Hackney Council

## **1. WELCOME, INTRODUCTIONS AND APOLOGIES**

- 1.1. The Chair, Mark Rickets, opened the meeting.
- 1.2. Apologies were noted as listed above.

## **2. DECLARATIONS OF INTERESTS**

- 2.1. Jon Williams declared that he had updated his register of interests and these changes would be reflected on the interests register which would be dispatched alongside the September agenda.

2.2. **The City Integrated Commissioning Board**

- **NOTED** the Register of Interests.

2.3. **The Hackney Integrated Commissioning Board**

- **NOTED** the Register of Interests.

**3. QUESTIONS FROM THE PUBLIC**

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

**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 13 June 2019.
- **NOTED** the updates on the action log.

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

- **APPROVED** the minutes of the Joint ICB meeting held in public on 13 June 2019.
- **NOTED** the updates on the action log.

**5. Terms of Reference of ICB**

- 5.1. Carol Beckford introduced the item, noting that it had been to the June meeting of the ICB and approved subject to the changes outlined in the covering paper.

- 5.2. It was noted that the terms of reference would be subject to further revision later in the year.

5.3. **The City Integrated Commissioning Board**

- **ENDORSED** the ICB terms of reference.

5.4. **The Hackney Integrated Commissioning Board**

- **ENDORSED** the ICB terms of reference.

**6. Integrated Commissioning Register of Escalated Risks**

- 6.1. Carol Beckford introduced the item. There were no new risks added to the register since this was last reported in June, but the risk reporting needed effective challenge to make sure that there weren't risks embedded in the system that were not being reported up to ICB, a role which would be in part fulfilled by the Risk Management Working Group.

- 6.2. The CYPMF risk on SEND overspend will now be transferred to the IC Programme risk register. Councillor Kennedy noted that this was a national generic issue, not an issue specific to City & Hackney or a single workstream. Anne Canning also added that the only solution to the risk would come from central government.
- 6.3. Honor Rhodes stated that she was concerned about the removal of the Childhood Immunisations risk. As the risk score had gone down – this risk is no longer reported to ICB. Honor felt that the ICB was the correct forum for discussing this risk. It was proposed and agreed that this risk would continue to be reported to the ICB irrespective of the risk score. There would also be a report brought back to the board on immunisations in general.
- 6.4. Sunil Thakker noted that the medicines management risk will be removed as the team were working on whether it is correctly reported.
- 6.5. Carol Beckford further added that there would be a report brought back to October in which a full review of the risks would be outlined.
- 6.6. The **City Integrated Commissioning Board**
- **NOTED** the risk register.
  - **ENDORSED** the creation of a Risk Management Working Group, to be chaired by the ICB Risk Champion.
- 6.7. The **Hackney Integrated Commissioning Board**
- **NOTED** the risk register.
  - **ENDORSED** the creation of a Risk Management Working Group, to be chaired by the ICB Risk Champion.
7. **Integrated Commissioning Progress Report & Finance Update**
- 7.1. Carol Beckford noted that the prospectus had not yet been delivered due to ongoing engagement but this would likely be delivered in Q2.
- 7.2. Sunil Thakker introduced the finance update. Councillor Kennedy said he would like an update outside of the meeting on the redesign of housing related support.
- 7.3. The **City Integrated Commissioning Board**
- **NOTED** the report.
- 7.4. The **Hackney Integrated Commissioning Board**
- **NOTED** the report.

## 8. **Outline Long-Term Plan Submission**

- 8.1. Nicholas Ib introduced the item. He noted that there would be a system-wide response to the plan, and the report presented today was a planning document that would be



central to how we talk to the wider NHS about our ambitions. This would be brought back to the ICB at the September meeting and there will be briefings before this.

- 8.2. David Maher stated that the plan would be broadly similar to the report today. What would likely be different would be the greater sight of the strategy underpinning the estates enabler work. There would not be any surprises for members of the ICB in September as they would all be briefed before then.
- 8.3. Nicholas Ib added that in terms of aspirations around mental health and pathology lab relocations, these were emerging as a result of national policy movement around primary and community care.
- 8.4. It was agreed that early drafts of the long-term plan submission would be shared widely with members and officers as early as possible, including Healthwatch and Hackney Scrutiny Commissions.
- 8.5. Jake Ferguson added that the voluntary sector would like the opportunity to influence the plan. Jon Williams also highlighted the need for public consultation.
- 8.6. In response to a question on public consultation, David Maher added that the plan would be a composite of workstream plans, and those workstreams would bring their own forms of engagement to the fore at the CCG AGM. Marianne Fredericks advised that there may be a need for wider consultation.
- 8.7. Jane Milligan added that there would be time to refine this, including ways to reflect on how we have not got things right.
- 8.8. The **City Integrated Commissioning Board**
  - **NOTED** the report.
- 8.9. The **Hackney Integrated Commissioning Board**
  - **NOTED** the report.

## 9. Aligning Commissioning Policies

- 9.1. Siobhan Harper introduced the item. She noted that there had been some public concern and anxiety around this item, however this was not about necessarily reducing services, as some were being given greater access. It was also about making sure money was spent wisely and in the most effective manner.
- 9.2. Honor Rhodes commended the report and considered it an exemplary piece of work. However, she stated that we should be braver in announcing that services which were being reduced were indeed being reduced – some were treatments which lack clinical effectiveness and it is appropriate to reduce or remove the treatment.

- 9.3. Randall Anderson stated that the Neighbourhoods work ran the risk of creating a postcode lottery in some aspects. Mark Rickets responded that there was a need to distinguish between warranted and unwarranted variation – there would necessarily be degrees of variation in certain populations. Siobhan Harper stated that the procedures discussed in the paper had clear criteria for their application, and this was about not putting people through treatments that were not likely to have much benefit.
- 9.4. Councillor Clark highlighted the need to ensure that we did not merely give treatment to people who asked for it the most. Mark Rickets responded that this was about advising clinicians of what is clinically effective or ineffective.
- 9.5. Councillor Kennedy drew attention to the importance of an effective communications and engagement strategy around this work.
- 9.6. Councillor Clark added that we need to be mindful of the governance around these reports, as they tend to come to the ICB at the end of the process when they have been to other City & Hackney governance forums. There were some negative perspectives on this work that would be difficult to mitigate without having sight of the reports earlier.
- 9.7. Jane Milligan added that she could circulate the number of public responses to this work with the committee.
- 9.8. The **City Integrated Commissioning Board**
- **NOTED** the report.
- 9.9. The **Hackney Integrated Commissioning Board**
- **NOTED** the report.

## **10. Update on VFM Review for CEPN bids**

- 10.1. The item was introduced by Amaka Nnadi. She noted that there were risks associated with these bids, and the report had taken this into consideration.
- 10.2. Sunil Thakker stated that there was a need to be mindful that these bids were funded through s256 money, which was non-recurrent.
- 10.3. Honor Rhodes asked if there was any possibility of linking this with the integrated commissioning evaluation process. Amaka Nnadi responded that the plan was for the project leads to meet with workforce directors.
- 10.4. Councillor Clark asked if the voluntary and community sector have access to this or was it a specific set of providers? Mark Rickets responded that these bids came in approximately 18 months ago and the groups bidding for the work involved some providers who were involved with the VCS.

10.5. Honor Rhodes added that she would like reassurance that something concrete would come out of this. If we are serious about co-production that will also need to include the patient experience.

10.6. It was agreed that the ICB would receive a further report on workforce analysis by the CEPN team.

10.7. The **City Integrated Commissioning Board**

- **ENDORSED** the recommendations in the report.

10.8. The **Hackney Integrated Commissioning Board**

- **ENDORSED** the recommendations in the report.

## 11. CYPMF Detailed Review

11.1. Amy Wilkinson introduced the item. In response to a question from Councillor Kennedy, she noted that there had been a change in the way maternity deliveries are being coded, resulting in noticeable financial impacts. A sustainable way forward around this is being negotiated currently with providers.

11.2. There has been a general increase in the complexity of maternity cases but not in line with the increases seen in the coding. There are also a range of clinical factors in the population which are likely to be contributing to an increase in complexity.

11.3. Honor Rhodes hoped that we would build in some thinking around a more ambitious way of putting families into this work. Rhiannon England added that this was an issue for the Making Every Contact Count programme. It was, however, difficult to talk about children's mental health without also considering parental wellbeing.

11.4. Jake Ferguson noted that the mind the gap proposal had a strong component to it around supporting parents with a 12-week Non-Violent Resistance Parents Course, inspired by Dr. Martin Luther King Jr. There was also a conversation planned in the Psychological Therapies Alliance around mental health of young black men, however there were challenges in getting young black men involved. Rhiannon England stated she would update Jake Ferguson about this outside the meeting.

11.5. In response to a question regarding the transition from childhood to adulthood, Amy Wilkinson responded that we have commissioned a VCS partner service to deliver a mental health and wellbeing pilot for 18-25 year olds. The workstream is aware that transition is an issue more broadly across all health services.

11.6. The **City Integrated Commissioning Board**

- **NOTED** the report.

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

- **NOTED** the report.

### 12. **Prevention Detailed Review**

12.1. Jayne Taylor introduced the item. Jake Ferguson asked when the ICB would get information around the City & Hackney Healthier Fund. Jayne Taylor responded that the evaluation had been what we had focused on in the past few months. David Maher added that it was a good way of building social capital and those access points. The CCG was working with the prevention workstream on the prevention investment standard, which would aim to emulate the success of the mental health investment standard. This would include an innovation strand which would include resourced investment at the VCS level. We also need to give credence to improved mortality from this programme.

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

- **NOTED** the report.

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

- **NOTED** the report.

### 13. **AOB & REFLECTIONS**

13.1 Councillor Clark noted that there was a great deal of positive work happening that was not being talked about, and we need to be better at talking to the public and ourselves about this.

13.2 Honor Rhodes added that this was a positive meeting, owing in part to the fact that we discussed patients and linked this with higher-level strategic thinking more generally.

13.3 David Maher also added that we need to amplify the voices of those who do a lot of work but perhaps talk about it less.

### 14. **DATE OF NEXT MEETING**

The next meeting will be held on 12 September 2019, 09.00 – 12.00, Guildhall, Alderman's Dining Room.

### 15. **INTEGRATED COMMISSIONING GLOSSARY**

Circulated for reference.

### 16. **ICB FORWARD PLAN**

Circulated for reference.

## City and Hackney Integrated Commissioning Programme Action Tracker

Ref No	Action	Assigned to	Assigned from	Assigned date	Due date	Status	Update
ICBMay19-4	ICS Convenor to arrange a meeting between workstream directors, SROs and voluntary sector representatives to address concerns from the <b>voluntary sector regarding their involvement in integrated commissioning decisions.</b>	Jonathan McShane	City and Hackney Integrated Commissioning Board	14/05/2019	Jun-19	Open	Action to be closed subject to confirmation with Jake Ferguson.
ICBJun-1	<b>A formal meeting with social care partners on Neighbourhoods</b> to be set up.	Jonathan McShane	City & Hackney Integrated Commissioning Board	13/06/2019	Sep-19	Open	Community Services Development Board now meets regularly. Letter of intent has been drafted. Action to be closed.
ICBJul-1	Immunisations risk to remain on the register and a <b>report on immunisations to be brought back to ICB in due course.</b>	Amy Wilkinson	City & Hackney Integrated Commissioning Board	11/07/2019	Nov-19	Open	
ICBJul-2	Councillor Kennedy said he would like an update outside of the meeting on the <b>redesign of housing related support.</b>	Sunil Thakker	City & Hackney Integrated Commissioning Board	11/07/2019	Sep-19	Open	Sunil to update at the ICB meeting.
ICBJul-3	Jane Milligan to circulate the number of <b>public responses to the aligning commissioning policies</b> work to the ICB.	Jane Milligan	City & Hackney Integrated Commissioning Board	11/07/2019	Sep-19	Open	Aligning Commissioning Policies paper to be circulated to ICB before the 12 September. Action to be subsequently closed.
ICBJul-4	ICB would receive a further report on <b>workforce analysis by the CEPN team.</b>	Amaka Nnadi	City & Hackney Integrated Commissioning Board	11/07/2019	Nov-19	Open	

<b>Title of report:</b>	Better Care Fund 2019-20
<b>Date of meeting:</b>	12 September 2019
<b>Lead Officer:</b>	Siobhan Harper - Planned Care Workstream Director: City & Hackney CCG Nina Griffith – Unplanned Care Workstream Director: City & Hackney CCG Simon Galczynski – Director of Adult Services: London Borough of Hackney
<b>Author:</b>	Cindy Fischer – Commissioning Programme Manager: City & Hackney CCG
<b>Committee(s):</b>	Integrated Commissioning Board 12 September 2019
<b>Public / Non-public</b>	Public

### Executive Summary:

The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

The BCF provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from CCG allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) and the Winter Pressures Grant.

The BCF Planning Requirements were published in July 2019 and Health and Wellbeing Boards are required to submit BCF plans by the 27 September 2019.

C&H CCG's minimum contribution change was 6.8%. City and Hackney CCG's total minimum contribution is £21,411,000. Hackney has an increase of £1.3m (7%). The City has an increase of £3,682 (0.5%).

### Recommendations:

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

- To **APPROVE** the BCF funding plan
- To note a further report with a full breakdown of schemes will be presented in October.

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

- To **APPROVE** the BCF funding plan
- To note a further report with a full breakdown of schemes will be presented in October.

### Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	<input type="checkbox"/>	
---	--------------------------	--

Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input checked="" type="checkbox"/>	One of the national conditions for the BCF is an agreement to invest in NHS-commissioned out-of-hospital services.
Ensure we maintain financial balance as a system and achieve our financial plans	<input type="checkbox"/>	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	The BCF in 2019-20 will continue to provide a mechanism for personalised, integrated approaches to health and care that support people to remain independent at home or to return to independence after an episode in hospital.
Empower patients and residents	<input type="checkbox"/>	

### Specific implications for City

The City has had an increase of £3,682 (0.5%) from 2018-19. The total planned expenditure for the City is £973,356.

### Specific implications for Hackney

Hackney has had an increase of £1.3m (7%) from 2018-19. The total planned expenditure for Hackney is £38,456,921.

### Patient and Public Involvement and Impact:

The plan is a continuation of existing service provision and has not had patient and public involvement at this time.

It is not anticipated that the content of the report is likely to impact on public and patient perceptions of service providers.

### Clinical/practitioner input and engagement:

None to date, though there is clinical representation on the City & Hackney Integrated Commissioning Boards.

### Equalities implications and impact on priority groups:

The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

### Safeguarding implications:

Not applicable.

### Impact on / Overlap with Existing Services:

The BCF started in 2013 and the 2019-20 plan is a continuation of existing service provision which seeks to join up health and social care.

**Sign-off:**

Workstream SRO: Siobhan Harper, Director Planned Care and Nina Griffith, Director Unplanned Care

London Borough of Hackney: Simon Galczynski

City of London Corporation: Simon Cribbons

City & Hackney CCG: Dave Maher / Dilani Russell



# Better Care Fund 2019/20

Integrated Commissioning Board 12 September 2019



City and Hackney  
Clinical Commissioning Group



# Background

- The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.
- The BCF provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from CCG allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) and the Winter Pressures Grant.
- The BCF Planning Requirements were published in July 2019 and Health and Wellbeing Boards are required to submit BCF plans by the 27 September 2019 to NHS England. Approval of the plans by NHS England is expected in mid November 2019.
- In June 2018, the government announced a review of the current functioning and structure of the BCF to ensure it supports the integration of health and social care. There will be an update later this year.



# Planning Requirements

- The main change in the BCF Planning Requirements from 2017-19 is that separate narrative plans will be replaced with a single template that will include short narrative sections covering:
  - the local approach to integration;
  - plans to achieve metrics; and
  - plans for ongoing implementation of the High Impact Change Model for Managing Transfers of Care.



# National Metrics

- The BCF Policy Framework confirms that the existing four national metrics will continue as conditions for the fund. The metrics are:
  - a. Non-elective admissions (Specific acute);
  - b. Admissions to residential and care homes;
  - c. Effectiveness of reablement; and
  - d. Delayed transfers of care;



# Funding Allocation Increase

- The overall CCG minimum allocation is split for the purposes of local allocations into two components:
    - Funding that had previously been the direct social care grant to local government (pre 2015)
    - The remainder of the allocation; derived from CCG core allocations
  - Both elements have been increased by 5.3% nationally. This was determined after the completion of CCG operating plans which were compiled on the basis of a 1.79% uplift for all CCGs (£20,401k CCG BCF budget in the operating plan reflects this 1.79% uplift).
- Additional funding will be made available to CCGs to reflect financial pressures. The uplift for this element of the BCF is different for each CCG, ranging from 1.8% to 7.7% across London.
- C&H CCG's minimum contribution change was 6.8%. City and Hackney CCG's total minimum contribution is £21,411,000. Hackney has an increase of £1.3m, and £281k of this is a Social Care Grant held by the NHS regional funding team to be drawn down, and the remaining amount is additional funding within the CCG cash limits and is still being earmarked as part of the overall planning process.



# Income and Expenditure

- There are separate plans for each local authority.

London Borough of Hackney	Income & Expenditure
DFG	£1,525,299
Minimum CCG Contribution	£20,784,053
ibcf	£14,742,566
Winter Pressures Grant	£1,405,003
Total	£38,456,921

City of London Corporation	Income & Expenditure
DFG	£32,689
Minimum CCG Contribution	£626,523
iBCF	£265,353
Winter Pressures Grant	£48,791
Total	£973,356



# Internal Planning Timetable

Informal agreement between partners	August
Summary proposal to ICB	12 September
Partners formal sign off	Week commencing 16 September
Sign off by HWB Chairs	Week commencing 23 September
Sign off by CCG Governing Body	27 September
Submission of Annual Plan to NHSE	27 September
Detailed proposal to ICB	10 October



# National Planning and Assurance Timetable

BCF planning submission from local Health and Wellbeing Board areas (agreed by CCGs and local government).	By 27 September
Scrutiny of BCF plans by regional assurers, assurance panel meetings, and regional moderation	By 30 October
Regionally moderated assurance outcomes sent to BCST	By 30 October
Cross regional calibration	By 5 November
Assurance recommendations considered by Departments and NHSE	5 – 15 November
Approval letters issued giving formal permission to spend (CCG minimum)	Week commencing 18 November
All Section 75 agreements to be signed and in place	By 15 December





<b>Title of report:</b>	IC Communications and Engagement
<b>Date of meeting:</b>	12 September 2019
<b>Lead Officer:</b>	Catherine Macadam, CCG Public and Patient Involvement Lay Member Jon Williams, Executive Director, Healthwatch Hackney
<b>Author:</b>	Ben Knowles, Head of External Communications, LBH Alice Beard, Communications Manager, CCG
<b>Committee(s):</b>	Accountable Officers Group – 15 May 2019
<b>Public / Non-public</b>	Public

## Executive Summary:

### Introduction

This paper provides an update on the work carried out over the past eight months to professionalise and improve communications and engagement around IC. It also seeks the Board's approval for the Communications and Engagement Strategy 2019/20, and agreement on a corporate logo and strapline for IC.

### Background

Although a 'Communications and Engagement Strategy 2017/18' was drafted in 2017, and its content was generally sound, it didn't get buy-in at a senior level and was not delivered in a rigorous, consistent or impactful way.

There has been much good communications and engagement over the past two years, but some of the dissemination of IC information has been ad hoc and piecemeal, rather than planned-in, collaborative, targeted and evaluated. This lack of an agreed and coherent strategic approach has resulted in a lack of awareness and understanding about IC among some residents, staff and other stakeholders.

The Communications and Engagement functions were structured as two separate Enabler groups. Though the aspiration was they aligned their work, this did not always happen in practice, and attendance of key officers from IC partners was not reliable. Some of the communications and engagement associated with IC programmes was not always linked to the enabler group.

The lack of an IC brand is becoming increasingly problematic as the external communications and engagement has started to increase.

### Measures taken

- IC Communications and Engagement Enabler Group (ICCEEG) merged into one, with clearer meeting structure, forward planning mechanisms (12 month and six week planner), better allocation of actions and accountability, and improved officer representation. The updated Terms of Reference are currently being drafted and being finalised.
- IC Communications and Engagement Strategy 2019/20 drafted and agreed by the Enabler group, and signed off by Workstream Directors and the Accountable Officers Group in May.

The strategy lists a range of tactics and actions, many of which have started to progress. Items for note include:

- Logo and strapline for the programme. A branding workshop took place in March with members of the ICCEEG and Hackney's Design Team. Based on feedback from this session various options were created and circulated for further discussion and refinement with the group, before being put before members of the public (both City and Hackney residents)
  - Two options for the logo have emerged as the most popular, along with three possible straplines.
- A 'Beginners guide to IC'. This is as an explainer document, the structure of which can be repurposed to suit the circumstances, for a general audience with no understanding of IC. The current design work will be changed to reflect the new brand and will be shared following this.
- An IC guide for those part of the programme – including partners, healthcare professionals, social care colleagues etc.
- Communications feed-in to, and representation at, the AOG and ICB.
- Greater clarity over budget allocation for communications and engagement projects.
- An IC microsite populated by the lead organisations to host info on IC, and case studies, videos, events.
- A 12 month communications and engagement forward planner aligned to IC Workstreams and the Long Term Plan.

#### **Strategy overview (full document – Appendix 1)**

- Ensure messaging on IC among partner organisations (CCG, LBH, COL, the Homerton, ELFT, the GP Confederation and HCVS, patient groups) is planned, consistent and joined up, and that communications and engagement around associated projects and programmes link back to IC key messaging. Building relationships and resourcing is crucial to this.
- Ensure all target audiences are regularly informed of the progress of IC in a transparent, plain-English way (as well as being translated into different languages) and in a range of formats to maximise accessibility.
- Establish a simple key message narrative around IC and its major programmes to run throughout associated communications and engagement.
- Foster a culture of advocacy among staff so they explain the benefits and repeat key messaging to the public and stakeholders.
- Ensure all affected stakeholders have effective mechanisms for feedback and discussion on IC.
- Diversify communications across different platforms (including social) to reach a broad range of people, with a particular focus on connecting with target audiences.
- Tell the story of IC with a strong emphasis on case studies to showcase how IC will positively change the way that local residents receive care, putting a human face to the benefits brought about by the change in approach and systems.
- Ensure consistency of 'co-production from the start' approach - as per the principles of the Co-production Charter for Health and Social Care in City and Hackney - embedding an overarching 'coproduction' message.
- Establish a clear narrative which separates IC locally, fostering a sense of local ownership and pride, from regional system changes associated with the NEL STP

(there will be occasions where alignment with NEL wide communications is appropriate).

### Recommendations:

- To **CONSIDER** and **APPROVE** the IC Communications and Engagement Strategy full document (Appendix 1)
- To **CONSIDER** and **CHOOSE** a logo and strap-line from the options presented in Appendix 2 (we have included results from public engagement below)

### Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	<input checked="" type="checkbox"/>	Effective communications and engagement as outlined within this paper and appendices supports all strategic objectives and should be a priority for the IC Programme.
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input checked="" type="checkbox"/>	
Ensure we maintain financial balance as a system and achieve our financial plans	<input checked="" type="checkbox"/>	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	
Empower patients and residents	<input checked="" type="checkbox"/>	

### Specific implications for City

No specific implications for City.

### Specific implications for Hackney

No specific implications for Hackney.

### Patient and Public Involvement and Impact:

#### Branding engagement exercise:

In order to engage residents in City of London and Hackney on the decision-making process of finalising the Integrated Commissioning (IC) brand, 10 logos designs and 6 strap-line variations were arranged to be presented at Hackney Service Centre, Hackney Central Library, The Barbican Library and The Artizan library. Participants were first given a brief explanation of the purpose of IC and then asked to give their preference of both logo and strap-line. The results from the engagement and the most popular logo/ strap-line variation can be found below and in Appendix 1.

*Total responses = 60 / Hackney (n=42), City of London (n=18)*



City and Hackney  
Clinical Commissioning Group

**Logo preference votes:**

<b>Option A</b> (skyline)	<b>19 votes (32%)</b>
<b>Option B</b> (multi coloured generic image)	<b>17 votes (28%)</b>

*Remaining %'s were for alternative logos but all with significantly lower values.*

**Strap-line preference votes:**

<b>Option 1</b> – Health, Care and Community Partners	<b>9 votes (15%)</b>
<b>Option 2</b> – Working Together Healthier, Happier	<b>13 votes (21%)</b>
<b>Option 3</b> – Working Together With you, for you	<b>24 votes (40%)</b>

*Remaining %'s were for alternative strap-lines but all with significantly lower values.*

**[RESULT]** Public logo/ strap-line preference: Skyline + Working Together – With you, for you

**Clinical/practitioner input and engagement:**

Not directly as this is not a clinically led document, but there is clinical representation on the ICCEEG who have contributed to the development of this strategy.

**Supporting papers and evidence**

**Appendix 1:** Main Report – IC Communications and Engagement Strategy  
**Appendix 2:** IC logo/ strapline options for consideration

**Sign-off:**

*Sign off has been received from all senior officers outlined below and AOG.*  
 Catherine Macadam/ Jon Williams/ Carol Beckford

## **Appendix 1: Main Report – IC Communications and Engagement Strategy**

### **PURPOSE**

This strategy aims to establish a strategic, effective, consistent and collaborative programme of communications and engagement for 2019/20 to support Integrated Commissioning's (IC) five 'strategic objectives' as part of the delivery of the Long Term Plan. .

It was drafted and agreed by the IC Communications and Engagement Enabler Group (ICCEEG), and has been signed off by the Workstream Directors and Accountable Officers Group (AOG). Once agreed by the Integrated Commissioning Board (ICB), this strategy will form the basis of how communications and engagement will be delivered by the partner organisations represented on the ICCEEG.

### **OBJECTIVES**

- City and Hackney residents, staff and other local stakeholders are informed about, engaged with and able to shape IC and associated projects.
- The rationale behind IC, and the associated workstreams and programmes of work, is understood and viewed positively by all audiences.
- Target audiences are aware of and understand service changes and opportunities associated with workstreams and programmes of work, and take them up where appropriate.
- IC has a positive reputation among local, regional and national stakeholders as an example of innovation and good practice in health and social care.

#### ***Audience summary:***

- Residents - general
- Residents - active in health / care sector
- Patients / service users
- Staff - in partner organisations and directly involved in IC and its programmes
- Staff - in partner organisations, not directly involved in IC
- Clinicians
- Members and other local politicians
- Regional stakeholders, eg NELCA, ELHCP, NHS London, PH London, GLA, London Councils
- National stakeholders, NHSE, PHE, CQC
- Media

### **STRATEGY**

Strategic outcomes essential to achieving objectives:

- Ensure messaging on IC among partner organisations (CCG, LBH, COL, the Homerton, ELFT, the GP Confederation and HCVS, patient groups) is planned, consistent and joined up, and that communications and engagement around associated projects and programmes link back to IC key messaging. Building relationships and resourcing is crucial to this.
- Ensure all target audiences (detailed below) are regularly informed of the progress of IC in a transparent, plain-English way and in a range of formats to maximise accessibility.
- Establish a simple key message narrative around IC and its major programmes to run throughout associated communications and engagement.
- Foster a culture of advocacy among staff so they explain the benefits and repeat key messaging to the public and stakeholders.

- Ensure all affected stakeholders have effective mechanisms for feedback and discussion on IC.
- Diversify communications across different platforms (including social) to reach a broad range of people, with a particular focus on connecting with target audiences.
- Tell the story of IC with a strong emphasis on case studies to showcase how IC will positively change the way that local residents receive care, putting a human face to the benefits brought about by the change in approach and systems.
- Ensure consistency of 'co-production from the start' approach - as per the principles of the Co-production Charter for Health and Social Care in City and Hackney - embedding an overarching 'coproduction' message.
- Establish a clear narrative which separates IC locally, fostering a sense of local ownership and pride, from regional system changes associated with the NEL STP (there will be occasions where alignment with NEL wide communications is appropriate).

## **TACTICS**

### ***Processes:***

- Draft an 'Integrated Commissioning - Communications and Engagement Strategy 2019/20', agreed by the ICCEEG, and signed off by the Workstream Directors, the AOG and ICB.
- Effective ICCEEG monthly meetings with clear discussion and decision-making processes; accountability of roles; representation from key partners (e.g. Homerton, GP Confed, ELFT, HCVS); feed-in to the Workstream Directors, AOG and ICB; actions and outputs agreed for the month ahead; and evaluation of the previous month's activity.
- Each IC Workstream and major project, such as Neighbourhoods and Making Every Contact Count, to have an officer formally linked to the ICCEEG, and a communications and engagement plan aligned to this Strategy and agreed by the ICCEEG.
- Effective ICCEEG representation on the AOG and ICB.
- Effective forward planners and activity grid used by all partners, with clear allocation of roles and responsibilities.
- Agree and establish a clear and consistent brand to represent IC, and associated major projects, with flexibility across a range of mediums.
- Establish clear links with STP communications and engagement colleagues to ensure sharing of information, understanding and a joined up approach.
- Stakeholder mapping.
- Establish clarity of budget for communications and engagement activities.

### ***External communications:***

- Strong emphasis on translating the positive benefits of IC process / structure changes into 'real world' examples for residents, patients/service users, clinicians. Collection and promotion of case studies.
- Proactive and planned in stories for Hackney Life and other partner publications, aligned to IC programme activities and priorities.
- Develop webpages/a microsite to host a range of information about IC and its programmes, linked across partners with sign-posting as necessary.
- Proactive and targeted approach to local, community/BME, trade and, possibly, national, media aligned to programme activities and priorities.
- Effective social media promotion/explaining that is consistent across LBH, COL, CCG, HCVS, Homerton, ELFT and other partners as necessary.
- Effective monitoring of digital and social media activity to improve engagement, gather audience insight and test new ideas.
- Effective horizon scanning of potential media queries and reputational risks of upcoming events, issues and Board papers, due to potential misunderstanding of content, and associated strategies agreed to establish transparency and clarity.
- Identification of key individuals to inform, and targeted briefings accordingly, e.g. Members, MPs, regional NHS officers.

- Production of a straightforward guides to IC and associated programmes, aimed at people with no understanding of the programme, in different formats, e.g. leaflet, booklet, presentation, online Q&A.
- All external communications to promote information / contact details for engagement opportunities.

***External engagement:***

- Consistent tone, branding and messaging on engagement materials.
- Employ a 'you said, we did' narrative on any post-engagement communications - closing the 'feedback loop' to attendees and sharing learning across IC partners.
- Demonstrate, using the CCG and partners engagement webpage which other partners can link to and/or the IC microsite, evidence of where residents and patients have genuinely shaped workstreams and the delivery of service.
- Agree an approach across the four workstreams to increase 'new voices' in the system and build contacts for future engagement. Mechanisms could be LBH's Hackney Matters panel, CCG's Community Voices/engagement webpage, Resident Participation Groups (Housing).
- Communications and engagement opportunities / events to be shared across partner channels, encouraging engagement and participation with a range of audiences, with particular effort on inclusivity.
- Employ the established 'Let's Talk' branding for any IC events and other larger-scale engagement opportunities, helping to ensure that 'Let's Talk' becomes recognised.
- Create a six month/yearly engagement planner linking with relevant IC workstream timetables for commissioning intentions / other work. This can be added to the IC six monthly/yearly forward planner, ensuring that partners are made aware of any upcoming events.
- To build on provider relationships, ensuring that providers use relevant channels to promote engagement opportunities with their patients / stakeholders.

***Internal communications and engagement:***

- Regular and engaging staff updates on IC projects as they progress, with content agreed between partners and disseminated through their most appropriate channels.
- Events for staff across organisations to update, explain and engage as necessary.
- Regularly updated section on staff intranets with detailed Q&As on IC.
- Training in coproduction for relevant managers identified by Workstream Directors.
- Establish mechanisms for staff feedback, which can be considered both specifically for each partner and across IC as a whole.

**BACKGROUND AND CURRENT POSITION/ KEY MESSAGES**

Partners from across City and Hackney are changing how they work together to improve health and care services. Hackney Council, the City of London Corporation, City and Hackney Clinical Commissioning Group, the Homerton, East London Foundation Trust, the GP Confederation, St Joseph's hospice, and the voluntary sector are changing how they work together to improve health and care services. Several other health and care organisations are also involved.

**Our vision** is to work 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. It has five themes:

- 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

**There are five strategic objectives** which are critical to ensure we are able to achieve our vision. These are:

- Deliver a shift in resources 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

**There are seven values** to which we will adhere. These are:

- 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 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

Our organisations joining together to share their staff, money, expertise and services is called 'Integrated Care and Commissioning', and the process began in 2017. Most of the initial work centred on establishing governance and reorganising process and funding mechanisms, which was important to get right but much of which yielded little demonstrable benefit to people. However, we're now entering a phase where services will begin to change. By working alongside residents and patients, and involving them in decision-making, we will make sure that health and care services meet the needs of our diverse communities, and are organised around the needs of individuals.

Integration of health and social care in City and Hackney is not a new concept for many staff and partners. It has been a joint ambition of the CCG, LBH and COL and part of their messaging as the way forward for a number of years. The three commissioners have a good track record of working well together, alongside local providers, and strong reputations for innovation and efficiently managing their resources. The area is also considered a natural Integrated Care System by the NEL STP / ELHCP, along with WELC and BHR.

Our vision for City and Hackney is a joined-up health and care system where local residents and patients live the healthiest, happiest lives possible. We want to improve everyone's health and wellbeing by planning and delivering health, social care and public health services together to support people and their families to live the healthiest lives possible, tackle the causes of poor health, and provide services tailored to the needs of residents with the sharing of information.

Central to this vision is our commitment to involve residents, patients, providers and our staff as equal partners at every step. We want to create people-focused services by listening more to residents' and patients' voices, making sure what we do serves all of our diverse communities. We also want to give everyone the tools, support and opportunities to live healthier lives and feel better able to take control of their own health and wellbeing.

**Our aim** is to have health and care working like a single, shared service across Hackney and the City of London by 2030. Key to developing this is:

- More support to help people stay well for longer and live independent lives



- Neighbourhoods where people are supported to help themselves and each other
- Providing more care closer to home
- Services that work together to meet residents' and their families physical, mental health and other care needs
- Good local hospitals for patients when they need them
- Making it easier for residents to be involved in decisions about their care

#### ICC has four 'workstreams':

- **Children, Young People, Maternity and Families:** maternity services at the Homerton Hospital; services in the community, like community nursing for children; services for children in care; mental health services; school nursing and vaccinations.
- **Planned Care:** planned hospital admissions; outpatients; support for people with cancer; and help for those with long-term health conditions and other care needs.
- **Unplanned Care:** unexpected and emergency care, like Hospital A&E; people falling in their homes; and help for people to recover from illnesses or operations.
- **Prevention:** improve City & Hackney residents' health and wellbeing by supporting them to reduce their risk of poor health and live longer, healthier lives. For example, 'system wide' approaches to helping people achieve a healthy weight or to stop smoking.

Included across all four workstreams is Mental Health which is an important priority, and within each workstream sit public representatives who help to provide the patients' view of the work while contributing to decisions. The workstreams are supported by 'enabler groups':

- Estates - Make best use of our buildings and facilities for our services
- Workforce - Developing our staff to work together in new ways
- IT - Using IT and digital solutions to enhance existing services and deliver new, improved services
- Primary care - Developing services provided through GPs and their teams
- Communications and engagement - Making sure residents know about our plans and actively help shape these

Our work will also be feed into, and be closely aligned with, the NHS Long Term Plan.

#### Neighbourhoods - a new way of delivering services

Neighbourhoods are a new way of delivering services and offering support nearer where people live. GP practices are getting together with hospital, community, mental health, social care, and voluntary and community workers to improve care locally.

There are eight neighbourhoods, serving 30,000 to 50,000 people each. They have been chosen because they are small enough to provide personal care, but big enough to make sure residents can use the range of services they need. They include between four and seven GP practices. Each will have a core offer including support for people who are isolated and who have long-term needs involving a range of people including GPs, community nursing, mental health workers, social workers, home care staff and voluntary organisations.

Neighbourhoods are about bringing different services together to provide care closer to home. We want to do more to tailor support to the unique needs of our diverse local communities and make better use of things we have and can improve, like local parks, leisure centres and healthier transport options.

We don't expect the way residents use care to change overnight. People will still be able to visit their GP and go to hospital when they need to. However, over time, we expect residents will notice their care and support is working closer together, is based in the community and tailored to their needs. In each Neighbourhood, there will be a specialised team with GPs, mental health, social care, community, and voluntary groups working together with local residents.

We expect different services and staff will learn from each other and team up more to meet each resident's needs. Staff from different backgrounds will communicate, share knowledge, and coordinate care together.

### **ACHIEVEMENTS SO FAR**

We have already put in place improved support for patients and residents, though there is much more to come. Here are just a few examples:

- 24/7 mental health crisis support line and crisis café.
- Two GP hubs – offering appointments in the evening or at the weekend.
- A City of London 'Street Triage' service working with the police and providing care for homeless people with mental health problems.
- Support from the City and Hackney CCG to improve Homerton Hospital's maternity service which is now rated as "Good".
- Our joint service for children with Special Educational Needs and Disability service are also rated as "Good".
- Our mental health services saw more children and young people than any other borough in 2017-18.
- 90% of people with diabetes and 98% of people in City and Hackney with heart disease have good control of their blood pressure, helping to prevent strokes and heart attacks.
- Five to Thrive website offers ideas to improve wellbeing and mental health of staff and residents.

### **FUTURE WORK**

*Plans for 2019/20 include:*

- Ensuring all our services support the delivery of the Long Term Plan.
- Fully establishing Neighbourhoods
- Improved help to prevent residents from falling at home.
- More services to help people so they don't have to visit A&E unless they really need to.
- Support for older patients to settle back into their home after they leave hospital.
- More services to support residents with dementia and their families.
- Services in the community to help women, including with fertility, contraception, breast screening and menopause.
- Training for GP practice nurses so they can help parents of children with eczema.
- Residents with cancer being seen and treated sooner.
- More support with rehabilitation in the community for people after they have had a stroke.
- Better care for people with diabetes in City and Hackney.
- More joined up care to ensure residents only have to tell your story once.

### **SUGGESTED EVALUATION MEASURES**

#### **Internal / staff**

- Reach and open rate of internal emails
- Reach and open rate of internal newsletters
- Staff engagement on the issue at internal events
- Feedback forms at staff events
- Numbers attending staff briefings and face-to-face updates

#### **External**

##### *Digital communications*

- Monitor followers, engagement and reach on social media channels

- Monitor traffic and engagement to ICC webpages on the three partner sites / the ICC microsite

#### *Media*

- Number of enquiries dealt with
- Number of stories published
- Uptake of positive and proactive stories, especially at targeted media
- Journalist briefings and outcome
- General media monitoring

#### *Events / resident engagement*

- Monitoring of attendees at events, including demographic data as well as equality and diversity information
- Feedback questionnaires to attendees at events, including questions about communications and engagement
- Capturing headline data for quarterly presentation to monitor

### **BUDGET**

This budget is to ensure delivery of activity of the ICCEEG to support the implementation of IC activity. ICCEEG are provided a budget through Section 265 funding. This funding is held and administered by Healthwatch Hackney on behalf of the ICB. The funding covers the salary for the Engagement and Coproduction Manager, Public Representatives payments (Time Credits or direct payments for travel expenses and/or meeting attendance) and Care Workstream Coproduction activities. This budget started April 2019 and ends March 2021.

<b>DESCRIPTION</b>	<b>AMOUNT</b>
Engagement and Coproduction Manager. (funding to Sept 2020)	£ 66,586
Involvement and Participant Access Need Payments	£ 32,644
Time Credits	£ 54,120
Workstream coproduction	£ 40,000
Total	£ 193,350

Budget for other IC communications and engagement projects will be agreed and discussed as hoc by associated partner organisations and Workstream Directors.





Health, Care and  
Community Partners



Working Together  
Healthier, Happier



Working Together  
With you, for you



**City & Hackney**



**City & Hackney**  
Health, Care and  
Community Partners



**City & Hackney**  
**Working Together**  
Healthier, Happier



**City & Hackney**  
**Working Together**  
With you, for you

<b>Title of report:</b>	System Maturity Matrix
<b>Date of meeting:</b>	12 September 2019
<b>Lead Officer:</b>	Jonathan McShane, Integrated Commissioning Programme Convenor: City & Hackney CCG
<b>Author:</b>	Jonathan McShane, Integrated Commissioning Programme Convenor: City & Hackney CCG
<b>Committee(s):</b>	City & Hackney Accountable Officers Group – 23 July 2019
<b>Public / Non-public</b>	Public

### Executive Summary:

NHS England have made it clear they want every part of England to be covered by an Integrated Care System by 2021. There will be an assessment process for aspiring ICSs with the full details to be confirmed at a later date.

Recently, all STPs were asked to produce a 'system maturity matrix' which was a self-assessment of ICS readiness across a number of domains.

In order to complete this matrix, each system in NE London was asked to complete a local maturity matrix. We were asked to set out where we thought we were as a system now and where we thought we would be in 2020 and 2021 according to the criteria set out. This assessment is similar to the ICS readiness document that was prepared by the City and Hackney system last year.

Until now, NHS England said these were entirely for STPs and their local partners to check progress and identify areas where additional focus was required. They have now said that they would like STPs to submit their maturity matrix (separate from the local system maturity matrix) so they can review them from across England in a 'light touch' way. This will not be part of the formal assessment process.

The deadline for submission of our local maturity matrix did not fit with the calendar of ICB meetings so is presented here for information. The City and Hackney self-assessment is attached as Appendix A and the final NEL self-assessment will be completed in September.

The formal ICS assessment process is likely to focus on evidence of progress against the domains set out in the maturity matrix. To be authorised as an ICS, areas will have to show they are 'maturing' according to NHS England criteria by 2021.

### Recommendations:

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

- To **NOTE** the City and Hackney maturity matrix submission

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

- To **NOTE** the City and Hackney maturity matrix submission



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

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	<input checked="" type="checkbox"/>	The development of our local integrated commissioning and care arrangements will support all of our strategic objectives but the system and local maturity matrix documents are simply a self-assessment of progress to date.
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input checked="" type="checkbox"/>	As above.
Ensure we maintain financial balance as a system and achieve our financial plans	<input checked="" type="checkbox"/>	As above.
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	As above.
Empower patients and residents	<input checked="" type="checkbox"/>	As above.

**Specific implications for City**

None.

**Specific implications for Hackney**

None.

**Patient and Public Involvement and Impact:**

The self-assessment does not contain anything new, it is simply a view taken on progress across a range of domains set out by NHS England.

**Clinical/practitioner input and engagement:**

The self-assessment does not contain anything new, it is simply a view taken on progress across a range of domains set out by NHS England.

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

None.

**Safeguarding implications:**

None.

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

None.

Domain 1 - System Leadership, Partnerships and Change Capability				
Domain 1 Themes	4 Stages of Maturity			
	Emerging	Developing	Maturing ICS	Thriving ICS
Strong collaborative and inclusive system leadership and governance		<p><b>NOW</b> Strong working relationships across the system developed over 5 years. System overseen by Integrated Commissioning Boards.</p> <p>PWC governance review findings implemented with new Accountable Officer Group including commissioners and providers up and running. Transformation Board refocused to provide a space for the system to discuss major issues in real depth.</p> <p>Cordis Bright evaluation of integrated commissioning ongoing further demonstrating continued commitment to external challenge and improvement.</p>	<p><b>2020</b> Further developed governance for the sub system with an Integrated Care Board including providers meeting as Part B to ICB. Sub Committee structures for ICB fully developed including:</p> <ul style="list-style-type: none"> <li>Accountable Officer Group</li> <li>Co Production Forum</li> <li>Finance and Performance</li> <li>Clinical Practitioners Forum</li> <li>Quality Improvement Forum (Including, Homerton and ELFT)</li> </ul>	
Shared system vision and objectives		<p><b>NOW</b> Shared vision, strategic objectives and values agreed by all partners. Outcomes framework based on resident values near completion.</p>	<p><b>2020</b> Outcomes framework being implemented with progress being tracked across the system and through ICB.</p>	
System transformation partnership and engagement		<p><b>NOW</b> Local government central to integrated commissioning since inception. Elected councillors sitting on ICBs, local authority Chief Executive chairing AOG and 3 of 4 workstreams have local authority SROs.</p> <p>VCS represented in all workstreams. Increased VCS representation through refocused Transformation Board and continued contribution from VCS leadership at ICB.</p> <p>Patient and public representation in all workstreams and through Transformation Board and ICB.</p>	<p><b>2020</b> Developing proportionate governance arrangements at Neighbourhood/PCN level that effectively involves key partners including local government, VCS and patients and public.</p> <p>Maintaining commitment to VCS, local government and patient and public involvement in any structures that change as we develop governance for the sub system</p> <p><b>2021</b> Governance arrangements in place for the sub system that build on our ongoing commitment to involving partners in local government, the VCS and patients and public in decision making at all levels.</p>	

Domain 1 - System Leadership, Partnerships and Change Capability				
Domain 1 Themes	4 Stages of Maturity			
	Emerging	Developing	Maturing ICS	Thriving ICS
Capacity and system transformation change capability		<p><b>NOW</b></p> <p>Central Integrated Commissioning Team in place driving transformation across the system.</p> <p>New Director of Programme Delivery recruited with interim currently in place.</p> <p>IC Convener in place supporting transformation work and stakeholder engagement.</p> <p>Four workstreams well established drawing on people from across the system to drive change.</p> <p>Workstreams have SROs from across the system:</p> <p>Planned Care – Andrew Carter (City of London)</p> <p>Unplanned Care – Tracey Fletcher (Homerton)</p> <p>Children, Young People and Families and Prevention – Anne Canning (LB Hackney)</p> <p>Workstream Directors taking on sponsorship role of key enabler groups to ensure alignment with overall programme.</p> <p>Clinical involvement in all key programmes of work.</p> <p>Social care from LBH and CoL increasingly involved in transformation work at workstream and other levels of governance.</p>	<p><b>2020</b></p> <p>Clarity over role of PCN Clinical Directors in overall governance.</p> <p>Clarity over mechanisms for ensuring PCN development is supported by and aligned to overall integrated commissioning vision and objectives.</p> <p>Review of Hackney Health and Wellbeing Board role and connection to City and Hackney governance.</p> <p>Bringing together PCN/Neighbourhood clinical leadership with CCG governance structures.</p>	
System culture and talent management		<p><b>NOW</b></p> <p>Accountable Officer Group meeting monthly and uses time to find ways through difficult system issues as well as business as usual.</p> <p>Refocused Transformation Board bringing wider system partners together to look in depth at key emerging issues. TB taking on role of ensuring co-production and sustainability are at the heart of our existing and innovative work.</p> <p>Leadership Summits and ICB development sessions provide facilitated space to discuss major challenges and opportunities for the system to work through together.</p>	<p><b>2020</b></p> <p>Supporting ICS in developing a proactive approach to talent identification and management including through partners in City and Hackney to help build a strong pipeline of leaders.</p>	<p><b>2021</b></p> <p>Drawing on our local experience of scaling up new approaches and pilots and building effective partnerships, we will support the ICS to develop leaders skilled at identifying and scaling innovation, with a strong focus on outcomes and population health, and building relationships.</p>

## Domain 2 - System Architecture and Strong Financial Management and Planning

Domain 2 Themes	4 Stages of Maturity			
	Emerging	Developing	Maturing ICS	Thriving ICS
System architecture and oversight		<p><b>NOW</b> Project underway to secure out of hospital services through an alliance contract. Provider alliance being established to deliver out of hospital services at a City and Hackney and Neighbourhood/PCN level.</p> <p><b>2020</b> New community services arrangements being mobilised.</p>	<p><b>2020</b> Project underway to put in place the organisational and governance arrangements needed to be an effective sub system including how to provide appropriate assurance to the ICS.</p>	
Streamlined commissioning arrangements			<p><b>NOW</b> Streamlined commissioning delivered through established care workstreams.</p> <p>Examples include: Recommissioning community post-stroke care (including voluntary sector providers) Joint funding arrangements for clients with learning disabilities Recommissioning social prescribing to integrate with health coach service (PH funded) and new PCN staff Transforming Care Programme (for clients with LD / autism and behaviour that challenges) Jointly commissioned Health of Looked After Children Service. Joint work with CYP services, LBH, Education, CAMHS and NHSE New multi-agency post 16 commissioning panel set up</p>	
System control totals, operating plans and financial risk sharing		<p><b>NOW</b> The C&amp;H system continues to maintain financial balance and is expected to be balanced for the foreseeable future. The CCG plans to continue to spend recurrently only within its target allocation. External audit has issued a clean audit opinion of the CCG demonstrating the CCG's sound financial management.</p> <p>Through the System Finance Leadership group, the System DoFs meet regularly to plan and develop a system control total, operating plans and financial risk sharing arrangements from 2020/21 onwards.</p> <p>To secure the system's financial sustainability, further work is required to deliver alternative payment and contract models for NHS contracts, and optimise pooling arrangements between the CCG and local authorities to derive system financial benefits as well as health and social care benefits.</p>	<p><b>2020</b> there will be a single financial forecast understood across the system; contracting mechanisms in place, and enhanced pooling arrangements with local authorities. An embedded mental health investment standard. Creation of a Prevention Investment Standard to drive year on year investment in community, primary and secondary prevention. Investment standard defined, quantified and ringfenced for 2020/21.</p>	<p><b>2021</b> Joint planning arrangements in place across the system, sophisticated modelling of activity against population need.</p> <p>Prevention investment to grow in line with agreed formula. Monitoring of prevention investment embedded.</p> <p>Development of innovative primary care space modelling tool to guide future investment in estate.</p>

Domain 3 - Integrated Care Models				
Domain 3 Themes	4 Stages of Maturity			
	Emerging	Developing	Maturing ICS	Thriving ICS
System wide financial governance and cross-cutting strategies		<b>NOW and 2020</b> Working with partners to develop Prevention Investment Standard for system covering innovation, primary and secondary prevention investment.	<b>NOW and 2020</b> There is a strong understanding across the system of individual organisation context due to joint governance arrangements and forums such as Transformation Board and the Accountable Officers Group.  Regular Directors of Finance meetings across the system supported by Faizal Mangera, System Financial Planning Lead.	<b>2021</b> A single system operating plan will support joint management of thorny issues across the footprint.
Population health management		<b>NOW</b> We do not have a whole system population health management tool. Significant progress in rolling out our Health Information Exchange across health and social care providers so professionals can access each others data.  Linked data set which has allowed us to do bespoke analysis on certain cohorts e.g. connection between primary care registers and A&E attendances and detailed analysis of mental health conditions and acute hospital usage.  Range of different risk stratification tools including the EFI and the NELIE risk of admissions tool. These are currently used by primary care as part of our proactive care service (aimed at frailty). We are currently developing an options appraisal for a whole system population health management and a risk stratification tool that will be used within community integrated teams. We have a comprehensive primary care mental health dashboard which supports physical and mental health integration	<b>2020</b> System has an agreed solution for population health management and risk stratification, with supporting business case. Depending on the agreed solution this may be in place by 2020, however, if this is not possible, we will have an agreed interim solution that provides sufficient data sharing, population health analysis and risk stratification to support delivery of anticipatory care service(s).	<b>2021</b> Whole system model of population health management in place, supported by a sophisticated digital solution. This will provide data sharing and interoperability between different health and social care systems, whole population analytics and risk stratification tools to support proactive and targeted care delivery.

## Domain 3 - Integrated Care ModelsWe

Domain 3 Themes	4 Stages of Maturity			
	Emerging	Developing	Maturing ICS	Thriving ICS
Long term plan - care models and service changes			<p><b>NOW</b></p> <p>Established clinical practice of care pathways between primary and secondary care supported by education programme and peer review of referrals in primary care to address unwarranted variation. Long-standing Long Term Conditions contract with primary care which works on a principle of reducing variation in clinical outcomes between practices. The LTC contract incentivises practices to proactively find, treat and refer on patients at risk of, or who have a range of long term conditions.</p> <p>We have a major programme of service transformation in development for out of hospital services which combines our work to date on neighbourhoods, prevention, community navigation, discharge from hospital and outpatient transformation. This will align strategically with our PCNs as they emerge and develop their plans in response to the national specifications</p> <p>Reducing pressure on emergency hospital services through increased use of Advice and Guidance across a range of conditions, integrated specialist teams for respiratory care, heart failure, diabetes and sickle cell disease who work across community, primary and secondary care to prevent hospital admissions; Reducing pressure on mental health beds through community crisis provision- 24 hr crisis line and clinical service, self-referral SUN groups and crisis cafe</p> <p>Increased control over own health through incentivised referral to a range of support services – e.g. smoking cessation, National Diabetes Prevention Programme, social prescribing, community stroke support.</p> <p>Proactive care via the LTC contract and "Time to Talk" extended consultations with GP / PN led by the patient (for people with LTCs); focus on population health via the LTC contract.</p> <p>Initiatives around prevention including LTC contract, incentivised Annual Health Checks and SMI health checks and health action plans for people with LD. and working with specific community groups who experience greater health inequality to improve early cancer diagnosis particularly for bowel cancer.</p> <p>We are developing a Community Dementia Service offering continuity of care from diagnosis delivered through our neighbourhoods and using Coordinate My Care plans visible across the system</p> <p>We will build on our primary care mental health services. Already in place are an Enhanced Primary Care and a Primary Care Liaison service, along with</p>	

## Domain 3 - Integrated Care Models

Domain 3 Themes	4 Stages of Maturity			
	Emerging	Developing	Maturing ICS	Thriving ICS
Development of Primary Care Networks		<p><b>NOW</b></p> <p>Established 8 neighbourhoods across City and Hackney that now form the geographical boundaries for our PCNs.</p> <p>Primary care have been working together across the network geographies since April 2018.</p> <p>We have a detailed understanding of the demographics of each PCN/neighbourhood, and PCNs have used this to inform their planning.</p> <p>Some services delivered at PCN level across the whole borough (alcohol, smoking, primary care psychiatry liaison).</p> <p>Pilots in place in a number of PCNs to test working with other partners- adult community nursing, adult social care and navigation, child liaison psychiatry</p> <p>Partners across the system are working together to meet the new specifications – these include community health services, mental health, social care and the voluntary sector.</p>	<p><b>2020</b></p> <p>New Provider alliance coming together to deliver out of hospital services with PCNs at the heart of their work.</p> <p>Initial focus on PCN priorities including anticipatory care and adult community nursing.</p>	
Redesigning outpatient services and using new technologies and digital advances		<p><b>NOW</b></p> <p>According to LTP, 1/3 of routine outpatients appointments should be virtual in the next 5 years. Currently 9% (or 17.5k) of the total 200k routine appts are NF2F, meaning a further 24% appointments need to be converted to NF2F over the next 5 years.</p> <p><b>THIS YEAR</b></p> <p><b>Conversion of 3% of c.200k total routine outpatient appointments to NF2F (5330 appts)</b></p> <p><b>Total NF2F appts achieved: 12%</b></p> <ul style="list-style-type: none"> <li><b>Virtual Fracture Clinic:</b> Conversion of c.3630 new F2F appointments to virtual appts (43% of T&amp;O FAs)</li> <li><b>Teledermatology:</b> Conversion of 1100 new appointments to virtual reviews (30% of Dermatology FAs)</li> <li><b>Diabetes Digital Agenda:</b> Conversion of 600 FU appointments to virtual Skype consultations, including 50% of pump clinic follow ups and 30% of DSD/DSN FUs (17% of Diabetes FUs)</li> </ul> <p>Other ongoing outpatients projects that support interoperability and outpatients redesign (in varying states of maturity):</p> <ul style="list-style-type: none"> <li>Implementing electronic patient records in OP</li> <li>Introducing fully electronic GP workflow for diagnostic tests</li> <li>Extending accessibility of HIE data across care settings</li> <li>Development and implementation of Documentation Management and Image Archive system to allow access to all clinical information electronically</li> <li>Implementation of functionality to send outpatient clinic letters electronically</li> </ul>	<p><b>2020</b></p> <p><b>Conversion of 6% of c.200k total routine outpatient appointments to NF2F (12,000 appts)</b></p> <p><b>Total NF2F appts achieved: 18%</b></p> <p>In partnership with Inner North East London CCGs developing Outpatient Transformation Programme:</p> <ul style="list-style-type: none"> <li>Out of Hospital Virtual Blood Service using a patient App – ensuring patients under hospital care can be tested and reviewed in the community.</li> <li>Utilising more APPs for patient self-management in specialist services (diabetes/cardiology/respiratory).</li> <li>Piloting specialist virtual consultations replacing traditional follow ups.</li> <li>Implementing and Integrating web-based self-referral online tool for community Msk service with NHS records - maximising the benefits of algorithms to diagnose and direct patients to self management or referral.</li> </ul>	<p><b>2021</b></p> <ul style="list-style-type: none"> <li>Implementing virtual consultations (skype/Facetime) utilising existing video services linked into patient records ensuring diagnostics can be ordered in the community prior to face to face contact.</li> <li>Patient apps for specialists to diagnose pathways prior to face to face consultations identifying and ensuring all appropriate diagnostics and results are in place before appointments (currently piloted by Babylon).</li> <li>Three way (or more) virtual consultations with patients with complex needs allowing GPs, Specialists, Social workers and other health professionals to support.</li> </ul>



## Domain 3 continued - Integrated Care Models

Domain 3 Themes	4 Stages of Maturity			
	Emerging	Developing	Maturing ICS	Thriving ICS
The prevention agenda and addressing health inequalities		<p><b>NOW</b> Whole-system Making Every Contact Count (MECC) programme established and initial scoping phase will be delivered by August 2019.</p> <p>Whole-system obesity partnership involves all partners across adults and children's pathways.</p> <p>We are a Wave 1 National Diabetes Prevention Programme site. Referrals incentivised through enhanced primary care.</p> <p>Programmes of work on tobacco control, include link up with LA enforcement and stop smoking staff embedded in key services.</p> <p>Individualised Placement Support service established in secondary care to provide supported employment for people with SMI.</p> <p>Supporting Transitions and Empowering People Service working with rough sleeping adults with multiple complex needs.</p> <p>Preventing mental illness through local system integrated, all age, Five to thrive offer based on the 5 ways to wellbeing</p>	<p><b>NOW</b> Through Neighbourhoods Programme, PCNs/Neighbourhoods provided with detailed local health profile data to inform local clinical priorities.</p> <p><b>2020</b> Market-testing, co-design and procurement of MECC training programme. Delivery of system-wide prevention training.</p> <p>Community navigators supported by Directory of Services to connect residents with preventative resources. Further families and carers elements of social prescribing in development for roll out.</p> <p>Multiple pilot projects run as part of the 'Health Needs of Rough Sleepers' programme.</p> <p><b>2021</b> All staff across the system trained to deliver preventive interventions via MECC.</p>	
Workforce models		<p><b>NOW</b> The Workforce Enabler Group is developing a tool for data collection at Practice, Neighbourhood/PCN level. This approach has support from NEL.</p> <p>Analysis of the baseline data for primary care clinical and non-clinical staff across the entire C&amp;H footprint will inform and support the workforce strategy development.</p> <p><b>2020</b> Baseline workforce data will also be used to develop initiatives such as increasing the numbers of apprenticeships and increased health and social care placements to promote health &amp; social in City &amp; Hackney as a career destination.</p>	<p><b>2021</b> Outcomes from Workforce Enabler funded pilot from 2019 are expected to deliver benefits of integrated and improved multi disciplinary working. Community service teams via the Neighbourhood/PCN service delivery model and supported by workforce initiatives which are aligned to PCN footprints is expected to deliver strong team working at PCN level.</p>	
Dispersed care models		<p><b>NOW</b> There is a plan to increase numbers of PHBs across a range of specialties (MH, CHC, Wheelchair users): The new Learning Disabilities</p>	<p><b>2020</b> Our refreshed plan will link with work at NEL level and we want to ensure a cultural drive within services for care to be personalised and</p>	53

## Domain 4 - Track Record of Delivery

Domain 4 Themes	4 Stages of Maturity			
	Emerging	Developing	Maturing ICS	Thriving ICS
Evidencing delivery of LTP priorities and service changes		<p><b>NOW</b> City and Hackney has existed as a high-performing place-based system for some time, and the five national priorities for service changes 'plug in' to existing local system programmes of work that are developing at pace thanks to strong performance on admissions avoidance through enhanced primary care and high quality local provider organisations in the Homerton and ELFT with VCS support.</p> <p>Established integrated commissioning programme is built on mature and ongoing relationships between partners and has been working towards a system approach to service transformation for some time.</p> <p>City and Hackney rated as outstanding in most recent NHS England annual assessment of CCGs.</p>	<p><b>2020</b> Building on our established Neighbourhoods programme and PCNs, our new approach to delivering out of hospital services through a provider alliance will be mobilised.</p> <p>Homerton best performer in London on A&amp;E waiting target. Joined up local urgent care system delivering high levels of admission avoidance and alternative pathways to keep people out of hospital including: Integrated Independence Team, Paradox service, Duty Doctor scheme.</p> <p>Ambitious plans in place to support people to make more use of Personal Health Budgets. Outpatients transformation programme aims to optimise secondary care from the patient's perspective. Increasing use of strengths-based, goal oriented models of care across NHS and social care services.</p> <p>New outcomes framework ensures targets for improving population health are being embedded at the heart of our integrated system.</p>	
Delivery of constitutional standards				<p><b>NOW</b> We are meeting our standards and expect to continue to do so going forward.</p> <p>We have some vulnerability on the 62 day cancer standard which we actively monitor and address with supportive action to our providers as much as possible.</p>
System operating plans		<p><b>NOW</b> Principles are in place to begin to jointly manage system resources efficiently. Robust risk management arrangements will need to be finalised in order for these principles to be fully supported to enable collective financial management.</p>	<p><b>2020</b> There will be a single financial forecast understood across the system; contracting mechanisms in place, and enhanced pooling arrangements with local authorities. An embedded mental health investment standard. Creation of a prevention investment standard.</p>	<p><b>2021</b> Joint planning arrangements in place across the system, sophisticated modelling of activity against population need.</p>
Challenging systemic issues			<p><b>NOW</b> There is a strong understanding across the system of individual organisation context due to joint governance arrangements and forums such as Transformation Board and the Accountable Officers Group.</p>	<p><b>2021</b> A single system operating plan will support joint management of thorny issues across the footprint.</p>

Domain 5 - Coherent and defined population				
Domain 5 Themes	4 Stages of Maturity			
	Emerging	Developing	Maturing ICS	Thriving ICS
A whole system level population health management approach and care redesign.		<p><b>NOW</b></p> <p>City and Hackney is relatively unusual in that the majority of its population is served by our local acute and mental health providers. Our footprint is co-terminus with local authority boundaries and the governance structure we have designed is consistent with this. As a proposed system within a system, we will be closely working with our NEL system partners and we will be developing operating models for more efficient working outside of NEL, particularly at NCL where a number of residents access services.</p> <p>Our workstream approach delivers a whole system integration approach to cover all services across all our population. The dispersed leadership of workstreams with both Directors and SRCs drawn from across system partners ensures a system perspective on everything we do.</p> <p>Our programmes are managed on a cross cutting basis to ensure that we capture the needs of our population. Our neighbourhood model delivers population health at a locality level and, linked with our PCNs, is the vehicle through which we can also address the wider determinants of health with our system partners.</p>		

<b>Title of report:</b>	City and Hackney's summary response to the NHS Long Term Plan – An Update
<b>Date of meeting:</b>	12 <sup>th</sup> September 2019
<b>Lead Officer:</b>	David Maher, Managing Director: City & Hackney CCG
<b>Author:</b>	Nicholas Ib, Senior Healthcare Consultant
<b>Committee(s):</b>	City and Hackney's LTP response summary and the official STP response document (when published in late September) are being presented to a number of committees. This is set out in the engagement table later in this report.
<b>Public / Non-public</b>	Public

### Executive Summary:

This report provides an update on the East London Health and Care Partnership response to the NHS Long Term Plan, and our local system contribution to the STP document. A summary of our local strategic delivery plan, which documents how our local system is responding to the NHS Long Term Plan, and which has been contributed to the STP document, is included.

### Recommendations:

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

- To **NOTE** the attached local summary response to the NHS Long Term Plan for the City and Hackney system;
- To **NOTE** that there will be one response to the NHS Long Term Plan for North East London, which is being drafted by East London Health and Care Partnership, and is due to be published on September 25<sup>th</sup> 2019. Our summary describes the City and Hackney contribution, but it is the ELHCP document which will be formally submitted to NHS England on September 28<sup>th</sup> 2019.
- To **NOTE** that the ELHCP Long Term Plan response will be presented to ICB in October 2019.

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

- To **NOTE** the attached local summary response to the NHS Long Term Plan for the City and Hackney system;
- To **NOTE** that there will be one response to the NHS Long Term Plan for North East London, which is being drafted by East London Health and Care Partnership, and is due to be published on September 25<sup>th</sup> 2019. Our summary describes the City and Hackney contribution, but it is the ELHCP document which will be formally submitted to NHS England on September 28<sup>th</sup> 2019.
- To **NOTE** that the ELHCP Long Term Plan response will be presented to ICB in October 2019.

**Strategic Objectives this paper supports:**

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

**Specific implications for City**

There are no specific implications for the City

**Specific implications for Hackney**

There are no specific implications for Hackney

**Patient and Public Involvement and Impact:**

In considering our response to the NHS Long Term Plan we have held 23 events, 3 surveys, 2 focus groups, and a small number of 1-to-1 interviews across City and Hackney, enabling more than 1,200 residents to have their say on what they'd like local health and care services to look like in the future.

**Clinical/practitioner input and engagement:**

This paper and the ELHCP Long Term Plan response will be presented to the Clinical Executive Committee on the 9<sup>th</sup> October.

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

A comprehensive Equalities Impact Assessment is being carried out by ELHCP on the STP Long Term Plan response.

**Safeguarding implications:**

There are no safeguarding implications in relation to our response to the NHS Long Term Plan.

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

The Long Term Plan Response envisions more integrated working between local services.

## Main Report

### Background and Current Position

The NHS Long Term Plan (LTP) was published in January this year by NHS England (NHSE) and set out a 10 year vision for the transformation of health and care, and a strategy for 'a new service model for the 21st century'. Each STP/ICS area is required to submit a signed-off response to NHSE by Friday 27th September 2019 detailing how the local system at STP level will implement the Long Term Plan. A final submission will be made by 15th November 2019. There is a requirement for a public version of the plan to be published before the November deadline.

City and Hackney CCG has been contributing to the East London Health and Care Partnership (ELHCP) response to the NHS Long Term Plan, as one of the three local systems that will make up the future ELHCP Integrated Care System. ELHCP are drafting a single STP-wide strategic plan for engagement with system partners, and a draft will be published on September 25<sup>th</sup> 2019.

Whilst contributing to the STP LTP response, we have also been co-ordinating a local strategic delivery plan which sets out (in a further level of detail) how the City and Hackney system will respond to the NHS Long Term Plan and contribute to the wider system. Our detailed plan is complementary to the STP LTP response and will both feed into it and respond to it.

A summary of the City and Hackney local strategic delivery plan is included with this paper. The STP LTP response will be submitted to October's meeting of the Integrated Commissioning Board. It is the STP LTP response document which will be formally submitted to NHS England in September, and which we will need to engage on widely.

### Supporting Papers and Evidence:

An engagement plan and a copy of the summary version of the local City and Hackney Long Term Plan response summary are attached.

### Sign-off:

There is no Workstream SRO for this work as it relates to the local system as a whole.

London Borough of Hackney: Tim Shields

City of London Corporation: Andrew Carter

City & Hackney CCG: David Maher, Managing Director

# City and Hackney Long Term Plan Response –

Governance / engagement dates

## Partners

	July				August				September					October			
	8	15	22	29	5	12	19	26	2	9	16	23	30	7	14	21	28
Integrated Commissioning Board	◆ 11									◆ 12				◆ 10			
Accountable Officers Group			◆ 23							◆ 17							◆ 29
Engagement Enabler Group			◆ 24									◆ 25					
Joint Overview and Scrutiny Committee (City & Hackney)																	

## City of London

Community and Children's Services Grand Committee										◆ 13							
Health and Wellbeing Board													◆ 3				
Social Care Scrutiny Committee														◆ 10			

## London Borough of Hackney

Workshop for members									tbc								
LB Hackney Cabinet											◆ 16						
Health in Hackney Scrutiny Commission										◆ 12							
Health and Wellbeing Board											◆ 18						

## CCG

Governing Body			◆ 26									◆ 27				◆ 25	
Clinical Commissioning Forum	◆ 4								◆ 5					◆ 3			
Annual General Meeting										◆ 11							
Clinical Executive Committee														◆ 9			
Patient and Public Involvement Committee														◆ 11			

## Provider Board dates being confirmed

Deadline for submission of STP response to NHS England												◆ 27					
System plans agreed with system leads and regional teams															◆ 15		

# Keeping people well in City and Hackney

Our local strategic delivery plan  
and NHS Long Term Plan response

**Summary version**

Version 1.5



# Our local strategic delivery plan and NHS Long Term Plan response

This document summarises how the City and Hackney system (one of three place-based systems within the East London Health and Care Partnership STP) will meet the health and wellbeing needs of local people by delivering the NHS Long Term Plan, and focusing in particular on our local vision and priorities for the necessary large-scale transformation of services over the next ten years.

This plan has been drafted in collaboration with local partners through the City and Hackney system's integrated commissioning programme. It reflects the principles set out in the Long Term Plan implementation framework:

- **It is clinically led** through the integrated commissioning programme in City and Hackney which includes senior clinical leadership on all care workstreams and transformation programmes. The City and Hackney system is characterised by a strong history of primary care leadership in relation to quality improvement, admissions avoidance and our neighbourhoods programme, and the new clinical directors of our primary care networks will lead implementation of integrated care.
- From our Outcomes Framework to our ambitious Neighbourhoods Programme, City and Hackney's system **ambitions are locally owned** and have been co-designed and co-produced with local residents and service users. In considering our response to the NHS Long Term Plan we have held 23 events, 3 surveys, 2 focus groups, and a small number of 1-to-1 interviews across City and Hackney, enabling more than 1,200 residents to have their say on what they'd like local health and care services to look like in the future.
- Whilst City and Hackney is one of three subsystems within the East London STP area, the local system is **financially balanced** and transformation programmes are focused on ensuring that services and systems remain financially sustainable in the context of future patterns of population change and increasing demand. Whilst a national funding settlement has been agreed in relation to the NHS Long Term Plan, our system continues to face challenges in how social care is resourced and we expect further clarity in planning once the social care Green Paper is published.
- Whilst many elements of the Long Term Plan will be delivered at integrated care system (ICS) level (i.e. across the whole of North East London), this document summarises how the City and Hackney system will locally **deliver the commitments in the LTP and national access standards**. Our local system is high-performing against national access targets for cancer treatment, mental health and A&E, and we are continuing to improve access such as with our successful bid to develop new community care models in mental health. The CCG was recently rated 'Outstanding' against the Improvement and Assessment Framework.
- We have been clear about locally identified priorities in relation to known **local needs**, and the plan will be developed to show the **phased approaches** in our transformation programmes to delivering these local priorities over time.
- The City and Hackney system welcomes the focus in the NHS Long Term Plan on **reducing local health inequalities and unwarranted variation** as this underpins our local transformation work, particularly our whole-system focus on targeting local areas of continued deprivation such as work in Hackney Wick to address the wider determinants of health. The NHS Long Term Plan provides a road map for improving care quality and outcomes by delivering a strong start in life for children and young people and better care for major health conditions.
- Well-established integrated commissioning structures in City and Hackney have ensured that **prevention** has been made central to all our programmes of work, from Making Every Contact Count, to our mature and ongoing delivery of social prescribing in every GP practice.
- The City and Hackney system is governed by our integrated commissioning boards which reflect **our close integration with the two local authorities**. This includes system appointments to key roles from local authority staff, integrated commissioning and pooled budgets in many areas, such as the Integrated Independence Team for reablement, and combined work programmes which reflect a focus on health and wellbeing throughout our community strategies.
- Our local system plans include many examples of our commitment to **improve quality and harness innovation**, and we aim to be innovative too in the way we foster collaboration and integrated working amongst clinicians and partners from different organisations through our Neighbourhoods Programme.
- Our plans build on past successes and outline our future ambition to improve the quality of care and harness the skills and talents of our staff and residents to deliver this work. This system-wide approach will ensure we become an exemplar for high quality, safe and reliable care.

There will be one response to the NHS Long Term Plan for North East London, which is being drafted by East London Health and Care Partnership. This summary describes the City and Hackney contribution, but **it is the ELHCP document which will be formally submitted to NHS England on September 28<sup>th</sup> 2019.**

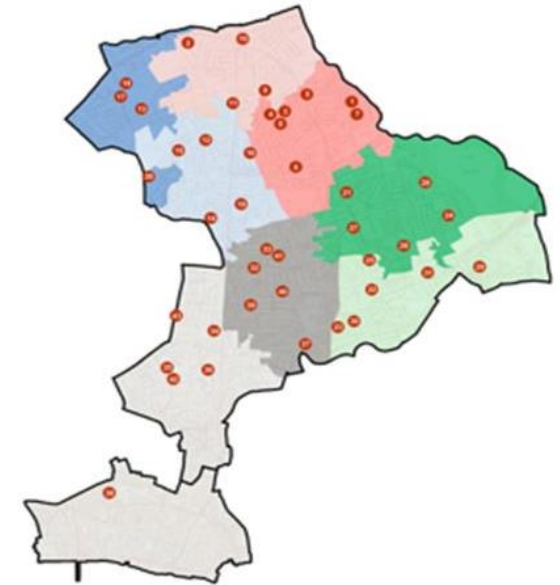
# The challenges in City and Hackney in relation to peoples' health

We cover an area of North East London made up of the City of London and the London Borough of Hackney. Our total population is 283,600. Hackney has 275,900 residents, the City has 7,700. We have 322,616 people currently registered with a local GP practice. Our population has been growing faster in recent years than in other parts of England. While the City has a low permanent-resident population compared to other areas, more than 400,000 people travel to work here every weekday. Our area is one of the most diverse in the country, with nearly 90 languages spoken as a main language.

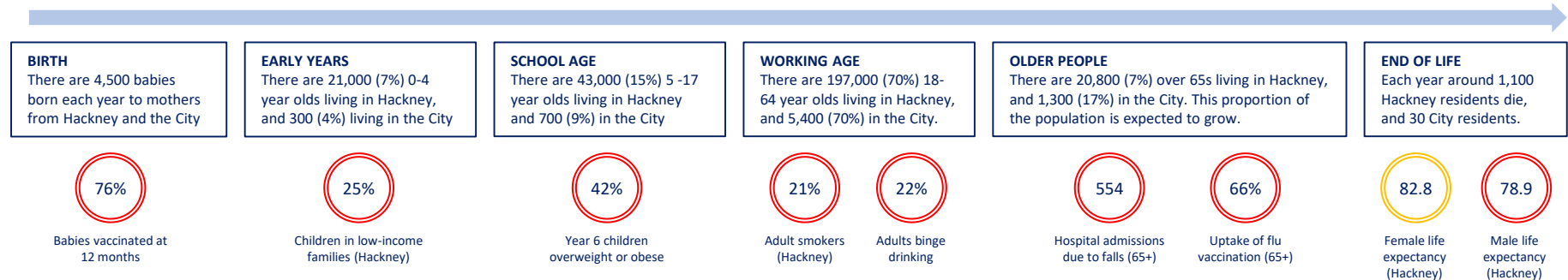
City and Hackney faces significant health and wellbeing challenges. Despite economic growth and regeneration in recent years, Hackney still has some deeply deprived areas and high levels of child poverty, which varies widely between wards. The City has low rates of child poverty except for some pockets, such as Portsoken Ward in the east of the City.

Hackney has high mortality rates from preventable diseases. The factors behind these include smoking, obesity, poor diet, inactivity and high levels of deprivation. Deaths from cardiovascular disease are higher than elsewhere in the country. Hackney has more smokers than in most parts of London. Many adults and children are obese - including more than 40% of school pupils in Year 6. Our residents are more likely to be living with a long-term condition, such as diabetes, lung conditions, heart problems or diabetes and more likely to find it difficult to manage these. We also have a high number of local people with mental health conditions including severe and or enduring mental illness.

With our growing local population there will continue to be increasing demand for healthcare and we rely on an ageing estate in the health and care sector and a number of challenges around the recruitment and retention of staff. We also know that we cannot address the health needs of a population by looking at health and care provision alone. The Marmot Review emphasised just how much health is influenced by the wider determinants of health, and the community strategies of both the London Borough of Hackney and the City of London Corporation reflect this. The approach of the City and Hackney system, since its successful inclusion as a devolution pilot site in 2015, has been to focus on shared solutions, an integrated whole-system approach, and supporting local communities to meet their own needs.



## A City and Hackney life course



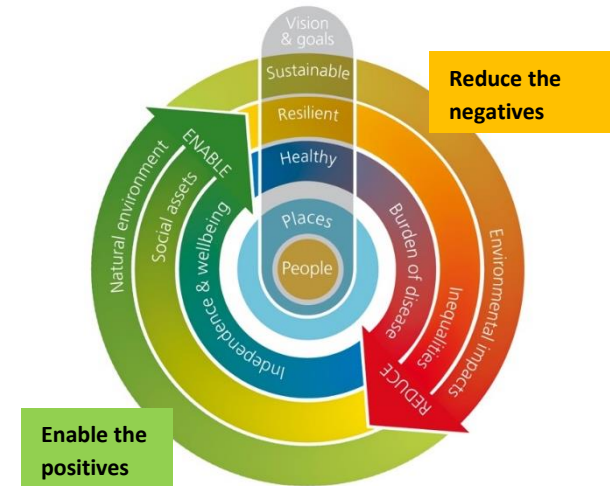
N.B. Red, amber or green circles reflect how City & Hackney figures compare with national averages

# Our Integrated Commissioning and Care Programme: a local partnership to address the health and wellbeing needs of local people

In City and Hackney we believe that all our residents deserve to live the healthiest and most fulfilled lives possible. Local people and their families want to feel connected to their neighbourhoods, to access high quality care near their homes and in hospital when they need to. Since 2016, we have been working with other organisations who deliver and commission care in City and Hackney to provide better and more joined up services for City and Hackney's residents through our Integrated Commissioning and Care Programme. The programme is designed to deliver better healthcare for patients in a system which functions more efficiently through:

- **Sharing learning and resources between organisations:** the programme unites organisations who have historically delivered or commissioned similar services for patients and considers the best way we can collectively use our system resources, including data, buildings and staff, and manage and reduce risk together, in order to provide the highest quality care possible for patients,
- **Joining up financial resource:** we understand that by joining up our financial resource we can make best use of the City and Hackney pound,
- **Changing how we deliver our services:** our services can be more efficient and effective if we make them more personal, local and if we constantly seek to improve their quality. By taking joint accountability for change, we make this happen.

Our **care workstreams** are how we have arranged our services; each of our workstreams are responsible for delivering a programme of work across a specific portfolio area. Our four workstream areas include **Unplanned Care, Planned Care, Children Young People Maternity and Families** and **Prevention**. Each care workstream is managed by a Board or Leadership Group.



The following organisations are involved in the programme:

- The London Borough of Hackney
- Corporation of the City of London
- City and Hackney NHS Clinical Commissioning Group
- East London NHS Foundation Trust
- City and Hackney GP Confederation
- Homerton University Hospital NHS Foundation Trust
- City and Hackney Local Pharmaceutical Committee
- Schools and Children's Centres
- Hackney Centre for the Voluntary Sector
- A range of local voluntary and community organisations
- Healthwatch City of London
- Healthwatch Hackney

## 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.

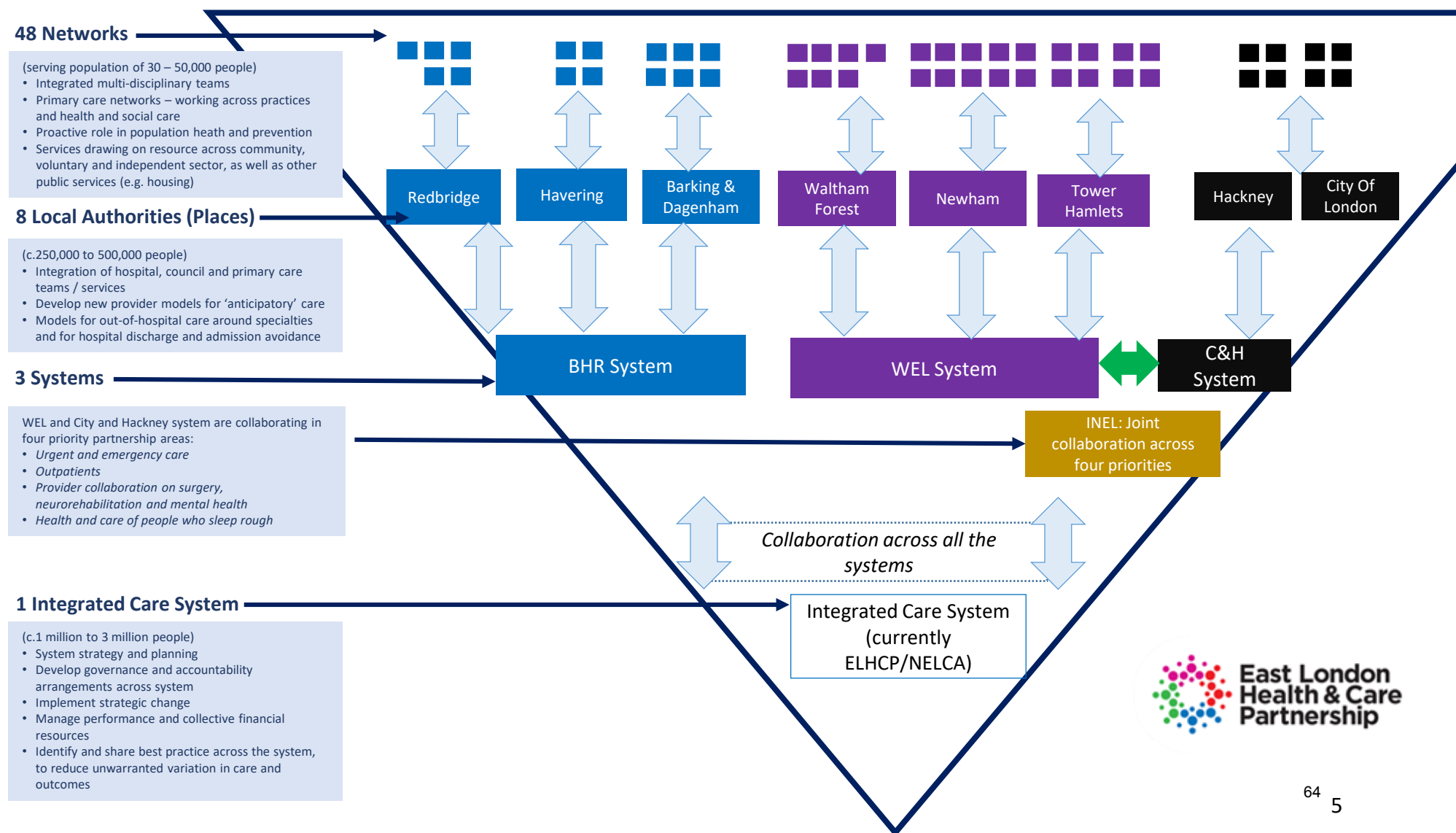
- **More support** for patients and their families to get healthy, stay well and be as independent as possible
- **Neighbourhoods** where people and communities are actively supported to help themselves and each other
- **Joined up support** that meets the physical, mental and other needs of patients 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 strategic objectives

We have developed five strategic objectives for the programme:

- **Deliver a shift in resource and focus on 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**

# The wider context: City and Hackney as part of the integrated, collaborative health and care system in North East London



# Improving the context within which services are delivered

## Our Outcomes Framework

To ensure that everyone understands how the strategic objectives of the programme are aligned to outcomes that matter to residents and patients, we have co-produced an outcomes framework which is co-owned by residents and system partners.

Priority area	Programme-level outcomes
1 Making sure all children and young people (CYP) have a good start in life	<ul style="list-style-type: none"> <li>CYP are supported to aspire and achieve optimal levels of development for their age</li> <li>CYP feel and are safe in their local environment and home</li> <li>CYP's physical and mental health is optimised in order to support / enable them to realise their potential</li> <li>children and families experience safe and positive births and are supported to optimise health, wellbeing and development during the first 1,000 days</li> </ul>
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.	<ul style="list-style-type: none"> <li>Inequalities in healthy life expectancy are reduced</li> <li>Rates of infant mortality, stillbirths, neonatal and maternal deaths are reduced</li> <li>Patients feel supported to manage their own conditions and care for as long as possible</li> <li>The wellbeing of people with long-term conditions is improved</li> </ul>
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.	Quality of life for people in City & Hackney is improved
4 Tackling the causes of poor health and wellbeing at an earlier stage and putting in place measures to ensure better prevention.	<ul style="list-style-type: none"> <li>Smoking prevalence is reduced</li> <li>Obesity is reduced for children and adults</li> <li>Increased breastfeeding prevalence</li> <li>Perinatal mental health is improved</li> <li>Reduced prevalence of causes of ill health</li> <li>Prevalence of problematic alcohol use is reduced</li> <li>The local health and care workforce are empowered to have conversations with patients and the public about their health and wellbeing</li> </ul>
5 Creating 'services that work for me', or services that are more joined up and person centred.	People with mental health conditions are better able to manage their conditions
6 Improving the mental health and wellbeing of the local population, including ensuring better access to mental health care.	Improved mental health and wellbeing among children and young people
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.	People feel more empowered to manage their own health better
8 Reducing social isolation	Workforce have the skills and knowledge to support people in navigating the health and care system
9 Increasing employment	
10 Creating a safe environment for everyone to live in, for example by linking in with housing services.	Still to be decided

## Our major programmes of work

In City and Hackney, our strategic programmes integrate and personalise patient care, empower patients to manage their own health, and provide care which is close to where patients live and work - some of the key initiatives of the Long Term Plan.

Hosted by the Unplanned Care Workstream, City and Hackney's **Neighbourhoods Programme** is redesigning how care is delivered to patients at a primary and community care level. The Neighbourhoods Programme has developed 8 Neighbourhoods across the two local authorities, supported by multi-disciplinary teams who will use population-data to tailor care to the needs of local people, deliver care closer to patients' homes, and 'wrap around' the individual to improve the patient's experiences and outcomes. Each neighbourhood is working to develop broader links with other services that impact on the health of residents, such as housing, leisure and green spaces and employment support. The Neighbourhood footprints are well established and we are rolling out different services and models of care through 2019/20. Neighbourhoods are coterminous with Primary Care Networks.

The **Outpatients Transformation Programme**, hosted by the Planned Care workstream, brings together system partners to modernise and improve outpatient care on a pathway basis involving a specialty by specialty review. The programme seeks to improve advice and guidance to GPs and patients, promote self-care and self-management, and to avoid unnecessary follow-up activity, looking for ways of providing appointments in a variety of non-face-to-face methods (virtual, telephone, video) or transferring work to the community/primary care where appropriate. It will closely integrate with both the Prevention workstream and the Neighbourhood Health and Care Services programme.

The **Neighbourhoods Health and Care Services Programme**, hosted by the Planned Care Workstream, has set out to transform City and Hackney out-of-hospital community services, including social care, mental health, whole-population primary care, and services based in the community. The programme has brought together providers to develop a delivery model, and after initially running in close partnership with the Neighbourhoods Programme, these programmes are now merging.

We are in the process of developing **Primary Care Networks (PCNs)**; groups of between 3 and 7 GP Practices working to deliver improved outcomes for local patient populations. Each PCN will have a Clinical Director who will lead service transformation and quality improvement, and will provide a link back to the IC programme. By 2024 PCNs across City and Hackney will be staffed with pharmacists, social prescribers, first contact physiotherapists and physician associates.

The **Making Every Contact Count (MECC) Programme** is being hosted by the Prevention workstream. MECC will support and empower City and Hackney health and care staff to maximise every contact they have with patients and the public to promote positive wellbeing and signpost them to local preventative services and other sources of support. Over the coming years, training will be rolled out to staff across the system to develop their skill sets and build capacity. The programme is being co-designed with residents and staff.



# Transforming out-of-hospital care and fully integrating community care

Our Neighbourhoods Programme began in April 2018 and is in the process of re-designing primary and community care in order to deliver locally integrated health and care services that are responsive to local residents, and support them to stay well. The programme is focused on **meeting the health and wellbeing needs of local communities** whilst **addressing the wider social and economic determinants of health for the whole population**. Early intervention and prevention are prioritised and the programme operates across the local system with the inclusion of commissioners, providers of health and social care services and a wide range of community and voluntary sector partners. The programme has been designed through engagement and co-production with local people.

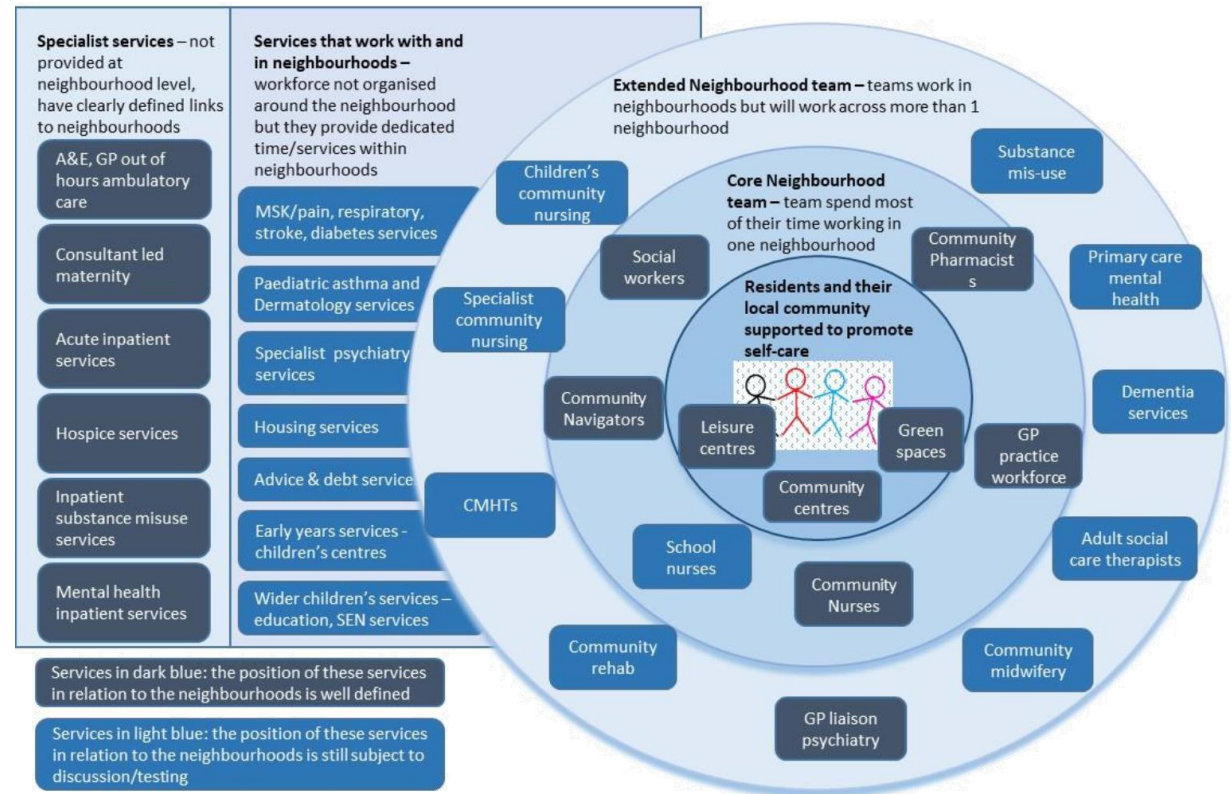
Through the Neighbourhood Health and Care Services Programme we aim to **transform and integrate the provision of out-of-hospital services**, informed by whole system workshops held in January 2019.

We want to redesign our community services to provide **increased support within a multidisciplinary context for people with long term conditions**. This model will combine psychosocial and medical approaches as well as ensuring links to access community and voluntary sector services. These services will be **an alternative to traditional models of outpatient care**; will focus on delivering a proactive and preventative service to people with long-term conditions and be delivered closer to people at the neighbourhood/network level.

From our **engagement with residents, patients and service users** so far, the following themes have emerged:

- People want us to 'bring services back' to City and Hackney (e.g. placements for children in care, elderly residents based out of the local authority)

Proposed model of how services and teams could be organised around neighbourhoods



A **Community Services Development Board** has been working with the local **Provider Alliance** of the Homerton University Hospital FT (as provider of community health services), East London Foundation Trust (ELFT, our provider of community mental health services) and the City and Hackney GP Confederation, collaborating with local authority provider partners. They will establish a joint framework for integrating and transforming out-of-hospital services in partnership, based around the Neighbourhoods delivery model.

The new GP contract nationally specifies seven key services for **Primary Care Networks**. Most of these nationally mandated services map onto existing project or pilots within our integrated commissioning programme, for example anticipatory care will build upon the 'residents with complex and diverse needs' project within the Neighbourhoods Programme as well as care navigation work within the Prevention Care Workstream.

# Reducing pressure on emergency hospital services

**A really joined-up and integrated local urgent care system:** Commissioner and provider system partners in City and Hackney are working together to deliver an integrated urgent care pathway. This will meet people's urgent care needs, triage and navigate them to the most appropriate place at every entry point into the system, and support people away from the hospital wherever it is appropriate to do so. We have developed a wide range of appropriate care pathways with a rapid response element to keep people out of hospital, including step up care within the reablement team (IIT) the Paradoc service (described below), and Duty Doctor (where a practice-based doctor is always available to see or speak to patients urgently to avoid hospital). Over the next 10 years we will further strengthen this system and look at ways in which we can reduce duplication and improve quality of care. We will also talk to our residents about their health-seeking behaviours and design a system which makes sense to them without unnecessary burden on the hospital. This would not be possible without the strong partnerships links we have already.

**End of Life care:** The City and Hackney system is already high-performing in this area, with very good primary care for End of Life and high uptake and use of care plans through Co-ordinate My Care (by all partners as well as primary care). This has been achieved through the End of Life Care Programme Board and an extensive programme of training. Previous reviews having identified a specific issue around homeless people and their experience of end of life care and this is a priority area for us. We are considering the Pathways model for homeless people, and this is an area where we are contributing to a multi-local authority approach through the INEL System Transformation Board. We are also introducing an urgent end of life care service (based on a hospice at home model) that will support people that want to die at home.

**Dementia:** Our new City & Hackney dementia service has significantly more capacity to support people with dementia and their carers. Depending on the complexity of their case and needs, every patient now gets an allocated navigator or specialist nurse to support them as well as resource packs for family and friends and access to a digital carer's support tool. All system partners are using Co-ordinate My Care to provide a shared care plan. We are looking to integrate the dementia team into each neighbourhood to provide better wrap around care for people in the community.

**Preventing falls:** Taking a whole-systems approach we have worked collaboratively with partners including LAS and Paradoc. Paradoc is a locally commissioned team made up of a GP and a paramedic who work as an alternative to LAS and respond to a large number of falls and focus on working in the patient's home when a fall occurs rather than bringing them to A&E. We have launched a primary care falls pathway – and are including systematising this in EMIS. We are in the process of reviewing our exercise services and we are looking to develop tools to better identify people at risk of falling. Work is also taking place to reduce falls in hospital.

From our **engagement with residents, patients and service users** so far, the following themes have emerged:

- People want well-co-ordinated and safe out of hours services
- Across the board attendees are expressing a need for 'bridging or transitioning' services that can support people in the community after they are discharged from hospital or specialist care and the role of community and voluntary sector in providing this support
- Support is wanted to help people overcome barriers around finance and transport

## Digitally enabling primary care and outpatient care

The City and Hackney system makes considerable use of Co-ordinate My Care (CMC) beyond its primary use for end-of-life care planning, to co-ordinate shared urgent care for patients with dementia, patients on the Proactive Care Registers, and nursing home patients. Due to our local system expertise, City and Hackney represents North East London in the development of CMC at a London level.

The City and Hackney Directory of Services project will provide a key resource to support more integrated health and wellbeing services in the local system and ensure that care navigation, social prescribing and other interventions are better co-ordinated and supported locally.

Work is underway in a number of priority specialties to make use of telehealth and virtual appointments within the Outpatients Transformation Programme. Priority specialties where projects are already underway include diabetes and dermatology.

From our **engagement with residents, patients and service users:**

- There is a willingness to embrace new technologies, but not at the expense of face-to-face appointments with their GP. People on one hand want health services to be able to share information to help wrap care around the patient, but on the other are worried about data protection issues.

# Giving people more personalised care and control over their own health

Across services which meet the health, care and wellbeing needs of patients, we have been working to champion strengths-based, person-centred models of care. In our Prevention Workstream we are working closely with colleagues in the London Borough of Hackney to integrate the Three Conversations model in health and care services. Through a number of programmes we are implementing training for front line staff in motivational interviewing and other interventions to support and increase patient activation, self-management and choice. For example:

- Our social prescribing service which operates in every GP practice in City and Hackney and is working with PCNs to integrate new provision;
- Peer support and group consultation pilots have been started or completed and we are exploring options to mainstream findings
- The Neighbourhoods community navigation model is being developed with PCNs, the Provider Alliance and local stakeholders

Our local integrated urgent care system aims to provide patients with more options and advice at the right time, for example non-clinical navigators in A&E work with residents to signpost them to other services if A&E is not appropriate for their care

Personal health budgets (PHBs) are a lever for giving people more control of their health and as well as the mental health recovery pilot mentioned below, we have plans in place to more systematically link personal health budgets with social prescribing and to extend PHBs to new areas, starting with the CAMHS service.

## Personalised care in mental health

We are piloting the use of mental health personal health budgets as part of the secondary care discharge pathway. Currently patients can access IAPT services online including online therapies. We are also piloting the use of digital therapies beyond IAPT services. At present dementia patients can access online care plans and we plan to expand online Recovery Care Plans and online referrals and booking to other service areas.

From our **engagement with residents, patients and service users** so far, the following themes have emerged:

- Access to community based, non-clinical services with a more holistic approach is important
- Young people want more tailored health and wellbeing services that acknowledge the pressures and concerns in their life such as social media, the pressure to look in a certain way, mental health, crime and violence and relationships & sex

# An increasing focus on population health and moving to an ICS approach

In September 2019 the Neighbourhoods Programme will take a decision on our approach to population health management tools, including risk stratification and case finding, based on an options appraisal of existing tools and their likely readiness to support integrated care in Neighbourhoods. We continue to work with STP partners on the development of system-wide approaches.

As mentioned above, the Neighbourhoods Programme and the Community Services Development Board are working with social care and PCN partners to propose a combined approach to integrated care in out of hospital services to the Integrated Commissioning Board in September 2019.

Our aim as part of this programme is to update the original Neighbourhoods blueprint to reflect developments around PCNs and out-of-hospital care services, resulting in a the first phase of a Target Operating Model being agreed in January 2019 and implementation of an integration programme beginning in April 2020.



# Enabling our strategic programmes

The local system includes enabler groups which support the work of the integrated care workstreams. These groups establish strategies and roadmaps for delivery and prioritise investment of delegated funding towards specific enabling projects in the areas of IT, workforce, primary care and estates. They manage risk around delivery of these projects, and work to address gaps or new priority areas as they arise.

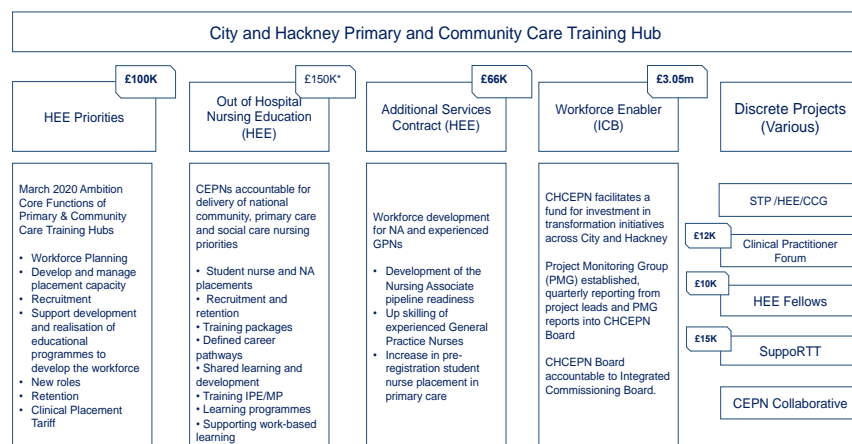
## Estates

City and Hackney has an ageing primary and community health estate. Since 2015, when City and Hackney was successful as a devolution pilot site, health and local authority partners have recognised the significant opportunities to enable greater social and community value for residents from the current estate through greater integration and joined-up planning across health, social care and community partners.

Our estates strategy is focused on improving the productivity and efficiency of estates usage, transforming the estate so that it supports our Neighbourhood model of service delivery, and working with partners to find flexible ways to prioritise and fund infrastructure changes. This joint approach is leading to targeted regeneration work aiming to address pockets of significant deprivation.

## Workforce

The Long Term Plan describes how workforce growth has lagged behind need, partly due to increasing demands on the NHS and also due to inflexible employment practices. Our Community Education Provider Network (CEPN) now operates as the local system Training Hub, with a remit to support key local, regional and national workforce transformation programmes:



## Communications and Engagement

The Comms and Engagement Group recognises the importance of patient and public involvement, engagement and co-production in the development of new service models. The Group will support our aims for a Co-Production Council to be a central part of any new local health and wellbeing partnership.

## Primary Care

The City and Hackney system is proud of the achievements delivered by its local GP practices. Through investment in whole population contracts, our GP workforce has topped national comparative tables on quality and achieved some of the lowest referral rates into secondary care, making use of clinically appropriate alternative pathways outside of hospital.

Like the rest of North East London, City and Hackney faces an increasing population whilst having a reducing GP workforce and rising demand for GP appointments. However, unlike the rest of our wider system, City and Hackney has better GP coverage (6.5 GPs per 10K population compared to 4.5 in Redbridge, for example).

As part of work across NEL we will ensure the following quality aspirations are delivered by 2021:

- We will aim to achieve a CQC rating of good or outstanding for 95% of practices
- We will aim to have at least one QI expert per network
- We will ensure workflow optimisation in each practice across NEL
- We will develop a NEL wide QI methodology to ensure a consistent approach and shared learning across the STP
- We will aim to implement best practice key principles for at least 5 care pathways across NEL within the available local resources to deliver consistent access and quality of services

## Digital

The Digital Enabler Group oversees a number of vital projects across the key workstream priorities, governed by a set of digital objectives (below). Whilst only one part of its work, electronic patient records are a foundational element. Full interoperability (not just shared access) in relation to electronic patient records and care plans is fundamental to our vision of integrated care and we are working with STP partners to continue to develop and expand the functionality of HIE (Health Information Exchange) as well as increasing the number of systems within it.

The Digital Enabler Group has the following digital objectives across the local system:

- Information sharing between partners to enable integrated care
- Better join up between systems to support patient pathways
- Supporting and empowering patients and carers to self-care and to navigate our complex health and care services
- Embedding the prevention agenda across our system
- Closer working with a wider range of non-statutory partners
- Digital solutions to save clinical and administrative time
- Digital solutions to support patient access to services

# Examples of innovation in our local approach

Our full local strategic plan includes a detailed breakdown of the many targets and ambitions set out in the NHS Long Term Plan, and sets out our local system response and how our plans will be delivered.

We have set out here some examples of the local priority work which demonstrates the spirit of innovation and high quality in the City and Hackney system:

## Health and wellbeing services for rough sleepers

The City of London has one of the highest numbers of rough sleepers in the country. As a result, services for rough sleepers are a particular priority locally where Public Health commission a multiple needs service, and we are sharing learning across the multi-local authority area. The London Borough of Hackney also has a homeless strategy (piloting a 'Housing First' approach with system partners for patients with complex health needs) and we have successfully been awarded funding as part of the new models of care proposals for community mental health via ELFT to specifically address the mental health needs of rough sleepers (see below).

Previous reviews have identified a specific issue around homeless people and their experience of end of life care and this is a priority area for us and we are considering the Pathway model for homeless people.

## Neighbourhoods Mental Health Transformation

Through ELFT, City and Hackney, Newham and Tower Hamlets have been successful in securing transformation funding to develop local neighbourhood / primary care network based mental health models.

City and Hackney has comparatively well-developed primary care mental health services which integrate secondary care, primary care and VCME providers through an alliance contract. The services are focused on patients with severe and enduring mental health problems and include Mental Health Enhanced Primary Care (EPC), Primary Care Liaison (PCL) and SMI physical health checks. City and Hackney came top in national performance comparisons for its coverage of SMI physical health checks and its multi-agency model.

The new funding will enable this foundation to be built on and for services to be fully aligned with the vision for SMI in the Long Term plan. EPC will be expanded to provide a mental health team in each neighbourhood, which is capable of offering assessment, step down, step up and on-going support, recovery care planning, therapy and wellbeing services. Furthermore, the EPC team will be blended with community connectors from VCSMEs. The main focus will continue to be severe and enduring mental health problems including SMI, Personality Disorder and trauma. The Transformation Funding will reduce the number of people needing to be seen in secondary care and will create place-based services, personalised around people's needs and embedded in the communities people are part of.

## Prevention Investment Standard

Investing in prevention is a system priority for City and Hackney as exemplified by the Integrated Commissioning Board strategic objectives (both to “deliver a shift in resources and focus to prevention” and to “ensure we maintain financial balance”), and the NHS Long Term Plan.

The City and Hackney system is making a commitment to grow investment in prevention activities year on year at a faster rate than growth in general health budgets. This Prevention Investment Standard (PINS) will support a shift in investment and focus towards health as an asset to be protected through prevention activities. Alongside the PINS we will create a Prevention Investment Fund (PIF) which will be the funding vehicle to pilot prevention activities non-recurrently.

The Prevention Investment Standard will allow the City and Hackney system to:

- understand its level of investment on prevention activities;
- ensure, as a minimum, the level of investment is protected;
- ideally increase the allocation of funding towards prevention activity while delivering current priorities and required outcomes;
- change the culture of local organisations to prioritise prevention and promote understanding of the role that all local partners can play in delivering prevention initiatives;
- increase the capacity and capability of system partners to deliver prevention activities; and
- monitor and deliver a financial return on investment in prevention, improving system financial sustainability.

## Better services for people to help them age well

City and Hackney's urgent care system makes effective use of rapid response services to prevent avoidable emergency admissions and treat patients closer to home. We are establishing better care in people's homes, particular for conditions such as dementia.

We have a very small number of local care homes (only four) and the home care market faces some workforce pressures, which we are expecting to increase as a result of Brexit. In the longer term, as part of our commitment to providing community-based care, we are scoping for more nursing home provision in both local authority areas.

<b>Title of report:</b>	City and Hackney 2020 - 21 System Intentions Update
<b>Date of meeting:</b>	12 <sup>th</sup> September 2019
<b>Lead Officer:</b>	Carol Beckford, Programme Director - Integrated Commissioning
<b>Author:</b>	Stella Okonkwo, Programme Manager – Integrated Commissioning
<b>Committee(s):</b>	None
<b>Public / Non-public</b>	Public

### Executive Summary:

The move towards an Integrated Care System by the 1<sup>st</sup> of April 2021 sets a requirement within City & Hackney to migrate from “commissioning intentions” to “system intentions”.

For 2020/21, NELCA have requested that all three systems in North East London carry out a more collaborative system based approach to agreeing intentions.

For City & Hackney, this is compatible with the ongoing Integrated Commissioning work that we have been undertaking in the past years where we work in partnership with our Providers and have a co-production mind-set. The 2020/21 System Intentions is being structured in line with the four care workstreams which deliver services within the local system, specifically: Unplanned Care, Planned Care, Prevention, Children, Young People, and Maternity & Families.

### Recommendations:

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

- To **NOTE** the report

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

- To **NOTE** the report

### Strategic Objectives this paper supports:

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

### **Specific implications for City**

The 2020 - 21 System Intentions will articulate and enable the City of London as a partner to integrated commissioning, to set intentions that are in line with the strategic intentions of the system as a whole by working closely together via the Workstream Boards and the Integrated Commissioning Board (ICB).

### **Specific implications for Hackney**

The 2020 - 21 System Intentions will articulate and enable the London Borough of Hackney as a partner to integrated commissioning, to set intentions that are in line with the strategic intentions of the system as a whole by working closely together via the Workstream Boards and the Integrated Commissioning Board (ICB).

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

The City and Hackney system intentions also reflect the priorities outlined in the NHS Long Term Plan, the key areas of which have been discussed by over 1200 local residents at 23 events, via 3 surveys, 2 focus groups and a small number of 1 to 1 interviews.

The draft document will also be discussed at the City and Hackney Patient and Public Involvement Group (PPI) meeting on the 11th of September 2019.

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

The 2020 - 21 System Intentions is being co - produced through the Care- workstreams with engagement and feedback from Clinical Directors

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

The equalities impact assessment is planned at Care Workstream level through the different programmes of work and aligned with the process for drafting and getting feedback on the Long Term Plan response

### **Safeguarding implications:**

No specific safeguarding implications have been identified.

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

Historically CCGs were required to produce Commissioning Intentions by the 1st October each year to give providers the required six months' notice period for any change to the current contract.

For 2020/21, NELCA have requested that all three systems in North East London carry out a more collaborative system based approach to agreeing intentions. For City & Hackney, this is compatible with the ongoing Integrated Commissioning work that we have been undertaking in the past years.

## Main Report

### Background and Current Position

The purpose of this document is to assure the ICB that work is progressing well, and on time, for the development of City & Hackney's System Intentions.

In-line with our Long term plan, the City and Hackney System Intentions is focussed on a City and Hackney cross-system planning; bringing providers together to better deliver outcomes for our population and as work continues across the system, our aim is to see even closer, more collaborative working between the CCG, Healthcare providers, Local Authorities and Social Care providers.

Within our existing contractual relationships, we are already seeking considerable innovation, and will look to extend the identification of cohorts of patients against which we can focus new approaches and means of reducing unwarranted clinical variation wherever possible. As the North East London Commissioning Alliance continues to develop and emerge, this too will influence commissioning activity in the years ahead.

In drafting the City & Hackney's 2020/21 system intentions, it is clear that the change to "system intentions" will be incremental. The roadmap for our system intentions means that we will need to:

- Manage existing contracts to their contractual completion before we can transform them.
- Ensure that we have rigorous assurance processes in place to check that when new services are commissioned that we think innovatively regarding the range of Providers who can deliver health and social care services and how they might be delivered.
- Collaborate with existing and new Providers to co-design/co-produce new health and social care services which deliver on the goals set out in the NEL STP response to the Long Term Plan.

New contracts will have a particular, but not exclusive, focus on:

- Supporting the development of Primary Care Networks, neighbourhood and community services in order to transform these services for patients and the public.
- Taking an innovative approach to how we address long term conditions
- Supporting a step-change in our approach to prevention services for City & Hackney residents
- Creating seamless urgent care services which continue further acute and primary care services

Mental Health System Intentions are integrated within each of the four care workstreams. In addition, we have drawn attention to our five Mental Health priorities and associated

services: prevention, access, neighbourhoods, personalisation and co-production and recovery.

## Our process for developing our 2020/21 System Intentions

### *Providers & Partners*

Our system intentions were developed by inviting Care Workstream Directors to document the system intentions for their workstreams through discussion and engagement with providers, partners and stakeholders within their respective workstreams.

### *Public Engagement*

Each year NHS Clinical Commissioning Groups (CCGs) are expected to provide an opportunity for local members of public to view and comment on their draft commissioning intentions (CI) for the year ahead. As opposed to a single commissioning intentions event, the approach for seeking engagement into the 2019/20 and 20/21 Hackney and City System Intentions has been to run a rolling programme of engagement events (Oct 2018 – on-going) providing a continuous source of feedback for the care workstreams to consider and act on.

The City and Hackney System Intentions also reflect the priorities outlined in the NHS Long Term Plan, the key areas of which have been discussed by over 1200 local residents at 23 events, via 3 surveys, 2 focus groups and a small number of 1 to 1 interviews. A summary report of engagement findings will be available in September 2019.

## City and Hackney Governance and Sign-off for 2020/21 System Intentions

- Signoff on *individual* 2020/21 System Intentions from the respective four Care Workstream Boards: **August – September 2019**
- Signoff on the *integrated* City & Hackney System Intentions from the City & Hackney Accountable Officers Group (AOG): **September 2019**
- Signoff on the *integrated* City & Hackney Systems Intentions from the CCG Governing Body: **September 2019**
- Signoff on the *integrated* City & Hackney Systems Intentions from the City & Hackney Integrated Commissioning Boards (ICB) (which meet in common): **October 2019**

## STP Governance and Sign-off

NELCA is yet to specify a deadline for submission of all System Intentions. The plan for Hackney and City is to share the document in October 2019.

### Sign-off:

Sign-off has not been sought yet as this paper is a progress update on the development of the 2020-21 Hackney and City System Intentions. Formal sign-off on the document will be at the October 2019 ICB meeting.



<b>Title of report:</b>	Adult Substance Misuse Recovery Service Recommissioning
<b>Date of meeting:</b>	12 <sup>th</sup> September 2019
<b>Lead Officer:</b>	Amy Harmsworth, Public Health Strategist, Substance Misuse – London Borough of Hackney
<b>Author:</b>	Amy Harmsworth, Public Health Strategist, Substance Misuse – London Borough of Hackney
<b>Committee(s):</b>	City of London Health and Wellbeing Board – for decision (approved) – 14 June 2019 Hackney Council Public Health Senior Management Team – for decision (approved) – 2 July 2019 Hackney Council Children, Adults and Community Health Senior Management Team – for decision (approved) – 3 <sup>rd</sup> July 2019 Planned Care Workstream Core Leadership Group – for information and comment – 16 July 2019 Unplanned Care Workstream Core Leadership Group – summary paper sent for information – 2 August 2019 Prevention Workstream Core Leadership Group – for information and comment – 6 August 2019 Hackney Council Cabinet Procurement Committee – for decision – 9 September 2019 Hackney Council Health and Wellbeing Board – for information – TBC
<b>Public / Non-public</b>	The business case for this recommissioning will be within the public domain following CPC on 9 <sup>th</sup> September. Therefore, there is no reason this paper cannot be available publicly following ICB on 12 September.

### Executive Summary:

Hackney and the City of London have been working in collaboration to review and draw up proposals regarding the recommissioning of the separate specialist drug and alcohol services currently in place across the borough and the corporation.

The current drug and alcohol services in the London Borough of Hackney (LBH) and the City of London Corporation (CoL) were separately commissioned in 2015. Both tenders were won by the same provider (Westminster Drugs Project), and City residents have benefited from having access to a wider service offer in Hackney (e.g. access to prescribing services, group work etc.). Both these contracts are due to end in October 2020.

Following consultation, review events and a refresh of the joint strategic needs assessment chapter on substance misuse needs across the local authorities, commissioners in both Hackney and the City are recommending to recommission these services together as one integrated service. This will continue to provide economies of scale for the CoL, as well as provide value for money across the local authorities that will share the costings of management fees and overhead charges from an external provider(s).

## Recommendations:

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

- To **NOTE** work undertaken by Public Health officers to understand the local needs and requirements for a specialist drug and alcohol service, and the proposed focus of the new service as set out in the section entitled 'proposals' in the main report.

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

- To **NOTE** work undertaken by Public Health officers to understand the local needs and requirements for a specialist drug and alcohol service, and the proposed focus of the new service as set out in the section entitled 'proposals' in the main report

## Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	<input checked="" type="checkbox"/>	The newly designed service specification considers the service's role in prevention – including the delivery of national and locally based campaigns across the local authorities (e.g. alcohol awareness week) and offering training to front line staff that are likely to be in contact with people at risk of using drugs and alcohol e.g. adult social care staff or police enforcement officers
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input checked="" type="checkbox"/>	We are procuring a community based drug and alcohol treatment service. A key element of the newly proposed service is to widen the accessibility for drug and alcohol treatment. The new treatment service will provide a level of support and treatment at least <b>6 days a week</b> across Hackney and the City of London (it currently operates over 5 days), and will consider evening and weekend provision. The accessibility of the service is to be widened, maximising opportunities for co-location with partnership agencies and satellite clinics (e.g. within GP practices, social care services and other community settings) across the local authorities and delivering treatment in less stigmatising locations. The Neighbourhood Model will be used by new service.
Ensure we maintain financial balance as a system and achieve our financial plans	<input checked="" type="checkbox"/>	This service will be primarily funded by the Public Health Grant for both the City and Hackney. The Hackney Public Health Team are proposing a level of savings can be achieved by the reprocurement of this contract of



		<p>£300,000 from the Hackney contribution. Value for money within this contract will be reinforced via a 30% weighting allocated to the cost of delivery within the contract tender.</p> <p>Within the bidding process, potential providers will be asked to demonstrate and evidence how they may respond to reductions in the financial envelope across the length of the contract.</p>
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	<p>The importance of partnership working is outlined throughout the service specification for the new service by identifying key partners and there is a key performance indicator (KPI) on an annual partnership event.</p>
Empower patients and residents	<input checked="" type="checkbox"/>	<p>Service user involvement is key throughout the recommissioning and the length of the contract. The service will also be commissioned to provide Peer Mentor training which will support individuals in recovery to provide a level of peer support and increase their employability, especially within the drug and alcohol field.</p> <p>The new service will also have an element of supporting carers and family members of those affected by someone else's substance use</p>

### Specific implications for City

The service being procured will provide specialist and community based drug and/or alcohol treatment for adults (over 18 years) that reside or stay (with a local connection) in the London Borough of Hackney or the City of London. The service will be provided by one provider or by a small number of providers that work together/in consortia with a lead organisation accountable to Hackney Council for the delivery of the overall contract.

### Specific implications for Hackney

As above.

### Patient and Public Involvement and Impact:

- Service users were consulted as part of the recommissioning via 1:1 interviews completed opportunistically at the Hackney Recovery Service. Their views and feedback fed into the consultation report which directly influenced service design
- 'Potential' service users were also engaged via a workshop completed at a Hackney based hostel to understand why any substance users are currently not engaging with the service, and how we can break down any barriers to treatment for those in need.
- Hackney Public Health have also engaged with current service users regarding the new proposed service specification, and no concerns were raised

- Service user involvement is to be organised for the evaluation of tenders received post September. We are proposing 2x interview presentations for all suitable providers and hope a service user will be part of the evaluator panel.
- A commitment to co-production of the new service and ongoing service user involvement within service delivery will be embedded within the service specification for the newly commissioned service. This will be supported by a 6 month implementation period between contract award and the contract start date.

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

Please see appendix two which details the consultation completed with current staff in Hackney Recovery Service (HRS).

All staff within HRS and the Square Mile service will be subject to TUPE if a new provider is successful in achieving the contract.

Staff wellbeing has been considered throughout the reprocurement process, and bidders will be asked to outline how they will support staff throughout the mobilisation period (and the entire contract length) within their tender application.

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

Following consultation and the completion of a joint strategic needs assessment chapter, the following groups were identified as 'under-represented' in the current service(s):

- Those who identify as BME
- Those who identify as LGBTQI
- Women
- Parents who misuse substances

Specific KPIs have been set so the service will focus on increasing the number of individuals from these groups engaging in effective drug and alcohol treatment

### **Safeguarding implications:**

The draft framework/checklist for safeguarding provided by the integrated commissioning care workstreams will be adhered to within the service recommissioning, and ongoing contract monitoring arrangements.

Specifically, the following have been considered as part of the recommissioning exercise:

#### **Transition / implementation**

- As part of the procurement process, shortlisted organisations will be expected to provide details on how they will ensure a safe and effective transfer of service users into the new service. A minimum of 6 months implementation time will be included as part of the transition.
- Recognising the risks associated with frequent reprocurement and transition / implementation phases, as well as the costs associated with this, it is proposed that the new contract will be offered a minimum 5 year contract, dependant on the future financial envelope available.

#### **Service Specification**

- The service contracted will be responsible for ensuring that appropriate arrangements are in place and are monitored regularly to ensure the safeguarding of vulnerable adults and children.

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

Examples of key partners that the new service will need to engage with throughout the implementation period includes:

- GPs (prioritising GPs involved in the GP Shared Care Scheme)
- Mental Health services
- Homerton Hospital
- Local pharmacies that deliver needle exchange provision and supervision consumption

## **Main Report**

### **Background and Current Position**

Drug and alcohol use and its associated issues have a significant impact on individuals, families and communities. This imposes significant economic and social costs on society reflected in the cost of crime, healthcare and provision of public services.

Under the Health and Social Care Act 2012, local authorities have a duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse. The 2015/16 public health grant included a new condition (that has remained in the most recent grant condition) that requires: A local authority must, in using the grant, “...*have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services...*”

The current drug and alcohol services in the LBH and CoL were separately commissioned; however, both tenders were won by the same provider (Westminster Drugs Project), which has been operating across both areas since October 2015, providing evidence that integrating these services can work. These contracts are due to end in October 2020.

### **Options**

The preferred option presented to LBH Cabinet Procurement Committee (CPC) on 9 September was for Hackney Council to lead on the procurement of an integrated drug and alcohol treatment system which supports adults living or with a local connection in either the City of London or Hackney. Hackney Council have issued a jointly designed service specification and procurement tender that will assure a high quality service that meets the needs of the local populations and offers value for money for the Local Authorities.

Other options considered, but following consideration were rejected included:

**To insource an adult specialist drug and alcohol treatment via Hackney Council.** Due to the clinical aspect of the service, the service requires an approved clinical body to deliver safe and efficient prescribing care needs (e.g. an NHS Trust). The clinical requirements of this service are significant, and it would be a challenge for the Council to take this on. For example, the Council would be required to recruit the specialist qualified staff who require clinical supervision, training and insurance in order to provide a safe and effective service.

**To jointly commission a specialist drug and alcohol service that supports all ages (including under 18 year olds).** Specialist drug and alcohol treatment for young people up to their 25<sup>th</sup> birthday is currently provided by a substance misuse team in Young Hackney, and Public Health explored the possible benefits of including the young person provision within the scope of this procurement exercise.

Guidance<sup>1</sup> for the commissioning of young person drug and alcohol treatment recommends that interventions delivered must be age appropriate and tailored to the various needs and risk factors that may be presented by young people - e.g. interventions to develop resilience, provide social service support, able to respond to safeguarding needs etc. Unlike the service user profile seen in the adult service, young people are more likely to use substances such as cannabis and alcohol and less likely to present using Class A drugs. As such, the needs of young people can be significantly different to the adult drug treatment population.

Stakeholders consulted on this proposal acknowledged that one provider could deliver the young person and adult drug and alcohol treatment in LBH. However, all stakeholders agreed that adults and young people need separate services in location, delivery and even service branding for effective treatment outcomes and risk management/safeguarding for the different age groups. Stakeholders also suggested links with other young person services could be lost if removed from the Young Hackney system, for example, wrap-around support such as youth services, children's social care, and links with the youth offending service.

Although it was agreed continuity of care and partnerships between the adult and young person drug and alcohol services may be improved if delivered by one provider, it was felt this benefit alone was not enough to enhance the service, and can be easily addressed within the newly designed service specification.

As such, it was felt there was no obvious advantage to this proposal. It was therefore recommended that Young Hackney continue to deliver the drug and alcohol service as an in-house provision, subject to a full service review in the future to ensure this service is well designed and contracted to meet the needs of young people in Hackney.

## Proposals

Using the consultation feedback and research gathered, commissioners across City of London and Hackney felt it would be better to commission the adult services together. This would replace the current separate arrangements within the local authorities (Hackney Recovery Service and the Square Mile Health Service) into one integrated service managed

---

<sup>1</sup> Young people substance misuse commissioning support 2019 to 2020: Principles and Indicators, PHE (2018); accessible on [www.gov.uk](http://www.gov.uk)

as a unified system. The benefits of doing this have already been realised within the current arrangement, whereby the same provider delivered the drug and alcohol treatment across the local authorities. Such benefits include enhancing the service delivery available to City of London residents, and achieve economy of scale if the local authorities commission together.

The service model will be:

- Recovery focussed
- Outcome based
- Inclusive
- Shaped by the needs, views and voices of service users, carers, families and communities in the boroughs
- Accessible and offer focussed support that will be available at any point during a service user's recovery journey
- Evidence based

The following key outcomes will be monitored for those actively engaged in the service as a minimum to assure an effective treatment service:

- Freedom from dependence on drugs and/or alcohol
- A reduction in crime and offending
- Prevention of drug related deaths and blood borne viruses
- Sustained employment, training and/or education
- Ability to access suitable accommodation
- Improvement in mental and physical health and wellbeing
- Improved relationships with family members, partners and friends
- The capacity to be an effective and caring parent and the safeguarding and support of vulnerable children

The treatment service will deliver on the following key areas:

- Treatment and support for individuals using a variety of substances, including traditional drugs (such as opiates, cocaine, etc.) as well as alcohol, novel psychoactive substances, and club drugs. The service will work with GPs on the misuse of prescription medications.
- A treatment service that provides a level of support and treatment at least 6 days a week across Hackney and the City, considering evening and weekend provision. The accessibility of the service is to be widened, maximising opportunities for co-location with partnership agencies, satellite clinics and increasing the level of outreach provided by the service. The provider will be asked to use the neighbourhood model for delivery.
- Psychosocial Interventions to address addictive behaviours and/or support sustained recovery from drug and alcohol misuse. This will include comprehensive assessment of need, goal setting, structured interviews and group work sessions.
- Delivery of pharmacological interventions within drug and alcohol treatment including prescribing opiate substitute treatment, supporting community and inpatient detoxification from drugs and/or alcohol, and other prescribing needs (such as withdrawal management medication). This will also include close working relationships with local GPs and hospitals.

- A family and carer service that will support families, friends and carers of drug and/or alcohol users in group and/or individual settings, as well as supporting identified parental substance users (or adults with significant child contact), and ensuring all children are safeguarded.
- Wrap around support to address multiple needs that potential service users might present with such as physical and mental health, family support, homelessness, ETE and criminal justice involvement. This will be underpinned by significant focus on joint partnership working protocols, information sharing agreements and networking events to ensure service users have equitable access to health and social care services and support in a timely and coordinated fashion.
- Harm reduction interventions to reduce substance related harm and deaths including access to needle exchange provision and naloxone (a drug that reverses the effect of an opiate overdose), in addition to providing testing and treatment for service users with Hepatitis C (and other blood borne viruses). As such, the new service will support the City and Hackney to eliminate hepatitis C, in line with the NHS England commitment.
- Step down recovery support on completion of treatment which enhances long term and sustained recovery and increases a service user's sense of community.
- An increased responsibility in the overall prevention of drug and alcohol misuse throughout the local authorities. This will be completed via the publication of national and local campaigns and providing training to universal services and front line staff who are likely to have direct contact with individuals at risk of developing problems with drugs and alcohol.

## Conclusion

The procurement of an integrated adult drug and alcohol treatment system across the London Borough of Hackney and the City of London will support the two authorities to deliver on their shared visions of improving positive outcomes for some of our most vulnerable residents, as well as improving the life chances of many of the individuals who chose to live, work and visit here.

## Supporting Papers and Evidence:

Appendix 1 summarises the case for change within this recommissioning  
Appendix 2 summarises the consultation that has been completed as part of this recommissioning exercise

## Sign-off:

Prevention Workstream Director : Jayne Taylor



## **Appendix one – Case for change**

Individuals who engage or require engagement with specialist drug and alcohol services have changed over recent years. This includes, but is not limited to, the following:

- An ageing treatment population whose complex and/or multiple health and social needs require additional and wrap-around support
- An increase of individuals with co-occurring substance misuse and mental health needs
- A reduction of alcohol only service users engaging with the treatment service, despite estimated need remaining unchanged

This was illustrated locally within a recently completed Joint Strategic Needs Assessment (JSNA) Substance Misuse Chapter which analysed and reviewed the current needs of drug and alcohol users across Hackney and the City. In summary, this chapter illustrated the following gaps and opportunities for the local substance misuse response:

- To target particular groups and communities who may be currently underrepresented by specialist drug and alcohol treatment services including women, individuals from a black and/or minority ethnic groups, individuals who identify themselves as LGBTQ+, and finding the balance between providing meaningful treatment for both a younger drug and alcohol using population and an ageing treatment population.
- Improve our local response to substance related mortality and crisis admissions at local hospitals. Drug related deaths and alcohol related hospital admissions have been on an upward trend in recent years.
- Provide an effective multidisciplinary response to individuals experiencing both substance misuse and mental health issues
- Increase focus on supporting parental substance users into treatment, and break down any perceived barriers for them doing so.
- Provide a whole person approach to drug and alcohol treatment whereby all health and social care needs are addressed and supported by the service. This includes, but is not limited to, physical and mental health, meaningful use of time (e.g. support to get into employment or education) and accommodation support.
- Continue to support the Community Safety Partnership at Hackney Council to deliver on their strategic assessment.

## **Appendix Two – Consultation**

Significant targeted consultation has taken place with four key groups including the current provider, potential providers, service users/potential service users and stakeholders for the service. Views have been captured using a variety of methods such as online surveys, focus groups, 1:1 interviews and an all-day consultation event. For additional detail on how consultation was completed, please refer to the table below which illustrates how the consultation was completed, and the number engaged per method.

**Table 1: summary of City and Hackney Public Health team's consultation on drug and alcohol treatment across the local authorities**

	Current staff	Potential providers	Wider stakeholders	Service users
Who?	Staff employed by the current Hackney	Providers who run similar	Organisations and representatives with an interest in the	People who are currently registered with or formerly

	Recovery Service (HRS) and WDP Square Mile health (WDP SMH), both managers and frontline staff	services in other boroughs and who might be interested in bidding for the Hackney contract	treatment service and/or the people who need it, including organisations representing substance misuse, families, the homeless, offenders, mental health, sexual health and multiple needs.	accessed the treatment centre, as well as those who might benefit from the treatment service but are not yet accessing it. The characteristics of the service users consulted included a range of ages, ethnicities, gender, sexual orientation, religious beliefs, disability status, parental status and employment status
<b>Online Survey</b>	20 HRS staff and 7 WDP Square Mile health (WDP SMH) staff responded	Five providers responded	37 Stakeholders responded. 31 of these cover Hackney, 14 cover The City, 5 are London wide and 3 are national. 18 GPs also responded to a previous GP survey regarding the treatment service.	-
<b>Stakeholder engagement day</b>	-	Approx. 11 potential providers attended	Approx. 45 stakeholders attended (including potential providers)	-
<b>Semi-structured interviews</b>	WDP HLC leads	-	Six interviews with key stakeholders to follow up from the survey.	20 interviews with current HRS clients.
<b>Focus groups / workshops</b>	Approximately 30 HRS staff also took part in a two hour workshop	-	A workshop at the Single Homeless Forum	Focus groups with St Mungo's clients, including some previous and potential clients  Unstructured event at HRS Service User Consultation Group outlining the main changes to the new service



The consultation informed us there are many areas of the current treatment model that work well, but also some gaps in provision which could be addressed. Shared themes from the consultation that we have considered as part of the service redesign include:

- The service must be able to support complex and multiple health and social care needs
- The service needs to be better tailored and flexible to individual needs presented by service users. (i.e. 'not one size fits all' when it comes to specialist treatment)
- A whole person approach when supporting individuals in a specialist drug and alcohol service i.e. support them to improve their sense of community, their use of time and support for families and children
- The equity of access of the service must be reviewed and increased, as not everyone can or wants to attend a drug and alcohol treatment office.
- Retaining quality staff must be seen as a priority, as this directly impacts service user's experience of treatment, and overall outcomes.

## **5. Design principles and processes**

To support the redesign of the services, a design steering group has been in operation. This group is made up of senior managers across the City of London Corporation and Hackney Council (including Public Health, the Integrated Commissioning System, Community Safety, Housing and Adult Social Care), and the City and Hackney Clinical Commissioning Group (CCG). This group has been directly involved in the design of the service specification and will have final endorsement of this document.

<b>Title:</b>	Integrated Commissioning Programme Progress Report
<b>Date:</b>	12 <sup>th</sup> September 2019
<b>Lead Officer:</b>	Carol Beckford, Programme Director - Integrated Commissioning
<b>Author:</b>	Stella Okonkwo, Programme Manager – Integrated Commissioning
<b>Committee(s):</b>	None.
<b>Public / Non-public</b>	Public

### Executive Summary:

We have produced a progress report for the Integrated Commissioning (IC) Programme which covers the following areas:

- IC Programme/PMO
- Workstreams
- Enabler Groups
- System finance.

Progress is reported monthly to the Accountable Officers Group (AOG) and then on to the Integrated Commissioning Board (ICB). Progress report content forms the basis of our monthly updates to the East London Health & Care Partnership, the CCG Governing Body, and other ad hoc reports as required. Updates are collected from workstream and Enabler Group leads at the end of each month.

However, for the September ICB we have refreshed the report, so the information is, as at, 4 September 2019. It should be noted that we intend to change the reporting approach/template from October/November 2019 so that it is more strategic, graphic in presentation and focuses on what the Workstream Directors and Enabler Group leads need to discuss with AOG and ICB. This means that there will be less focus on reporting steady state/green RAG status. The report will be more orientated to focus on the major transformation programmes which underpin the Long Term Plan, with a focus on, Neighbourhoods, Primary Care Networks and Community Services Development and the other major programmes which comprise the Integrated Health and Social Care agenda.

The current template covers:

- Progress on key activities in the previous month
- Planned activities for the coming month
- Progress against strategic milestones [as set by the ICB];
- Key risks and issues [these include all risks with a scope of 15+ from the ICB Risk Register and new risks provided by system leads as part of their monthly update];
- Any items which require a decision to be made by the AOG or the ICB.

### Risk

We have included a summary of IC Risks and Issues in the Progress report – these will be pulled directly across from the IC Risk and Issues Register; this part of the document will be populated monthly by the IC Governance Manager. Enabler Groups are also required to send over risks relating to their portfolio areas monthly as part of their Progress report updates.

### Milestones

We are reporting IC milestones forecasted for delivery from Q2 2019/20 to Q4 2019 - 20 from the IC 19/20 & 20/21 Roadmap.

### Decisions for AOG and ICB

Any portfolio areas which require a decision from the AOG or the ICB will be required to provide a summary of what they need a decision on here in this section.

### Finance

A finance update is provided by the IC Finance Team

### **Recommendations:**

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

- To **NOTE** the September 2019 Integrated Commissioning Progress Report.

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

- To **NOTE** the September 2019 Integrated Commissioning Progress Report.

### **Strategic Objectives this paper supports:**

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

### **Specific implications for City**

The progress report summarises programmes of work which will impact City residents.

### **Specific implications for Hackney**

The progress report summarises programmes of work which will impact Hackney residents.

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

All programmes of work referenced in the Progress report will impact patients and members of the public in the future, many of these programmes of work will have:

- their own programmes of resident consultation planned, and

- will feed into governance arrangements which will involve patient and public representatives

**Clinical/practitioner input and engagement:**

All programmes of work referenced in the Progress report relate to programmes of work which will feed into parts of the IC governance system which involve clinicians

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

Some of the Programmes of work referenced in the Progress report will impact specific priority groups, for example: young parents, young people and mental health

**Safeguarding implications:**

All Programmes of work referenced in the Progress report will interface appropriately with safeguarding governance and assurance across the City and Hackney system

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

N/A

**Supporting Papers and Evidence:**

September 2019 Integrated Commissioning Progress Report

**Sign-off:**

London Borough of Hackney: Anne Canning

City of London Corporation: Andrew Carter

City & Hackney CCG: David Maher

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

## For the Integrated Commissioning Board & Accountable Officers Group

UPDATED: 04/09/2019

### Overall progress

- The Community Services Development Board, made up of the main local provider organisations and CCG commissioners, has been meeting since April 2019 as part of the Neighbourhood Health and Care Services Programme. It has been tasked with developing local partnership arrangements and agreeing local system priorities for future service transformation to respond to the NHS Long Term Plan and the longer term delivery of the Neighbourhoods model.
- The NEL STP has established a 2021 Oversight Group and programme management function to prepare for, and manage, the transition to a single Integrated Care System and the establishment of a single CCG. During September and October 2019 the City & Hackney IC programme management function will work with the STP to determine the arrangements we need to put in place to mobilise and prepare for a single ICS and single CCG. Within City & Hackney there has been some early thinking on what the future governance arrangements could look like within the sub-system if City & Hackney were to put in place "shadow" governance arrangements with City of London Integrated Care Boards and London Borough of Hackney Boards meeting in common as a City & Hackney Integrated Care Board from January 2020. These draft proposal will be discussed at AOG in September and there will be an ICB Development Session specifically on this subject on 24 October 2019

### 1. Key activities in August 2019

Workstream	Activity	Status
IC Programme PMO	<ul style="list-style-type: none"><li>First draft of City &amp; Hackney System Intentions complete. Continuous engagement on the draft document as workstreams work with partners on co-production as a system.</li><li>Approval and sign-off of the draft 2020/21 system intentions at the Workstream Boards with Partners.</li><li>Ongoing engagement of the C&amp;H LTP with officers, members and other stakeholders</li><li>Ongoing development of the IC programme plan based on the outcomes framework and workstream milestones and deliverables</li><li>Ongoing review of Enabler work programmes</li><li>Completion of the draft of the Commissioning Prospectus (summary and long version), commencement of the design and visual content by the LBH Team.</li></ul>	Green
Prevention CW	<ul style="list-style-type: none"><li>Make Every Contact Count (MECC): procurement of training provider (advertise, shortlisting); produced draft scoping report and draft logic model/evaluation framework</li><li>Social Prescribing: continued engagement with, and support to, PCNs to recruit funded link workers; ongoing engagement to inform re-design of commissioned service; Commenced the development of Social Prescribing Platform 'minimal viable product' to test with a small number of GP practices.</li><li>Directory of Services: small pilot start, aligned with Digital Social Prescribing Platform project</li><li>Community navigation (joint Neighbourhoods project): ongoing recruitment process for programme manager</li><li>Continue to develop plans/options for a local Prevention Investment Standard.</li><li>Ongoing re-design process for the City and Hackney adult substance misuse service.</li></ul>	Green
Planned Care CW	<ul style="list-style-type: none"><li>New service specification for ILDS: continued establishment of the new joint funding process and ongoing recruitment to the team</li><li>Ongoing development of an implementation plan following completion of the INEL CHC Transformation Review</li><li>Ongoing delivery of Outpatient transformation programme</li><li>Continued development of Alliance model for neighbourhood programme</li><li>X2 bowel cancer screening awareness raising projects and communications to patients about the Fecal Immunochemical Test (FIT) being delivered in Primary Care</li><li>Extended CLG membership strategic planning session held.</li></ul>	Green
Unplanned Care CW	<ul style="list-style-type: none"><li>Neighbourhoods: we have re-focused the complex and diverse working group to be the anticipatory care delivery group. Meeting held on 19/8 to develop a plan to have anticipatory care in place by April 2020</li><li>Neighbourhoods: Review of the proposed new model for adult community nursing in detail and time-frames for implementation</li><li>INEL urgent care: We have agreed the priorities for the INEL urgent care programme; these are: primary urgent care, mental health, LAS demand management and understanding people's health seeking behaviours. PIDs are being developed for this work.</li><li>Discharge: Discussions on the next steps for the discharge to assess service</li></ul>	Green
CYPMF CW	<ul style="list-style-type: none"><li>KPIs for School-based services to improve working practices and reporting being updated</li><li>Continued engagement &amp; communications around Immunisations campaign – social media and leaflets/posters</li><li>Meeting with Haringey commissioners to resolve cross-borough user issues around Health Visiting services held</li><li>Setting up Mental Health Teams in Schools to start in September / October</li><li>CAMHS Transformation Plan 20/21 Refresh – to be submitted in Oct 19. Very detailed KLOE to be submitted with refreshed document. Work begins now. Document will need to be published on CCG website and LA Local offer.</li><li>ADHD primary care Step down Service started</li><li>Primary Care Paediatric Liaison work starting imminently</li></ul>	Green

### 2. Key activities planned for September 2019

Workstream	Activity	Status
IC Programme PMO	<ul style="list-style-type: none"><li>Engagement with officers, members, Local Authority Committees and other stakeholders on City &amp; Hackney Summary Long Term Plan (LTP) and subsequently engagement on the STP LTP</li><li>Completion and sign-off of the draft 2020/21 System Intentions by PPI, AOG, CCG GB &amp; ICB</li><li>Ongoing review of Enabler Groups work programmes: current focus is on IT Enabler, Estates Enabler and CPEN Enabler becoming a Workforce Enabler</li><li>New IC Programme Director – Carolyn Kus starts 9 September handover from interim IC Programme Director to start</li></ul>	Green
	<ul style="list-style-type: none"><li>Ongoing development of the IC programme plan based on the outcomes framework and care workstream milestones and deliverables (Amber). This is amber because more work needs to be done to secure Workstream Director consensus to what we need to be reported at a <i>strategic level</i> to AOG and ICB along with the format of the presentation to replace this monthly progress report. The get to green strategy: meeting with individual Workstream Directors and two members of AOG to agree an IC Road Map, Programme plan and more strategic monthly IC progress report</li></ul>	Amber
Prevention CW	<ul style="list-style-type: none"><li>Make Every Contact Count (MECC): training provider contract awarded; scoping report recommendations, logic model/evaluation framework and comms/engagement plan to be discussed and agreed by Steering Group.</li><li>Social Prescribing: continued engagement with, and support to, PCNs to recruit funded link workers; start formal engagement to inform re-design of commissioned service; commence testing of Digital Social Prescribing Platform with a small number of GP practices.</li><li>Directory of Services: procure IT supplier.</li><li>Community navigation (joint Neighbourhoods project, CEPN funded): appoint programme manager.</li><li>Prevention Investment Standard: discussion paper being taken to AOG.</li><li>City and Hackney adult substance service: business case to be presented to LBH Cabinet Procurement Committee; expressions of interest sought.</li></ul>	Green
Planned Care CW	<ul style="list-style-type: none"><li>Submission of System Intentions Plans for Planned Care</li><li>Outpatient Transformation Task and Finish groups continue to develop improvement plans for Homerton specialities, further work on future model for LTC is under discussion in line with Neighbourhood Health and Care services</li><li>Continued development of the INEL CHC Transformation Review Implementation Plan</li><li>Submission of the Contract Award Report for the Housing First service</li><li>Big Do celebration event for LD service users and carers</li><li>Continued emphasis on establishment of joint funding processes for LD service users.</li></ul>	Green
Unplanned Care CW	<ul style="list-style-type: none"><li>Implementation of recommendations from Discharge to Assess Pilot</li><li>Updated INEL Urgent programme plans (incorporating feedback from INEL Steering Group) will be presented to the INEL System Transformation Boards</li><li>A workshop has been set up for September to introduce the PCN Clinical Directors to providers and leaders across the system and look at OD requirements</li><li>Work with system partners to design the neighbourhood based anticipatory care service</li><li>'The Perfect Day' – Integration of 111 &amp; 999</li></ul>	Green
CYPMF CW	<ul style="list-style-type: none"><li>Prepare for 'Go live' (October) of mental health support teams in schools (as part of national trailblazer programme). Continued work on CAMHS transformation refresh.</li><li>Implementation of new emotional wellbeing offer for Black African &amp; Caribbean Heritage young people (up to 25years) to begin, in partnership with the VCS, following successful national funding bid (EMBARGOED).</li><li>New Health of Looked After Children's service delivered by HUFT – Go live 01 Sep New strategy to address Adverse Childhood Events to start drafting, following on from July workshop,</li><li>Work continuing to develop CYP integrated &amp; pooled speech and language service from April 2020</li><li>Implementation of new local and WEL Safeguarding arrangements from 29 September</li><li>Developing Primary care families work in line with PCNs, neighbourhood immunisations and paediatric psych liaison pilots</li><li>Early work to develop local protocols around children's LD / Autism and CETR's progressing</li></ul>	Green

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

UPDATED: 04/09/2019

## For the Integrated Commissioning Board & Accountable Officers Group

### 1. Key activities in August 2019 (cont.)

Enabler Group	Activity	Status
Communications & Engagement Enabler	<ul style="list-style-type: none"> <li>Rewards &amp; Recognition policy working groups initiated to task and finish the IC Rewards and Recognition policy – On-going *August Update – Expected Implementation by end of September 2019.</li> <li>ICCEE Group meeting held on the 24th July 2019.</li> <li>ICCEE Terms of Reference submitted and approved by the AOG</li> <li>IC Branding - Internal feedback has been sought. Public engagement with City and Hackney residents on the potential logos and straplines have now been achieved. To be submitted for final decision at September ICB.</li> <li>IC Communication and engagement strategy – to be submitted for September ICB.</li> </ul>	Green
Primary Care Enabler	<ul style="list-style-type: none"> <li>Responded to the new national consultation on digital first primary care- Response deadline was 23/08/2019</li> <li>Dispersal of Abney practice (this is underway– practice closes 20/10/19)</li> <li>First coproduction engagement meeting with patients scheduled for 28th Aug</li> <li>Agree with PCNs a seasonal flu improvement plan. (PCN lead submitted the draft plan on 18/8/19 follow/up meeting scheduled for 29/8/19)</li> </ul>	Green Amber
Estates Enabler	<ul style="list-style-type: none"> <li>Ongoing Procurement process: Go out to tender - Project Manager for the two surgery capital projects</li> <li>Continued to serve Property Vacation Notices (PVN) on NHS Property Services (NHSPS) to hand back a number of properties with savings in excess of £300,000 after a 3/6month period (This is an ongoing activity)</li> <li>Ongoing Procurement process: Evaluation period - Tender for the consultancy to analyse and assess the clinical need to be re-provided on the St Leonards site.</li> </ul>	Green
IT Enabler	<ul style="list-style-type: none"> <li>T-Quest/ EMIS Proxy Server Migration. Insufficient leverage over EMIS supplier</li> <li>Discharge to Pharmacy project review. Re-allocation of resources to take place</li> <li>Skype for Diabetes options appraisal. Proceed with iPads as technical solution</li> <li>Health Information Exchange project</li> <li>Directory of Services development</li> <li>Population Health for Neighbourhoods Options Appraisal</li> </ul>	Red Amber Red Green Green Green
CEPN Enabler	<ul style="list-style-type: none"> <li>Ongoing recruitment process for 4 HEE Fellows across PC, MH, UEC and Care of the Elderly.</li> <li>Liaised with NEL re 4 Practice Nurse Educ posts, host funding for TNA recruitment in Primary and social care</li> <li>Co-ordination of Clinical Practitioner Forum (3rd of 4)</li> <li>Work in progress with NEL, HEE and C&amp;H key stakeholders creating resource pack for Health and Social Care Careers Fair in November 19 and supporting wider recruitment across the system</li> <li>Continued promotion of CEPN/Training Hub website</li> <li>Ongoing planning and co-ordination of Simulation Training with HUH</li> <li>Ongoing planning for Out of Hospital Nursing Conference November 19</li> <li>Ongoing creation of portfolio nursing roles across PC, community, social care and MH</li> </ul>	Green

### 2. Key activities planned for September 2019 (cont.)

Enabler Group	Activity	Status
Communications & Engagement Enabler	<ul style="list-style-type: none"> <li>ICCEEG to implement Co-Production Self-Assessment tool with Workstream and service user input. On- going (Due October)</li> <li>Primary Care Strategy – ICCEEG Lead to assist with plans to meaningfully involve patients and residents in the updates primary care strategy.</li> <li>Reward and Recognition Policy - to be completed, with implementation of payment procedure expected by end of September</li> </ul>	Green
Primary Care Enabler	<ul style="list-style-type: none"> <li>Finalise PCN seasonal flu improvement plan</li> <li>Continue dispersal of Abney practice</li> <li>Further primary care strategy coproduction work – detail TBC by Co-production Steering Group</li> <li>Detailed review to CEC (11/8/19) and FPC (18/8/19) and report to AOG (17/8/19)</li> <li>Sign off of NEL Primary Care Strategy at CCG GB 27/8/19</li> <li>First meeting of NEL Primary Care Commissioning Committees in common (1/10/19)</li> <li>Continue migration from existing N3 connections to new secure Health and Social Care Network compliant connections for all GP practices</li> </ul>	Green
Estates Enabler	<ul style="list-style-type: none"> <li>There has not been an Estates and Back Office Enablers Group meeting since June but the following has progressed:</li> <li>Capital Projects procurement process still proceeding</li> <li>St Leonards site tender has shortlisted three organisations for interview to select one company to start work in September</li> <li>PVNs have been served on NHSPS for Sorsby, Wick and The Sanctuary (John Scott Health Centre) and accepted by them.</li> </ul>	Green
IT Enabler	<ul style="list-style-type: none"> <li>T-Quest for orders &amp; results - Review funding/resource commitment</li> <li>Discharge to Pharmacy project review. Revise delivery plan (upgrade required)</li> <li>Skype for Diabetes options appraisal. Review NHS Digital pilot offer</li> <li>East London Patient Record (HIE) – social care data sharing (LBH): Continue further tests to ensure readiness for go-live</li> <li>Directory of Services development – develop a minimum viable product (MVP) as proof of concept that the data flows required to keep it up to date are possible</li> <li>Population Health for Neighbourhoods Options Appraisal</li> <li>Digital Social Prescribing – procure system; agree scope for stage 1</li> <li>Review and re-prioritise projects to support LTP/care work stream aims</li> </ul>	Amber Amber Red Green Green Green Green Green
CEPN Enabler	<ul style="list-style-type: none"> <li>Continue recruitment drive for HEE Fellows</li> <li>Co-ordination of Clinical Practitioner Forum (3rd of 4), to be re-arranged due to date conflict with CDs/CCG meeting</li> <li>Working with NEL, HEE and C&amp;H key stakeholders creating resource pack for Health and Social Care Careers Fair in November 19 and supporting wider recruitment across the system</li> <li>Promotion of CEPN/Training Hub website</li> <li>Planning and co-ordination of Simulation Training with HUH</li> <li>Planning of Out of Hospital Nursing Conference November 19</li> <li>Creation of portfolio nursing roles across PC, community, social care and MH</li> </ul>	Green



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

For the Integrated Commissioning Board & Accountable Officers Group (Page subject to review along with programme plan )

3. Delivery of and change to any key ICB Milestones Q1-4 2019/20			
Milestone	Target	Forecast	Status
<b>IC Programme:</b> New governance for aligned Neighbourhood Programme and Neighbourhoods Health and Care in place, Long Term Plan (LTP) engagement plan agreed – moved from Q1 to Q2 as guidance has been released.	Q1 2019/20	Q2 2019/20	On Track
<b>IC Programme:</b> Agree the following: local submission for LTP, new financial risk sharing arrangements, Comms and Engagement Strategy & IC Programme Brand, produce summary of feedback of engagement on LTP & agreed actions	Q2 2019/20	Q2 2019/20	On Track
<b>Unplanned Care:</b> Conclusion of duty doctor service review, evaluation of discharge to assess pilot	Q2 2019/20	Q2 2019/20	On Track
<b>CEPN:</b> Creation of and recruitment to HEE Fellows across Primary and Specialist Care	Q2 2019/20	Q2 2019/20	On Track
<b>CEPN:</b> Host Mental Health Clinical Practitioner Forum	Q2 2019/20	Q2 2019/20	On Track
<b>CEPN:</b> Secure funding to ensure Sustainability of C&H Training Hub for workforce development	Q2 2019/20	Q2 2019/20	On Track
<b>CEPN:</b> Board recognition and agreement of National and local CEPN Priorities	Q2 2019/20	Q2 2019/20	On Track
<b>Planned Care:</b> Complete PoLCE engagement & agree monitoring arrangements with Providers /CSU	Q2 2019/20	Q2 2019/20	On Track
<b>CYPMF:</b> the following to go live: New Community Nursing Model goes live, Looked After Children (LAC) service, CAMHS mental health and wellbeing program wider roll-out to schools	Q2 2019/20	Q2 2019/20	On Track
<b>IC Programme:</b> ICB meets in partnership with providers, system medium term Financial Plan developed, agree model for population risk stratification, map primary care workforce profile, deliver City & Hackney linked data sets	Q3 2019/20	Q3 2019/20	On Track
<b>Planned Care:</b> amend/update POLCE policy as per engagement outcomes & formally agree policy, evaluate the housing tender for the jointly commissioned Housing First Service	Q3 2019/20	Q3 2019/20	On Track
<b>Unplanned Care:</b> the following to go live: New Discharge Model, new Urgent End of Life Care Model, evaluate the housing tender for the jointly commissioned Housing First Service	Q3 2019/20	Q3 2019/20	On Track
<b>CYPMF:</b> Implementation of City & Hackney approach to Adverse Childhood Events, costed Learning Disability Strategy approved & implementation to begin, Children & families Neighbourhood partnership project work to begin	Q3 2019/20	Q3 2019/20	On Track
<b>Prevention:</b> City Alcohol Strategy to be published, Hackney Carers Service live	Q3 2019/20	Q3 2019/20	On Track
<b>CEPN:</b> Work with NEL to: develop Workforce Development Tools, C&H to host NEL-wide funding for recruitment and training of TNA Educator posts, work with NEL to secure funding to develop and deliver Leadership Programme across PCN Directors	Q3 2019/20	Q3 2019/20	On Track
<b>CEPN:</b> Begin work to map Primary Care Workforce Profile & begin to establish a database of vacancies.	Q3 2019/20	Q3 2019/20	On Track
<b>CEPN:</b> Lead and Project manage deliver of Health and Social care careers fair.	Q3 2019/20	Q3 2019/20	On Track
<b>IC Programme:</b> Governance agreed for C&H Commissioner and Provider Board, review strategic IC Safeguarding Approach, New Neighbourhoods H&SC contracting arrangements in place, develop a financial model for Community Services to support identification of system efficiencies	Q4 2019/20	Q4 2019/20	On Track
<b>Planned Care:</b> Implement POLCE Policy, sign off new Housing First Service at ICB, the following to go live: Mental Health Accommodation High Needs Pathway, CHC service	Q4 2019/20	Q4 2019/20	On Track
<b>Unplanned Care:</b> Delivery of IC Winter Plan	Q4 2019/20	Q4 2019/20	On Track
<b>Neighbourhoods:</b> Neighbourhood Programme to go live, Neighbourhood pilots for adult community nursing, mental health and adult social care to be evaluated and agreed roll out plan	Q4 2019/20	Q4 2019/20	On Track
<b>CEPN:</b> Carry out a needs analysis for workforce enablement across the system	Q4 2019/20	Q4 2019/20	On Track
<b>CEPN:</b> Primary Care placement database to go live	Q4 2019/20	Q4 2019/20	On Track

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

For the Integrated Commissioning Board & Accountable Officers Group

UPDATED: 04/09/2019

4. Key issues and risks				5. Finance Update (£'000)									
Workstream / Enabler Group	Description	New or existing	Rating	Pooled Budgets	Organisation	Annual Budget	Forecast Outturn	Forecast Variance	YTD Budget	YTD Spend	YTD Variance	RAG	
IC Programme PMO	<ul style="list-style-type: none"><li>Insufficiently robust framework of risk management provided by ICB to statutory bodies.</li><li>System SEND overspend.</li><li>Enabler group strategic agendas not clear to ICB or AOG.</li><li>NEL Long-Term Plan may arrive too late for adequate engagement.</li><li>Scope &amp; focus of CEPN is unclear – roles &amp; responsibilities in relation to workforce need better communication.</li></ul>		• 16	Total	City and Hackney CCG	£25,614	£25,614	-	£8,538	£8,538	-		
			• 20		London Borough of Hackney Council	*LBH split between pooled and aligned not available.							
			• 16		City of London Corporation	£210	£210	-	£52	£30	22		
			• 16										
			• 16										
Prevention CW	<ul style="list-style-type: none"><li>No risks to escalate.</li></ul>												
Planned Care CW	<ul style="list-style-type: none"><li>Financial pressures in the Adult Learning Disability Service.</li><li>Risk of over-performance on elective activity.</li></ul>		• 20 • 20										
Unplanned Care CW	<ul style="list-style-type: none"><li>Difficulties in recruiting GP staff.</li><li>New ways of working in Neighbourhoods may require information to be shared across providers in ways not covered by existing information and sharing protocols.</li></ul>	<ul style="list-style-type: none"><li>Existing</li><li>New</li></ul>	• 16 • 16		ICF	City and Hackney CCG	£428,040	£428,040	-	£137,704	£137,704	-	
CYPMF CW	<ul style="list-style-type: none"><li>Continuing to monitor risk around low uptake of immunisations in some areas of Hackney.</li></ul>	10		London Borough of Hackney Council		£103,373	£106,614	(3,241)	£33,949	£43,189	(9,240)		
				City of London Corporation		£7,851	£7,629	222	£2,245	£2,130	115		
Engagement and Comms Enb	<ul style="list-style-type: none"><li>No risks to escalate.</li></ul>			Total ICF Budgets		£539,264	£542,283	-£3,019	£173,898	£183,023	-£9,125		
Primary Care Enb	<ul style="list-style-type: none"><li>No risks to escalate.</li></ul>			CCG Primary Care co-commissioning		£48,081	£48,081	-	£14,003	£14,003	-		
Estates Enb	<ul style="list-style-type: none"><li>New Dept of Health policy on 'Transfer of NHS PS and CHP assets to NHS and Foundation Trusts'</li><li>Ongoing invoice disputes yet to be resolved by NHS PS and CHP (these are also being addressed at an STP level)</li></ul>			Total		£48,081	£48,081	£0	£14,003	£14,003	£0		
IT Enb	<ul style="list-style-type: none"><li>T-Quest/ EMIS Proxy Server Migration</li><li>Discharge to Pharmacy project review</li><li>Skype for Diabetes options appraisal</li></ul>			6. Decisions required by the ICB / For attention of the AOG									
CEPN	<ul style="list-style-type: none"><li>Lack of capacity is high risk due to staffing levels.</li></ul>			Programme Area	Decision required								
			Better Care Fund	Approval of the allocation of funds with a detailed report coming back to ICB in October.									
				Comms & Engagement	Approval of the Comms & Engagement strategy & branding.								



<b>Title of report:</b>	Consolidated Finance (income & expenditure) 2019/2020 - Month 4
<b>Date of meeting:</b>	12 September 2019
<b>Lead Officer:</b>	Anne Canning, London Borough of Hackney (LBH) Jane Milligan, City & Hackney Clinical Commissioning Group (CCG) Simon Cribbens, City of London Corporation (CoLC)
<b>Author:</b>	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
<b>Committee(s):</b>	City Integrated Commissioning Board Hackney Integrated Commissioning Board
<b>Public / Non-public</b>	Public

### Executive Summary:

At Month 4 the Integrated Commissioning Fund has an adverse year end forecast variance of £3m.

City & Hackney CCG is declaring a breakeven position. The reported position has been fully risk assessed with all known acute, non-acute and primary care risks and mitigations forming part of the forecast outturn for 2019/20.

The London Borough of Hackney is reporting a year-end adverse position of £3.2m. The position is driven by cost pressures on Learning Disabilities budgets (primarily commissioned care packages) and challenges around Housing Related Support (HRS) service redesign.

The City of London is reporting a year-end favourable position of £0.2m mainly driven by older people residential care.

### Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report.

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report.

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

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	<input type="checkbox"/>	
---	--------------------------	--

Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input type="checkbox"/>	
Ensure we maintain financial balance as a system and achieve our financial plans	<input checked="" type="checkbox"/>	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input type="checkbox"/>	
Empower patients and residents	<input type="checkbox"/>	

#### Specific implications for City

N/A

#### Specific implications for Hackney

N/A

#### Patient and Public Involvement and Impact:

N/A

#### Clinical/practitioner input and engagement:

N/A

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

N/A

#### Safeguarding implications:

N/A

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

N/A

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

## **Integrated Commissioning Fund Financial Performance Report**

Month 04 - 2019/20

# Table of Contents

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

# Consolidated summary of Integrated Commissioning Budgets

	Organisation	Annual Budget £000's	YTD Performance			Forecast Outturn		
			Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
Pooled Budgets	City and Hackney CCG	25,614	8,538	8,538	-	25,614	-	-
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	210	52	30	22	210	-	-
	<b>Total</b>	<b>25,824</b>	<b>8,590</b>	<b>8,568</b>	<b>22</b>	<b>25,824</b>	<b>-</b>	<b>-</b>
Aligned	City and Hackney CCG	402,426	129,166	129,166	0	402,426	(0)	-
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	7,641	2,193	2,100	93	7,419	222	-
	<b>Total</b>	<b>410,067</b>	<b>131,359</b>	<b>131,266</b>	<b>93</b>	<b>409,845</b>	<b>222</b>	<b>-</b>
ICF	City and Hackney CCG	428,040	137,704	137,704	0	428,040	(0)	-
	London Borough of Hackney Council	103,373	33,949	43,189	(9,240)	106,614	(3,241)	(3,131)
	City of London Corporation	7,851	2,245	2,130	115	7,629	222	-
	<b>Total ICF Budgets</b>	<b>539,264</b>	<b>173,898</b>	<b>183,023</b>	<b>(9,124)</b>	<b>542,283</b>	<b>(3,019)</b>	<b>(3,131)</b>
CCG Primary Care co-commissioning		48,081	14,003	14,003	-	48,081	-	-
<b>Total</b>		<b>48,081</b>	<b>14,003</b>	<b>14,003</b>	<b>-</b>	<b>48,081</b>	<b>-</b>	<b>-</b>

## Notes:

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

## Summary position at Month 04

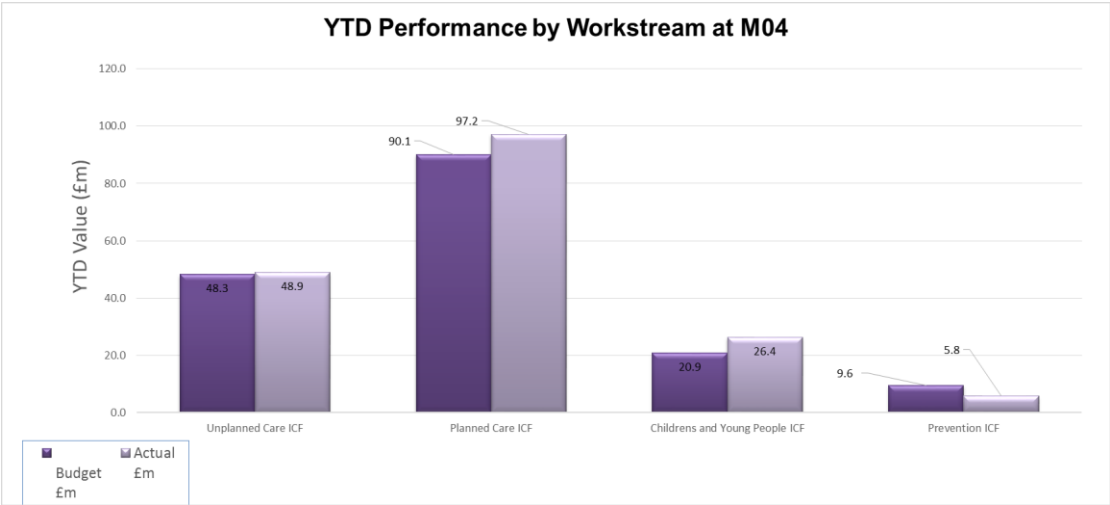
- At Month 4 the Integrated Commissioning Fund has an adverse year end forecast variance of £3m.
- City & Hackney CCG is declaring a breakeven position. The reported position has been fully risk assessed with all known acute, non-acute and primary care risks and mitigations forming part of the forecast outturn for 2019/20.
- The London Borough of Hackney is reporting a year-end adverse position of £3.2m. The position is driven by cost pressures on Learning Disabilities budgets (primarily commissioned care packages) and challenges around Housing Related Support (HRS) service redesign.
- The City of London is reporting a year-end favourable position of £0.2m mainly driven from older people residential care.
- Pooled budgets** reflect the pre-existing integrated services of the Better Care Fund (BCF) including the Integrated Independence Team (IIT) and Learning Disabilities.

## Note

Planned Care further pooling of Continuing Healthcare (CHC) and Adult Social Care budgets are expected to be actioned this financial year .

# Integrated Commissioning Budgets – Performance by workstream

WORKSTREAM	Annual Budget £m	YTD Performance			Forecast Outturn	
		Budget £m	Actual £m	Variance £m	Forecast Outturn £m	Forecast Variance £m
Unplanned Care ICF	145.1	48.3	48.9	(0.6)	145.5	(0.3)
Planned Care ICF	276.0	90.1	97.2	(7.0)	280.5	(4.4)
Childrens and Young People ICF	63.3	20.9	26.4	(5.5)	63.3	(0.1)
Prevention ICF	28.9	9.6	5.8	3.8	28.9	0.0
All workstreams	513.4	168.9	178.2	(9.3)	518.2	(4.8)
Corporate services	24.6	5.0	4.5	0.5	22.7	1.8
Local Authorities (DFG Capital and CoL income)	1.3	(0.0)	0.3	(0.4)	1.4	(0.0)
Not attributed to Workstreams	25.9	5.0	4.8	0.2	24.1	1.8
Grand Total	539.3	173.9	183.0	(9.1)	542.3	(3.0)



## 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.
- The £4.4m adverse Planned Care position is driving the consolidated forecast. This is due to the London Borough of Hackney;
  - Learning Disabilities Commissioned care packages, although much reduced from the 2018/19 position due to the application of both budget growth and one-off funds, is reporting £1m adverse against year end budget.
  - Physical & Sensory Support is forecasting an overspend of £0.5m.
  - Memory/Cognition & Mental Health ASC (OP) is forecasting an overspend of £0.6m.
  - The Mental Health service provided in partnership with the East London Foundation Trust (ELFT) within this work stream is forecast to overspend by £0.5m.
  - Ongoing challenges around Housing Related Support (HRS) service redesign is resulting in a £0.8m overspend.
  - In addition, the Barts acute contract is forecast to over spend by £0.7m.
- **Unplanned Care:** At month the workstream is forecasting an under spend of £0.3m. This is being driven by the CCG where over performance on the Bart's contract (£0.7m) is being offset by the LBH where Interim Care is underspending - £0.4m - due to overspends on care packages.

\*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 04, 2019/20

Pooled Budgets	ORG	WORKSTREAM	Annual Budget £000's	YTD Performance			Forecast		
				Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
Commissioned		Unplanned Care	18,503	6,168	6,168	0	18,503	0	0
		Planned Care	7,060	2,353	2,353	0	7,060	0	0
		Prevention	51	17	17	0	51	0	0
		Childrens and Young People	0	0	0	0	0	0	0
		<b>Pooled Budgets Grand total</b>	<b>25,614</b>	<b>8,538</b>	<b>8,538</b>	<b>0</b>	<b>25,614</b>	<b>0</b>	<b>0</b>

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	120,966	40,309	40,551	(243)	121,695	(728)	0
		Planned Care	200,365	64,968	65,252	(284)	201,415	(1,051)	0
		Prevention	3,826	1,341	1,341	0	3,826	0	0
		Childrens and Young People	52,702	17,502	17,523	(21)	52,764	(62)	0
		Corporate and Reserves	24,566	5,046	4,499	547	22,725	1,841	0
<b>Aligned Budgets Grand total</b>			<b>402,426</b>	<b>129,166</b>	<b>129,166</b>	<b>0</b>	<b>402,426</b>	<b>(0)</b>	<b>0</b>
<b>Subtotal of Pooled and Aligned</b>			<b>428,040</b>	<b>137,704</b>	<b>137,704</b>	<b>0</b>	<b>428,040</b>	<b>(0)</b>	<b>0</b>

In Collab	Primary Care Co-commissioning	48,081	14,003	14,003	0	48,081	0	0
<b>Grand Total</b>		<b>476,121</b>	<b>151,707</b>	<b>151,707</b>	<b>0</b>	<b>476,121</b>	<b>(0)</b>	<b>0</b>
<b>CCG Total Resource Limit</b>		<b>506,539</b>						
<b>SURPLUS</b>		<b>30,418</b>						

- Primary Care Co-Commissioning (outside of the ICF):** Primary Care Prescribing budget is forecasted to breakeven together with Locally Enhanced Services and Delegated Co-Commissioning. Potential cost pressures emerging from Digital First primary care activity has been assessed and accounted for in the risks and mitigations. The CCG is working closely with the Primary Care team to manage the position.
- Following the 2018/19 Learning Disabilities joint funding pilot and subsequent negotiations, the 2019/20 programme will include an in-year review process that will determine the health contributions to LBH and will form the basis of ongoing work in this area. The cost associated with this has now been included in the financial plans for the year.

\*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 4 City & Hackney CCG declared a breakeven position. The recurrent QIPP target of £5m is fully identified and delivered to plan with slippage mitigated through new savings and/or over achievement from existing schemes. Work is underway to identify and develop new savings schemes for the coming year 2020/21.
- The £30.4m surplus forecast outturn has been risk assessed and delivery expected to be on target
- The acute portfolio was reviewed using Month 3 freeze data to arrive at a break even position. Barts, Moorfields and Whittington are over plan at month 4 but the overall position has been mitigated through acute reserves and favourable variances at UCLH, Guys and Imperial.
- Non-Acute expenditure including Continuing Health Care, Learning Disabilities and Programme Projects were reported on plan. Whilst the block arrangement with the main mental health provider ELFT is on plan, the Community Health Services (CHS) block is being rebased to ensure finance and activity data are in line with the contract. The outcome of the rebasing exercise is to be agreed with the Homerton with a variation to the final contract value made in the coming weeks.
- 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 4 these are expected to break even.
- Unplanned Care:** At Month 4 the £0.7m adverse forecast is being driven mainly by over performance on the Bart's contract. In M3, a lower risk assessed view was considered to be realistic based on known finance and activity data. This was subsequently revised. Areas of over performance in the main are elective, non-elective and regular attenders. The CCG is working with NEL CSU to better understand the specialties that are causing these variances.
- Planned Care:** The £1m adverse position at Month 4 is also being driven by the Barts contract - £0.7m (total Barts position is £1.5m adverse at Month 4). In addition, Moorfield is reporting a forecast position of £0.3m. This in the main, is due to high cost drugs and devices, QIPP under delivery and Outpatients. NELCSU is due to respond to the CCG's queries on high cost drug charges at the next acute review meeting
- Corporate & Reserves:** Reporting a £1.8m favourable position which includes the acute general reserves being used to mitigate the CCG's position.



# City and Hackney CCG - Risks and Mitigations Month 04, 2019/20

## Summary and Progress Report on Financial Risks and Opportunities to Month 4 - 31 July 2019

Ref:	Description	Risks/ (Opps) £'000	Prob. %	Recurrent £'000	Non Recurrent £'000	Narrative
1	Homerton Acute performance	2,000	17%	333	0	Risk of over-performance and PTL impact.
2	System Resilience	678	100%	0	678	Subject to FPC review.
3	Bart's Acute Performance	2,100	81%	1,704	0	Risk based on month three over-performance and assessment.
4	Outer Sector - Acute Performance	900	8%	70	0	Over-performance across out of area portfolio.
5	Non Contract Activity	400	0%	0	0	Risk of cost pressure emerging during the year.
6	Continuing Healthcare, LD & EOL	400	0%	0	0	Risk attributable to high cost packages.
7	Joint LD programme	800	0%	0	0	Gross risk above the £1.9m budget to be managed in-year.
8	Integrated Learning Disability Service	450	0%	0	0	Risk of cost pressure emerging following the transfer of service from the Homerton to ELFT.
9	Non Acute	1,150	93%	1,071	0	Contract rebasing and renegotiation.
10	Programme Costs	300	0%	0	0	Integrated commissioning programme development.
11	Estates	300	100%	0	300	Primary Care estates infrastructure.
12	Ringfenced Budgets	1,441	0%	0	0	Assigned to commitments.
13	Prevention Standard	2,000	100%	0	2,000	Establishing a baseline for system prevention & innovation.
14	NELCSU to NELCA POD Transfer	200	100%	0	200	Cost pressure associated with transfer.
15	QIPP Under Delivery	900	25%	227	0	Under delivery of approved schemes.
16	Primary Care - Rent Revaluation	500	0%	0	0	Retrospective rent increases.
17	Primary Care - Rates	300	0%	0	0	Increased rateable value on estate.
18	Primary Care - Digital First	1,022	82%	0	839	Contribution to Hammersmith & Fulham CCG.
Total Risks		15,841	47%	3,405	4,017	
1	Acute Claims and Challenges	(1,400)	33%	(466)	0	Based on historic trend.
2	Acute Reserves	(1,870)	88%	(1,641)	0	To contain acute cost pressures.
3	Strategic Reserve	(206)	100%	(206)	0	Reserve utilised in the main on LD commitment.
4	Contingency	(2,377)	0%	0	0	Contingency release subject to risk review and assessment.
5	Assigned Budgets	(2,849)	31%	(871)	0	Commissioning arrangements to be formalised.
6	Ringfenced Allocations	(1,441)	1%	(21)	0	Assigned to commitments.
7	Running Costs	(1,177)	17%	(200)	0	Running cost underspend declared.
8	Prior Year and Dispute Resolution	(7,303)	55%	0	(4,017)	Opportunities arising from settlement of disputed items and accruals.
Total Opportunities		(18,623)	40%	(3,405)	(4,017)	
				0	0	
In-Year Surplus				0		
Brought Forward Underspend				(30,418)		
Carried Forward Underspend				(30,418)		

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

# City of London Corporation – Position Summary at Month 04, 2019/20

				YTD Performance			Forecast Outturn		
Pooled Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Outturn £000's	Variance £000's	Prior Mth Variance £000's
	Comm'n'd & *DD	Unplanned Care	65	7	-	7	65	-	-
		Planned Care	85	30	-	30	85	-	-
		Prevention	60	15	30	(15)	60	-	-
	Pooled Budgets Grand total			210	52	30	22	210	-

Aligned Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Outturn £000's	Variance £000's	Prior Mth Variance £000's
	Comm'n'd & *DD	Unplanned Care	294	30	21	9	294	-	-
		Planned Care	4,548	1,479	1,427	52	4,315	233	-
		Prevention	1,447	370	274	96	1,447	-	-
		Childrens and Young People	1,532	359	434	(75)	1,532	-	-
		Non - exercisable social care services (income)	(180)	(45)	(57)	12	(168)	(12)	-
Aligned Budgets Grand total			7,641	2,193	2,100	93	7,419	222	-
Grand total			7,851	2,245	2,130	115	7,629	222	-

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

- At Month 04 the City of London forecasts a year end favourable position of £0.2m.
- Pooled budgets** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF) ,Integrated Independence Team (IIT) and Learning Disabilities. These budgets are forecast to break even at year end.
- Aligned budgets** are forecast to under spend at year end. This is being driven by underspend in Residential Care (older people) - £0.1m and Home help services £0.07m.
- No additional savings targets were set against City budgets for 2019/20

# London Borough of Hackney – Position Summary at Month 04, 2019

					YTD Performance			Forecast			
Pooled and Aligned Budgets	ORG Split	WORKSTREAM	Total Annual Budget £000's	Pooled Annual Budget £000's	Aligned Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Fcast Spend £000's	Variance £000's	Prior Mth Variance £000's
	Commissioned & Directly Delivered	LBH Capital BCF (Disabled Facilities Grant)	1,525	1,525	-	-	368	(368)	1,525	-	-
		LBH Capital subtotal	1,525	1,525	-	-	368	(368)	1,525	-	-
		Unplanned Care (including income)	5,299	1,029	4,270	1,766	2,157	(391)	4,919	380	671
		Planned Care (including income)	63,946	29,665	34,281	21,315	28,119	(6,804)	67,575	(3,629)	(3,800)
		CYPM	9,049	-	9,049	3,016	8,404	(5,388)	9,049	-	-
		Prevention	23,554	-	23,554	7,851	4,141	3,710	23,546	8	(2)
		LBH Revenue subtotal	101,848	30,694	71,154	33,949	42,821	(8,872)	105,088	(3,241)	(3,131)
	Grand total		103,373	32,219	71,154	33,949	43,189	(9,240)	106,614	(3,241)	(3,131)

103,373

- The Mental Health service provided in partnership with the East London Foundation Trust (ELFT) within this work stream is forecast to overspend by £498k. The overall position is made up of two main elements - a £663k overspend on externally commissioned care services and (£165k) underspend across staffing-related expenditure.
- Ongoing challenges around the Housing Related Support (HRS) savings programme target of £4.5m is resulting in a £0.8m overspend.
- **Unplanned Care:** The majority of the Unplanned care forecast underspend of £380k relates to Interim Care and is offset by overspends on care packages expenditure which sits in the Planned Care work stream
- **In summary,** the Planned Care overspend is partially offset by forecast underspends in Unplanned Care reducing the overall revenue overspend to £3.2m
- **CYPM & Prevention Budgets:** Public Health constitutes vast majority of LBH CYPM & Prevention budgets which is forecasting a very small overspend.

- At Month 4 the London Borough of Hackney reports a forecast overspend of £3.2m
- **Pooled budgets** reflect the pre-existing integrated services of the Better Care Fund (including the Integrated Independence Team IIT) and Learning Disabilities.
- **Planned Care:** The Planned Care workstream is driving the LBH over spend.
  - Learning Disabilities Commissioned care packages within this work stream is the most significant area of pressure with a £988k overspend. This is significantly less than last year due to the application of both budget growth and one-off funds in this area.
  - Work is ongoing with CCG colleagues to embed the joint funding model for high cost Learning Disability packages as business as usual. There is an agreement between both parties for all packages to be reviewed for joint funding. A process of quarterly reconciliation and financial reimbursement will be managed through the Learning Disability Section 75 review group on behalf of the Planned Care Workstream. The CCG have committed to ringfence £1.9-£2.7m within their financial planning for 2019/20 and a contribution of £1.9m has been factored into the forecast.
  - Physical & Sensory Support is forecasting an overspend of £474k, whilst Memory/Cognition & Mental Health ASC (OP) is forecasting an overspend of £589k. The cost pressures being faced in both service areas has been driven by the significant growth in client numbers as a result of hospital discharges. A set of management actions have been agreed to mitigate the ongoing cost pressures within the service as follows:
    - Multidisciplinary Team Review (MDT) of Care Packages which has already delivered savings of £667k to date.
    - Promoting Personalisation and increasing uptake of direct payments.
    - Three conversations
    - To note the potential impact of the above management actions on the overall finance position would be offset by any additional demand coming through the service.

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

# London Borough of Hackney - Risks and Mitigations Month 04, 2019

London Borough of Hackney	Risks	Full Risk Value £'000	Probability of risk being realised %	Potential Risk Value £'000	Proportion of Total %
	Pressures remains within Planned Care Learning Disability Joint Funding	3,241	100%	3,241	100%
		1,900		1,900	
	TOTAL RISKS	5,141	100%	5,141	100%
	Mitigations	Full Mitigation Value £'000	Probability of success of mitigating action %	Expected Mitigation Value £'000	Proportion of Total %
	Work is ongoing with CCG colleagues to embed the joint funding model for high cost Learning Disability packages as business as usual. There is an agreement between both parties for all packages to be reviewed for joint funding.	TBC	TBC	TBC	TBC
	Multidisciplinary Team Review of Care Packages (£667k savings achieved to date)	TBC	TBC	TBC	TBC
	Personalisation and DPs - Increasing Uptake	TBC	TBC	TBC	TBC
	Three Conversations	TBC	TBC	TBC	TBC
	Review one off funding	3,241	100%	3,241	100%
	Uncommitted Funds Sub-Total	3,241	100%	3,241	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.

- Over the period 2010/11 to 2019/20 core Government funding has shrunk from £310m to around £170m, a 45% reduction – this leaves the Council with very hard choices in identifying further savings.
- Fair funding review could redistribute already shrinking resources away from most inner London boroughs including Hackney.
- Estimated Council budget gap of circa £30m up to and including 2022/23.
- Demand for services increasing particularly in Children's Services, Adults and on homelessness services.
- Additional funding through IBCF and winter funding are one off and insufficient
- We await sustainable funding solution for Adult Social Care expected in the delayed Green Paper

# Integrated Commissioning Fund – Savings Performance Month 04, 2019/20

## City and Hackney CCG

At the end of month 4 the CCG is reporting £1.45m savings delivered against a year-to-date (YTD) plan of £1.58m.

QIPP schemes have been risked assessed for financial delivery, with the most risky projects RAG rated HIGH. Schemes have been risked assessed based on YTD actual delivery position and/or implementation status.

### **Under-delivery and Mitigations:**

Included in the £5m FOT are high risk schemes totalling £700k. Actions are being taken by project leads to reduce the risk of non-delivery of the savings target. Several mitigations are included in the reported position and will be very closely monitored and managed in-year:

- Outpatient Transformation Programme - Virtual Fracture Clinic, which is expected to be implemented in quarter 2.
- Higher than planned savings being delivered by the Termination of Pregnancy scheme.
- Bart's patient transport scheme which is also expected to deliver savings in the second half of the year.
- Higher than planned savings targets deducted from the Bart's and UCLH contracts relating to prescribing QIPP

## London Borough of Hackney

- LBH has agreed savings of £0.9m for 2019/20 of this we have delivered £0.1m in 2019/20. The shortfall in savings relates to delays in achieving the overall Housing Related Support (HRS) savings programme target of £4.5m, resulting in a £0.8m pressure. The service continues working in collaboration with existing providers to develop a sustainable service model pending wider re-commissioning of HRS services during 2019/20.

## City of London Corporation

- The CoLC did not identify a saving target to date for the 2019/20 financial year.

<b>Title:</b>	Integrated Commissioning Workstream Risk & Issue Registers
<b>Date of meeting:</b>	12 September 2019
<b>Lead Officer:</b>	Carol Beckford, Integrated Commissioning Programme Director (Interim)
<b>Author:</b>	Matt Hopkinson & Timothy Lee, Transformation Support Officers
<b>Committee(s):</b>	Integrated Commissioning Board, 12 September 2019
<b>Public / Non-public</b>	Public

### Executive Summary:

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

The Integrated Commissioning Programme is also in the process of refreshing its detailed risk register, and this will be considered at the 1 October meeting of the Risk Management Working Group.

### Recommendations:

- Item submitted for information.

### Strategic Objectives this paper supports:

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

Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	The risk register supports all the programme objectives
Empower patients and residents	<input checked="" type="checkbox"/>	The risk register supports all the programme objectives

#### **Specific implications for City**

N/A

#### **Specific implications for Hackney**

N/A

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

N/A

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

N/A

#### **Supporting Papers and Evidence:**

Workstream risk registers.

#### **Sign-off:**

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

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



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

### Cover Sheet

		Residual Risk Score							Objective						
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
1	Immunisations for pregnant women. There is a very low update of flu and pertussis immunisations to pregnant women in City & Hackney. The effect of low update can result in maternal and infant mortality and morbidity.	10	4	4	4			↔	No new issues have arisen since the last report. Immunisations activity is being regularly monitored.	4	✓			✓	
2	Risk that CYP with complex health needs do not receive sufficient additional support in school to meet their needs; and CCG not having a specified recurrent budget to meet these costs.	12	TBC	12	12			↔	Review of some high cost complex LAC placements is ongoing via the LBH Post 16 commissioning board prior to new Panel being held. Workstream NR funding is supporting the developmnet of joint funded health and SEND packages. Baseline will inform budget setting for 20/20	12				✓	
3	Risk around the speed at which the offer of Personal Budgets across the health, education and social care system is expanded.	8	TBC	8	8			↔	To date, the following actions have been undertaken to ensure all children and young people who require them have personal health budgets 1. All continuing care packages have at least a notional personal budget 2. Children's Social care personal budgets are offered	8		✓		✓	✓
4	Strategic challenges associated with collaborative working across a number of organisations and a broad spectrum of work areas have a negative impact of strategic CYPMF workstream deliverables. This may include a lack of 'buy in' from partners across the system and partners 'pulling away' from scoped workstream business - potentially leading to a duplication of work or things not being done, risks re budget pooling / aligning, definition of scope, slippage in timescales and reduced quality of services commissioned. Operational challenges associated with collaborative working across a number of organisations and a broad spectrum of work have a negative impact on service operations leading to reduced quality in outcomes for children.	4	4	4	4			↔	The CYPMF Workstream is holding a workshop to look at proposals relating to potential pooling arrangements for SLT budgets across the partnership. This will tie in with wider thinking across the IC Programme.	4	✓	✓	✓	✓	✓
5	Lack of Progress against Learning Disabilities Transforming Care agenda, which is a CCG statutory responsibility and requires a statutory workplan.	12	TBC	12	12			↔	A range of actions are planned for the next quarter, set out in the actions section of the risk detail.	12				✓	
8	Risk that low levels of childhood immunisations in the borough may lead to outbreaks of preventable disease that can severely impact large numbers of the population	15	TBC	15	10			↓	Following a CCG-funded outbreak response across partner organisations, the Measles outbreak is now over and there were no fatalities. A 2- year action plan for ongoing action to maintain low levels is in its final draft stage. We have good relationships with stakeholders and are working closely with NHSE via the Immunisations Steering Group. Two Public Health Communications campaigns have gone well and there is a long term plan to mitigate ongoing risks, with pilot activity in the north of the borough being run through the Neighbourhoods. An update report will be taken to the ICB in November 2019.	10		✓		✓	
9	Gap in provision for children who require Independent Healthcare Plans (IHP) in early years settings, relating to health conditions such as asthma, epilepsy and allergies.	16	3	16	4			↓	As part of the Independent Healthcare Plan (IHP) work, Public Health, the CCG, Hackney Learning Trust and the Homerton Hospital have set up a partnership approach to identify the small number of childre effected and take appropriate steps. Consequently there is no gap in provision and we are maintaining a watching brief to ensure this continues.	4				✓	
11	Health of Looked-After Children: Risk to sustaining service performance during transfer of service to new provider and change to service model	12	TBC		8			↓	Transfer arrangements are on track for new provider to deliver service from 01/09/19	8				✓	
12	System SEND Overspend - At the meeting on 21 January 2019 Workstream noted that there is a significant financial risk to partners relating to SEND overspend, and there is no local mitigation, since it is a question of structural resources. It was agreed that the risk should be red-rated for escalation to the Integrated Commissioning Board.	20	TBC	20	15			↓	<b>This issue was highlighted by the CYPMF Workstream but it is a system wide issue and the workstream recommends this should be held at programme level.</b> <b>Given that the risk is system-wide rather than workstream level, it is also recommended that the severity level should be rated as moderate, rather than severe (based on the scoring guidelines)</b>	15			✓		
14	Antenatal pathway changes and associated clinical risk to joint working between GPs and Homerton Hospital	12	3	12	9			↓	We are now in Quarter 2 of the new arrangements. No issues have been raised in relation to the pathway changes since it was launched.					✓	
15	There is a risk that Out of Area Looked-After-Children experience longer waiting times to access CAMHS and other services, and that those services provided may not be of as high a standard as those provided within City & Hackney	12	9 (TBC )		9			↓	Arrangements are in place for clinical services to travel in order to meet the needs of LAC where possible. Where children are placed further away the clinical service will liaise with services local to the child and the Designated Nurse for Looked After Children and Mental Health Commissioner on a case-by-case basis. This risk is ongoing and it is the view of the clinical lead for Safeguarding that we are unlikely to be able to mitigate it further.					✓	
16	The Named GP for safeguarding children is currently on maternity leave and the post is not covered. This absence means that we are not compliant with the Intercollegiate guidance which CQC expect adherence to. There is a financial implication as we may need to commission individual management reviews to cover emerging serious case reviews	12	4	12	9			↓	GP Maternity cover recruitment was unsuccessful. Interims have been appointed to cover SCR B+C, and recruitment of a Primary Care named nurse is in progress. Interviews for the role are scheuled for Tuesday 3 September 2019.					✓	

# Risk Register and Issues Log

## Planned Care Workstream

				Residual Risk Score							Objective				
Ref	Description	Inherent Risk Score	Risk Tolerance	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus on prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
PC1	There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners	20	9	20	20			↔	Joint funding arrangements will now be formally implemented and this will enable a consistent approach to additional health funding for individual care packages where a health need is identified. Further financial planning to support the implementation of the agreed strategy for people with Learning Disabilities will also support a move to community asset based model of service rather than more traditional models of care. The impact of SEND and transition also needs to be carefully modelled for future years.	20	✓	✓	✓	✓	✓
PC2	There remains a risk of overperformance on elective activity with our main provider and with other acute providers which is beyond our risk tolerance	20	10	20	20			↓	Relationships with our main provider are strong and continue to develop through shared mitigation plans by auditing and understanding demand and activity flows and the management of RTT and patient waiting lists. We are also exploring new payment mechanisms to contain risk. Our Outpatient Transformation programme is also being reviewed and refreshed and we expect to be increasingly assured of our risk mitigation by the end of Q2.	15	ü	ü	ü	ü	ü

PC3	During 2017/18, limited stock availability of some widely prescribed generics significantly drove up costs of otherwise low cost drugs. The price concessions made by DH to help manage stock availability of affected products, were charged to CCGs - this arrangement (referred to as NCSO) presents C&HCCG with an additional cost pressure	20	9	4	4			↔	<p>There are no QIPP activities that can be implemented that will have an impact on these cost pressures because they are DH/ NHSE directives on national pricing strategies to address national drug shortages and shortages in funding for community pharmacy contracts. We are unable to manage this direct risk, but have wider QiPP plans for the overall primary care prescribing budget which will deliver savings to enable impact of this drug pricing risk to be better tolerated</p> <p>During 2017/18 the total year end impact for C&amp;H was £1.3M NCSO - however the wider QiPP work delivered savings higher than the £1.3M cost pressure. This was a similar picture in 2018-19 in that savings on the prescribing budget outweighed the NCSO cost pressure and the overall prescribing budget was underspent.</p>	4		✓	✓	✓	
PC4	Staff at the statutory organisations responsible for the delivery of Planned Care priorities fail to buy into the process. Organisations continue to work in silos and opportunities to deliver efficiencies or improved outcomes fail to be achieved	12	3	8	8			↔	<p>The Core Leadership Group meets monthly, brining together all key partners across the system</p> <p>Below the CLG a sytem management group brings together operational leaders from the three commissioning organisations, A number of specific groups have also been established to deliver individual workstream priorities</p> <p>Several away days have been organised and a further developmental session is being delivered in August.</p>	9				ü	
PC5	The work of the Planned Care Workstream is perceived as only being about the delivery of savings rather than helping people to live more independently. Patients and other stakeholders fail to buy into the process and opportunities to deliver improved outcomes for service users are not achieved	9	3	6	6			↔	<p>Regular stakeholder, resident and patient engagement agreed by the CLG to ensure the programmes and projects within the workstream are well understood. This has been incorporated into the work of the individual asks.</p>	6			ü	ü	

PC6	Patients may not transfer to the Anti-coagulation service commissioned by the CCG from the GP Confederation. If this process is not completed patients will not receive a service from primary care and QIPP plans may not deliver.	16	3	9	9			↔	At present, a high number of patients are refusing to transfer to primary care from the Homerton Hospital Anti-coagulation service. Discharge can be delayed but the process must be completed and a process has been agreed by the AC Working Group. At a 3 way meeting on 2/7/2019 it was agreed that the new Confederation AC clinical lead will contact all the recently declined patients to discuss their concerns and try to resolve any blockages and attend one AC HUHFT clinic every month to counsel patients that have declined or who are considered for discharge. This will also support in the development of a relationship between the HUHFT AC nurses and the Confederation clinical lead	9	✓	✓	✓	✓	✓
PC7	End of national funding for Pharmacy First and impact on primary care. Risk end of national funding for Pharmacy First increases pressure on primary care as residents on low incomes who are unable to afford purchase price of over the counter	9	4	9	9			↔	Implementation strategy for a revised Pharmacy First scheme which addresses the decision to cease prescribing certain over the counter drugs to be finalised.  Submission of documents from C&H CCG to NHSE LAT in April 2019, outlining case for a local revised scheme for socially vulnerable patients and draft criteria for social vulnerability – NHSE decision awaited	9	✓	✓	✓	✓	
PC8	HUH unable to recruit appropriate staff and provide sufficient capacity for transformations. This could result in the delivery of Outpatient transformation being delayed and/or failure to achieve the desired quality	9	3	6	6			↔	Capacity continues to be reviewed and clinical back fill may become more of a necessity. There were no candidates suitable for recruitment in July and HUH are looking at a different way of recruiting a new Transformation Manager. Recruitment to a dedicated IT remains outstanding, however, new candidates will be interviewed in September.	6			✓	✓	
PC9	The 62 day target to begin cancer treatment is not consistently achieved	12	4	6	6				The 62 day cancer target was not achieved throughout 2018/19. Performance has improved and at present it is being sustainably delivered. However there is a risk that this cannot be maintained throughout the year. This is increased by changes to reporting methodologies (breach allocation policy) that have made the target more challenging. CCG performance is also partly dependant on the performance of intertrust transfers	6		✓	✓	✓	

	PC10	Failure to commission an Adult complex obesity Service	9	6	9	9			New	<p><b>This risk is shared with the Prevention workstream</b></p> <p>A design workshop was held in June to develop options for a complex obesity service for adults, within the context of the wider adult obesity pathway. A service specification is currently being drafted. This work is being led by a joint Planned Care/Prevention task and finish group.</p>	9	✓			✓	
	PC11	Overlapping programmes at the local and sub-regional levels leads to a lack of coordination of patient engagement activities	6	4	6	6			New	<p>CLG to maintain oversight of all activity relevant to the workstream and to work with the relevant engagement leads.</p>	4					✓

# Risk Register and Issues Log


## Prevention Workstream

				Residual Risk Score							Objective				
Ref*	Description	Inherent Risk Score	Risk Tolerance	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus on prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
P13	Priority area: Rough Sleepers Failure to address complex commissioning landscape for health services supporting rough sleepers in the City of London means that significant health and care needs remain within this community	20	9	20	20			New	A discussion paper was presented to the Prevention CLG in August and the intention is for proposals to be developed and presented to ICB later this year.  Work is underway at the INEL System Transformation Board to ensure that the health needs of rough sleepers are incorporated into the STP's NHS Long Term Plan submission.  Additional capacity is being secured to scope out an action plan.	16	✓	✓		✓	✓
P11	Priority area: Mental Health and Wellbeing, and supporting vulnerable groups Non-recurrent CCG funding for the St Joseph's Bereavement Service ends in March 2020 and service cannot be maintained	16	9	12	12			↔	Service review ongoing and options appraisal being prepared	12	✓			✓	✓

P10	Priority area: Sexual Health Non-recurrent CCG funding for HIV Clinical Nurse Specialists ends in November with no clear plan for sustainable future funding. No clear commissioning responsibility/budget for these posts (picked up initially by Public Health, then CCG via non-recurrent/PIC funding). The loss of this specialist post will impact on the HIV treatment pathway.	16	9	12	12			↔	CCG PIC funding extended the service until November 2019, including requirement for a detailed evaluation to support a business case to NHS England. Discussions with NHSE and local partners are ongoing.	12	√	√	√	√	
P12	Priority area: smoking / cross cutting risk: Following the completion of unsuccessful negotiations with the existing ACERS provider there is a risk that the Stop Smoking pilot cannot be delivered and the CCG PIC funding allocated will be lost	12	9	12	12			↔	An options appraisal is being completed in consultation with relevant stakeholders to agree next steps.	12	√			√	
P6	Cross cutting risk: Increasing pressure on GP resources undermines the ability of primary care to deliver prevention priorities.	16	3	9	9			↔	<p>This risk is owned by the CCG BAF because of the potential increase in referrals to secondary care services resulting from this. The CCG Planned Care workstream will lead on actions to mitigate the likelihood of this risk occurring. This has included an ongoing programme of clinical leadership, service reviews to manage demand and exploring new ways of working via CQUINs.</p> <p>An awareness of this risk is informing the development of the local MECC programme.</p> <p>Through PCNs, additional resources are being made available to support the preventative work of general practice - in particular, funding to employ Social Prescribing link workers. The Prevention workstream is working closely with primary care to support the employment of these new roles, building on the successes of the current commissioned Social Prescribing service.</p> <p>We will continue to seek opportunities to strengthen prevention within primary care, including through the CCE contract. A joint</p>	9	√		√	√	
P7	Priority area: Obesity and Diabetes/cross-cutting risk: Failure to provide an obesity service for adults with complex needs	15	6	9	9			↓	A design workshop was held in June to develop options for a complex obesity service for adults, within the context of the wider adult obesity pathway. A service specification is currently being drafted. This work is being led by a joint Planned Care/Prevention task and finish group.	9	√	√	√	√	√

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






	P8	Priority area: self-management/cross-cutting: Lack of programme management resources limit progress to make the most of cross-workstream interdependencies to develop a Neighbourhood community navigation model.	12	3	3	0				This risk is closed. Project Manager has been appointed to take forward 'care navigation' work.	0	√			√	
--	----	--	----	---	---	---	--	--	--	---	---	---	--	--	---	--

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

# Unplanned Care Workstream Risk Register - July 2019

## Cover Sheet

				Residual Risk Score							Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
1	Failure to deliver the workstream financial objectives for 2019/20	16	8	12	12			↔	PID in place for each QIPP scheme for 2019/20. Attendance at monthly CCG QIPP meetings. Work undertaken with CCG QIPP lead and Informatics on measuring performance monthly. Negotiations continue with Barts to implement service change to try and avoid admissions Monthly Finance & QIPP report in place.	12			✓	✓	
3	If Primary care and Community Services are not sufficiently developed and are not established as a first point of call for patients this could lead to an increase in the number of inappropriate attendances at A&E and unplanned admissions to hospital.	20	6	12	12			↔	Continued work to increase utilisation of both core ParaDoc and ParaDoc Falls service. Falls Service - There is a low level of conveyance to hospitals, and the service is cost effective based on current levels of activity. The service will be continued in 2019/20. Evaluation of proactive Care Home Visiting service in August 2018 - the Board endorsed a proposal to continue investment of PMS money into the proactive care practice-based service for 2019/20, for recommendation to the Primary Care Quality Board and the CCG Contracts Committee. The service is being evaluated. A&E Action Plan (see May UPCB agenda item for detail)	12				✓	
4	Workstream fails to successfully integrate patients and the public in the design and development of services; services are not patient focused, and are thus limited in reach and scope	16	6	12	12			↔	Urgent Care Event held at Ridley Road market Commencement of Discharge Workstream Co-production Task & Finish Group Review of current co-production within the workstream and proposed set of principles to assist development of co-productive approach was endorsed by the UCB in May 2019.	12		✓		✓	✓

				Residual Risk Score							Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
5	Risk that Homerton A&E will not maintain delivery against four hour standard for 2018/19.	16	8	12	8				Duty Doctor Review has commenced	8		✓		✓	
7	The new Integrated Urgent Care (111) service might have a negative impact on quality of urgent care for City & Hackney patients, and on downstream services: Quality of Care: - Possible issues with quality of clinical assessment and increased waiting times (call-back time from clinicians); - Recruitment of senior clinicians in CAS Downstream service impact: - General increase in demand due to availability of free-to-call number, quick answer times - Increased demand on acute (A&E/999) due to risk-averse nature of 'pathways' assessment, - issues with direct booking into urgent Primary Care, and - possible issues with quality of clinical assessment.	16	4	9	9				Set up of CAS transformation group complete, with senior clinical and operational representation and agreed terms of reference. Agreed service specification for data flow into CSU. There has been a 2nd draft of NELIUC Performance report produced - no significant change from previous position.	6		✓		✓	✓
9	Discharge and Hospital Flow processes are not effective, resulting in increased DToCs and failure to meet Length of Stay Targets	20	6	12	15				Weekly teleconference continues although DTOC targets were not met for Q1. HICM group are implementing DTOC case review action plan. The group is also considering whether a MADE event would be of benefit. Evaluation of Discharge 2 Assess pilot has been completed.	15		✓		✓	

				Residual Risk Score							Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
12	Current IT infrastructure limits delivery of integrated working	12	4	12	12			↕	<p>This remains a live risk where it is critical as the text below states to link into the work of the IT Enabler group. It is possible to deliver an integrated model using a work around solution (previously used in OHC) where providers bring their own equipment and access systems from this while discussing patients.</p> <p>The IT enabler board is progressing work to allow view/read only access across all major providers patient information systems. There is also formal reporting from the IT Enabler Board into the Neighbourhoods Steering Group on the key IT enablers.</p> <p>We now have in post an IT project manager to support neighbourhoods IT system developments</p>	12		✓	✓	✓	

				Residual Risk Score							Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
13	Risk that we cannot get sufficient engagement from front line staff across all of our partner organisations in order to deliver the scale and pace of change required.	12	3	12	12			↕	The programme group continues to work with existing steering group members to broaden engagement. A formal communication has been developed which clearly articulates the governance structure and links between the Neighbourhoods programme and the Neighbourhoods Health and Care programme. Ongoing work with Workstream Directors to ensure that the priorities of the Neighbourhoods reflect the workstream priorities. Communications support has been secured to develop the website and other comms materials. The website has been updated and there are core slide sets used for raising awareness of the Neighbourhoods structure and programme. There is a session planned with the new primary care network directors in September to raise awareness of the Neighbourhoods programme wider aims and objectives and work programme and also introduce them to key system partners which will help with engagement. The Neighbourhoods structure has embedded clinical leaders and project managers across all partners which has improved engagement with an ongoing responsibility to continue to raise awareness and champion Neighbourhoods within their own providers.	12		✓		✓	
14	Decommissioning of the Minor Ailments Service (known as 'Pharmacy First') may lead to an increased number of patients using the front door – primary care and A&E. National research has demonstrated that typically users of a Minor Ailments Scheme report that that if this kind of service were withdrawn 87% of them would instead turn to their GP as an alternative and 6% to A&E. There is concern that if the service is decommissioned this could increase the number of patients that walk in to A&E and visit their GP.	12	TBC	9	9			↕	A review of Pharmacy Enhanced Services in City & Hackney by NHSE London is taking place. The review of the service is not yet complete	9		✓	✓	✓	

				Residual Risk Score							Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
15	Ongoing difficulties in recruiting GP staff across unplanned care services, including OOH, PUCC and Primary Care puts pressure on the whole C&H health system - risk that patients aer thus seen in acute settings such as A&E, with impact on HUH 4 hour target and cost	16	6	16	16			↔	Benchmarking of GP rates of pay undertaken in collaboration with TH CCG The Workstream SRO sits on the the NEL Workstream Advisory Board (WAB), which is currently discussing how to manage the recruitment issues across the whole STP footprint.	16			✓	✓	
16	There is a lack of visibility of social care funding beyond 2019/20. This makes it difficult to plan ahead as a system, and risks possible impacts on the whole system if there is any future short-fall in social care budgets.	16	TBC	16				↔		16			✓	✓	

## 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	