

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

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

**Joint Meeting in public of the two Integrated Commissioning Boards on
Thursday 13 February 2020, 10.00 – 12.00
Hackney Town Hall, Room 102 & 103, Mare St. London E8 1EA**

Item no.	Item	Lead and purpose	Documentation type	Page No.	Time
1.	Welcome, introductions and apologies	Chair	Verbal	-	10.00
2.	Declarations of Interests	Chair <i>For noting</i>	Paper	3-8	
3.	Questions from the Public	Chair	Verbal	-	
4.	Minutes of the Previous Meeting and Action Log	Chair <i>For approval</i>	Paper	9-18	
Strategies & Transformation					
5.	Neighbourhoods Operating Model	Nina Griffith <i>For approval</i>	Paper	19-42	10.05
6.	Prevention Detailed Review	Jayne Taylor <i>For noting</i>	Verbal	43-68	10.35
7.	Making Every Contact Count Programme Update	Jayne Taylor <i>For endorsement</i>	Paper	69-80	11.00
8.	Tobacco Control	Jayne Taylor <i>For endorsement</i>	Paper	81-92	11.25
Governance					
9.	Integrated Commissioning Finance Report	Sunil Thakker / Ian Williams / Mark Jarvis <i>For noting</i>	Paper	93-105	11.45

10.	Integrated Commissioning Risk Register	Carolyn Kus <i>For noting</i>	Paper	106-112	11.50
11.	Integrated Commissioning Progress Report	Carolyn Kus <i>For noting</i>	Paper	113-119	11.55
12.	AOB & Reflections	Chair <i>For discussion</i>	Verbal	-	-
For information items					
-	Moorfields Engagement Summary	Alice Beard <i>For information</i>	Paper	120-125	-
-	Integrated Commissioning Glossary	<i>For information</i>	IC Glossary	126-130	-

Date of next meeting:

12 March 2019, Committee Room 4, West Wing, Guildhall

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
Carol	Beckford	09/07/2019	Integrated Commissioning Programme Director (Interim)	Chats Palace	Board Member	Non-Pecuniary Interest
				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
Jake	Ferguson		Chief Executive Officer	Hackney Council for Voluntary Service	Organisation holds various grants from the CCG and Council. Full details available on request.	Professional financial interest
			Member	Voluntary Sector Transformation Leadership Group which represents the sector across the Transformation / ICS structures.		Non-financial personal interest
Jon	Williams	29/03/2017	Attendee - Hackney Integrated Commissioning Board	Healthwatch Hackney	Director Hackney Council Core and Signposting Grant - CHCCG NHS One Hackney & City Patient Support Contract - CHCCG NHS Community Voice Contract - CHCCG Involvement Alliance Contract - CHCCG Devolution Communications and Engagment Contract Based in St Leonard's Hospital	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 16 January 2020
In Committee Room 1, Guildhall

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

Cllr Christopher Kennedy	Cabinet Member for Family, Early Years and Play	London Borough of Hackney
Cllr Anntoinette Bramble	Cabinet Member for Education, Young People and Children's Social Care	London Borough of Hackney

City & Hackney CCG Integrated Commissioning Committee

Dr. Mark Rickets	CCG Chair	City & Hackney CCG
Honor Rhodes	Governing Body Lay member	City & Hackney CCG

City Integrated Commissioning Board

City Integrated Commissioning Committee

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

In attendance

Anna Garner	Head of Performance	City & Hackney CCG
Amy Wilkinson	Workstream Director: CYPMF	London Borough of Hackney
Carolyn Kus	Director of Programme Delivery	London Borough of Hackney
Carol Beckford	Transition Director	City & Hackney CCG
Gary Marlowe	Governing Body GP member	City & Hackney CCG
Jake Ferguson	Chief Executive Officer	Hackney Council for Voluntary Services

Jonathan McShane	Integrated Commissioning Programme Convenor	City & Hackney CCG
David Maher	Managing Director	City & Hackney CCG
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Mark Jarvis	Head of Finance	City of London Corporation
Rhiannon England	GP Clinical Lead, Mental Health	City & Hackney CCG
Dr. Sandra Husbands	Director of Public Health	London Borough of Hackney
Sunil Thakker	Director of Finance	City & Hackney CCG
Simon Cribbens	Assistant Director Commissioning & Partnerships, Community & Children's Services	City of London Corporation

Apologies – ICB members

Mayor Philip Glanville	Acting Cabinet Member for Health, Social Care, Leisure and Parks	London Borough of Hackney
Jane Milligan	Accountable Officer	City & Hackney CCG
Ruby Sayed	Deputy Chair, Children and Community Services Committee	City of London Corporation

Other Apologies

Ann Sanders	Lay member	City & Hackney CCG
Andrew Carter	Director, Community & Children's Services	City of London Corporation
Dr. Carolyn Kus	Director of Programme Delivery	London Borough of Hackney, City of London Corporation, and City & Hackney CCG

1. WELCOME, INTRODUCTIONS AND APOLOGIES

- 1.1. The Chair, Randall Anderson, opened the meeting.
- 1.2. Apologies were noted as listed above.
- 1.3. The meeting began with Hackney's ICB not being quorate due to the late arrival of Cllr Bramble, however no decisions were taken during this period of inquoracy and all decisions noted within these minutes reflect the period in which, the board was quorate.

2. DECLARATIONS OF INTERESTS

2.1. Jake Ferguson noted that with respect to the proposal around community investment, the Hackney Council for Voluntary Services are not currently in the position of submitting a proposal, but there are preliminary discussions being taken among voluntary sector representatives.

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 14 November 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 14 November 2019.
- **NOTED** the updates on the action log.

5. **Prevention Investment Standard Mobilisation Plan**

5.1 The report was introduced by Jayne Taylor and Anna Garner. The paper built on the Prevention Investment Standard (PINS) which has been approved by the ICB in October. Some parts of the PINS were more mature and well-developed than others. It should not be thought of as merely an NHS tool; there were also implications for local authorities and other partners to come together on this.

5.2 Randall Anderson stated that the PINS had already been approved in principle, and the ICB are expecting to approve the proposals as a more substantive item which is to be brought back in May.

5.3 Randall Anderson also highlighted that he was concerned about the governance of neighbourhoods – we need to ensure that we don't have a situation in which conflicts of interest are not given appropriate scrutiny. David Maher also highlighted that the City would be involved in discussions around neighbourhoods and in the development of the Integrated Care Board. Councillor Kennedy also noted that the Well St. Pilot would aim to address some of these issues. Randall Anderson added that longer-term it would be useful to figure out what the outcomes would be from the prevention work.

5.4 Mark Rickets stated that it was important to note that inequalities or variation could in some instances be justified in service of, for example, innovation. Gary Marlowe added that

we needed to focus on equity rather than solely inequality. David Maher noted that our overriding aim is to move providers towards a prediction and prevention model.

5.5 Sunil Thakker stated that it is important to recognize that there is only a set amount of money in the system. Scenarios which would increase investment by way of growth monies are crucial. Anna Garner responded that the majority of what is described in the report would be self-funding.

5.6 Jake Ferguson highlighted that this is a good opportunity to engage with residents around local decision-making. We also need to be mindful of voluntary sector funding limitations.

5.7 Sandra Husbands added that there are complexities regarding local authority spending and other spending that would need to be understood in order to realise what is general business as usual and what would be additional.

5.8 The City Integrated Commissioning Board

- **NOTED** the report.

5.9 The Hackney Integrated Commissioning Board

- **NOTED** the report.

6. Workforce Enabler Workshop Update

6.1 Carolyn Kus provided a verbal update. The Workforce Enabler Workshop on 11 December had been a useful session, however some local authority colleagues were unable to attend due to the 12 December General Election. There had been several areas of discussion around the effect use of data, funding and the future membership of the board. In particular the session on data was useful in highlighting that there are various sources of data across the system that were not being seen or utilized effectively, and this is a key piece of action for the group to undertake.

6.2 A follow-up meeting between Carolyn Kus and Laura Sharpe (CEO, Hackney GP Confederation) had been held and a number of key actions were put forward; the need to move towards an overarching workforce strategy, the need to pull together data and analyse it correctly. There was also an acknowledgement that the Long Term Plan would be key in this and would need to be reflected in our proposals.

- **A more complete paper on the Workforce Enabler would be brought to ICB in due course. Action for Carolyn Kus.**

6.4 The City Integrated Commissioning Board

- **NOTED** the update.

6.5 The Hackney Integrated Commissioning Board

- **NOTED** the update.

7. Children, Young People, Maternity & Families Detailed Review

7.1 Amy Wilkinson introduced the paper. She highlighted:

- Patient experience feedback is not as positive as we would like it to be.
- We need to think about our joint funding protocols, particularly around children with complex needs.
- Care and Treatment Reviews (CTR) a description of this was included in the submitted papers. These reviews are designed to reduce the number of children that need to go into residential placements and are therefore a preventive element that would work with a complex cohort. The long term plan describes ways of engaging with children who require a CTR. A CTR protocol for City & Hackney is in place and will be reviewed periodically.

7.2 Councillor Kennedy stated that when children with complex needs became adults, we had not done quite so well at maintaining those forms of care. Anne Canning added that these were short-term placements, and the difficulties around CTRs arose if there was no discharge plan.

7.3 Gary Marlowe stated that he found the Well-Being and Mental Health in Schools (WAMHS) section interesting. Rhiannon England responded that the WAMHS have a lot of input however independent schools were operating at a lower level of awareness.

7.4 Gary Marlowe also asked why newborn blood spot testing was not at 100%. Amy Wilkinson responded that it was largely a data capture issue.

7.5 Sandra Husbands raised that we have incomplete information on out-of-area births and asked if we would be getting this in the future. Amy Wilkinson responded that we have solid data at a NE London level, and patient experience feedback was largely similar across all trusts. Numbers of births generally across London were decreasing, but the proportion of City & Hackney births at the Homerton Hospital were increasing, and C&H out-of-area births are decreasing.

7.6 Amy Wilkinson highlighted that there is to be training for the workforce which will aim to lessen the impact of adverse childhood experiences (ACEs). This would require close working with the other workstreams.

7.7 the workstream is leading a programme of work around reducing the impact of Adverse Childhood Experiences. This work needs to now spread across the other workstreams to ensure we are also working with parents and adults.

7.8 Anne Canning highlighted that none of the local authorities had signed up to the child death review process.

7.9 Marianne Fredericks reflected on the data and asked how we are monitoring confidence levels that new mothers have in their midwives. Amy Wilkinson responded that the data is from 2017 so was quite old.. The main issue is a focus on safety and reducing risk, and communication could be better. The area that needs the most work is postnatal care.

- **More complete local data on confidence levels in midwives to be compiled. Action for Amy Wilkinson.**

7.9 Rhiannon England added that post-natal wards often suffer from bad publicity. Doctors are focusing on high-risk women and ordinary births could be less well-prioritised. We would aim to address this as a priority not just increasing numbers of midwives but making sure that clinical staff are doing more in general.

7.10 Honor Rhodes added that if we want women on wards to feel happy the best route for this would be via providing support for their partners.

- **The Workstream will develop a plan for improving the inclusion of co-parents and families for the workstream. Action for Amy Wilkinson.**

7.11 Jake Ferguson also stated that we need a paper that could identify pinch points where we need to improve engagement with children and families. Rhiannon England stated that it is important to focus on the whole system, not just health. Amy Wilkinson stated that there is an engagement strategy which could be brought back to ICB.

7.11 Cllr Bramble added that the system has evolved and had become very creative. There was a lot to be said about working within one's remit, however if everyone was merely working to their own part of the system and not highlighting or taking system issues on board then we would be working in silos.

7.12 Gary Marlowe highlighted the role of obesity in adding complexity to deliveries, and many GPs are fearful of raising this issue with pregnant women for fear of causing offence. Rhiannon England responded obesity is a much more complex issue which, drew out issues of deprivation and multi-factoral aspects of poverty.

7.13 Cllr Kennedy noted the increase in complex births and co-morbidities and asked if this was a result of austerity. Rhiannon England responded that Homerton is good at taking in late bookings from people without recourse to NHS funding and in general attracted a more vulnerable cohort.

7.14 The City Integrated Commissioning Board

- **NOTED** the report.

7.15 The Hackney Integrated Commissioning Board

- **NOTED** the report.

8. One CCG & ICB Development

8.1 The item was introduced by David Maher and Carol Beckford, who highlighted the need to develop the Integrated Care Board and its associated sub-committees. It was also important to embrace Local Authorities and Providers in this work.

8.2 Sub-committees would go through significant development of their accountabilities. The most challenging one to set up would be the practitioner forum, as it was not just clinical but also involved social care.

8.3 A proposal has been taken to the AOG on Tuesday to set up a sub-group of the AOG, however the AOG wished to retain oversight and suggested using existing fora to contain this work. This is likely a better option from a co-production perspective but less so from a timescale perspective.

8.4 We still needed to draft terms of reference for the future Integrated Care Board, and understand the remit of the sub-committees. We also needed to spend time with local authorities to ensure they understand the role and function of the Board.

8.5 The NE London team were now calling the case for change document the “Vision” document. Engagement on this would be until July 2020. The first draft is likely to be released in late January / early February 2020 and then there would be a 45-day engagement period. NE London wanted the whole system to feel that there is a robust case for change.

8.6 David Maher added that the new board will need to take on the commissioning powers that the current ICB holds. We also need to stress test the sub-committee structure and test out the foras in shadow form as part of this work. There are implications for the section 75 agreements in setting up these boards.

8.7 Carol Beckford added that within City and Hackney we had created a series of tiles mapping out what should sit in what part of the system. A power point slide has been created for each tile which sets out what should sit at NE London and what would happen at City and Hackney. We also need to consider how to get further quality assurance on the proposals.

8.8 Cllr Kennedy stated that he is still not sure where BHR and WEL would sit and what influence they could have. In terms of population size City of London are currently the smallest partner. Mark Rickets responded that one of the default principles is that everything will happen at a borough level unless by exception. He also added that there has been a Chair’s meeting across NE London yesterday, and there have been discussions about governance for the local CCG. We needed something firm on this by the end of March.

8.9 Mark Rickets also added that in the March development session of the ICB we have invited the provider alliance to present to us. We needed this session to happen in March otherwise we would be within the period of pre-election rules on publicity.

8.10 The City Integrated Commissioning Board

- **NOTED** the report.

8.11 The Hackney Integrated Commissioning Board

- **NOTED** the report.

9. Integrated Commissioning Finance Report

9.1 Ian Williams introduced the item. He highlighted that for the next financial year all the indications were in line with planning assumptions. There are still unresolved issues around fairer funding.

9.2 Sunil Thakker added that on the City and Hackney CCG side there is a paper on the Barts Hospital settlement, and we will be able to have the control total met by the NE London Commissioning Alliance. We will also be enabled to mitigate interest charges on our loans, therefore, we may be a small surplus that could come back to us next year.

- **Sunil Thakker to respond to David Maher on partner contributions alignment with LBH.**

9.3 Cllr Kennedy asked if the ratios between pooled and aligned funds are at the state we would like or if the system is moving towards greater focus on pooled funds? David Maher responded that we will operate on a principle of alignment but we also should be making arguments about where pooling will add value. Alignment was about culture, trust and relationships which are the same principles that manage pooled budgets.

9.4 Anne Canning added that the learning disabilities work to pool budgets had made some significant progress. There were currently pockets of sensible practice being explored which would coalesce.

9.5 Sunil Thakker also noted that there were local NHS risk shares to deal with and then wider partnership risk share.

9.9 The City Integrated Commissioning Board

- **NOTED** the report.

9.10 The Hackney Integrated Commissioning Board

- **NOTED** the report.

10. Integrated Commissioning Risk and Issue Registers

10.1 Carolyn Kus introduced the item, noting that we have a one-hour risk development session in February and this will aim to develop the distinction between risks and issues.

10.2 The City Integrated Commissioning Board

- **NOTED** the report.

10.3 The Hackney Integrated Commissioning Board

- **NOTED** the report.

11. Integrated Commissioning Progress Report

11.1 Carolyn Kus introduced the item. The new programme plan is likely to be completed by the end of January and would be shared from February onwards. This would also inform the forward plan for the ICB.

12. AOB & Reflections

11.1 Honor Rhodes highlighted the need for future papers to have more of a humane and compassionate element to them.

11.2 Cllr Kennedy stated that the CYPMF review had reminded him of the birth of his son in which, as it was an evening birth, he had to leave the hospital mere hours afterwards. Marianne Fredericks highlighted that the solution was therefore support for homebirth and we needed to enable the system to respond on a families-first basis. Cllr Bramble stated that we need to shift our mindset to consider children and families on their own terms.

12. Integrated Commissioning Glossary

13. Date and time of next meeting

The next meeting will be held on 13 February, 10:00-12:00, Room 102 & 103, Hackney Town Hall

City and Hackney Integrated Commissioning Programme Action Tracker

Ref No	Action	Assigned to	Assigned from	Assigned date	Due date	Status	Update
ICBSep-5	David Maher to confirm STP timescales for engaging with the public on the long-term plan.	David Maher	City & Hackney Integrated Commissioning Board	12/09/2019	Oct-19	Open	The exact timescales for engaging with the public on the STP LTP still TBC as this was affected by the General Election and associated rules on publicity and publication. The document is currently online and engagement is ongoing.
ICBSep-8	Anne Canning to produce a paper on the Transitional SEND work and its interface with the workstreams.	Anne Canning	City & Hackney Integrated Commissioning Board	12/09/2019	Oct-19	Open	Work has begun on getting a singular database on Children and Adults. A committed date TBC.
ICBNov-7	Each risk on the risk register should have an accountable ICB member owner in order to have board accountability for the risk register.	Alex Harris	City & Hackney Integrated Commissioning Board	14/11/2019	Jan-20	Open	For discussion at the ICB Development session on risk.
ICBJan-1	A more complete paper on the Workforce Enabler would be brought to ICB in due course.	Carolyn Kus	City & Hackney Integrated Commissioning Board	16/01/2020	Apr-20	Closed	On the forward planner for April 2020.
ICBJan-2	More complete local data on confidence levels in midwives to be compiled.	Amy Wilkinson	City & Hackney Integrated Commissioning Board	16/01/2020	Feb-20	Open	Data has been received this week and shows an improvement. To be shared with the ICB after it has been analysed.
ICBJan-3	The workstream will develop a plan for improving the inclusion of co-parents and families for the workstream.	Amy Wilkinson	City & Hackney Integrated Commissioning Board	16/01/2020	Feb-20	Open	To be brought back to ICB in spring.
ICBJan-4	Sunil Thakker to respond to David Maher on partner contributions for the Barts Hospital settlement.	Sunil Thakker	City & Hackney Integrated Commissioning Board	16/01/2020	Feb-20	Open	

Title of report:	Neighbourhoods Operating Model
Date of meeting:	13 February 2020
Lead Officer:	Nina Griffith
Author:	Mark Golledge and Nina Griffith
Committee(s):	Accountable Officers Group – 21 st November 2019 Neighbourhoods Coordination Group – 31 st October 2019 Neighbourhoods Steering Group – 29 th October 2019 The Operating Model has also been shared in other forums with partners across City and Hackney.
Public / Non-public	Public

Executive Summary:

There is a commitment to Neighbourhoods across City and Hackney. We want care and support to be delivered closer to home whilst ensuring that there is a greater focus on prevention and self-care in a way that keeps people active, independent and well for longer.

This means re-designing primary and community based services for whole populations that help deliver locally integrated care. This will enable a greater focus on meeting the needs of local communities whilst addressing the wider social and economic determinants of health and care.

Neighbourhoods forms a critical part of our local response to the meeting the health and wellbeing needs of our local populations and our local response to the NHS Long-Term Plan. It will ensure that care is more joined up and coordinated, breaking down barriers between organisations in delivering out-of-hospital care. At the same time, local transformation of outpatient care across pathways will support self-care whilst supporting care to be delivered closer to home where appropriate.

In February 2019 the City and Hackney Integrated Commissioning Board agreed to the approval of Better Care Funding for Year Two of the Neighbourhoods Programme (2019/20). This will help us to achieve enhanced multi-organisational working across statutory and voluntary organisations within the eight Neighbourhoods across City and Hackney.

Year Two of the Neighbourhoods programme is about testing and developing new models of care across teams alongside developing a sustainable (delivery and funding) model to this way of working going forward. Partners from across statutory and voluntary organisations in City and Hackney are currently testing and developing these new models and the Neighbourhoods Health and Care Services Alliance will provide the contractual vehicle needed to underpin this new way of working.

Importantly, the move to enhanced Neighbourhood working will require a change in working practices and a culture of collaboration between organisations across the statutory and

voluntary sector. It will also be underpinned by strengths based approaches where there is a positive focus with patients and residents on what they can and hope to achieve. Therefore the culture and organisational changes will be critical to Neighbourhoods.

The Neighbourhoods Operating Model (attached) sets out our collective vision for Neighbourhoods and the direction of travel. It has been developed in collaboration with a range of partners and stakeholders from across City and Hackney.

The Neighbourhood Operating Model sets out:

- Which teams and organisations we expect will either be within Neighbourhoods or working alongside them
- How we expect those individuals, teams and organisations will work within Neighbourhoods
- How we expect to measure impact of Neighbourhood based working
- The partnership and commissioning arrangements that will exist within Neighbourhoods
- What needs to be in place to support those teams to work effectively
- A high level delivery plan through to 2023/24

The next steps are to develop an overall delivery plan for the Neighbourhood programme. It will outline what is already happening – and what needs to happen to support integrated Neighbourhood working across City and Hackney.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **APPROVE** the Neighbourhoods Operating Model;

The Hackney Integrated Commissioning Board is asked:

- To **APPROVE** the Neighbourhoods Operating Model;

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"/>	One key aim for Neighbourhoods is enhancing the focus on prevention and opportunities for early intervention. This will need to be central to all Neighbourhood teams.
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Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input checked="" type="checkbox"/>	There is a strong focus on care being delivered closer to home through Neighbourhoods. Anticipatory care (one of the Neighbourhoods projects) is considering how best to support residents in this way.
Ensure we maintain financial balance as a system and achieve our financial plans	<input checked="" type="checkbox"/>	As Neighbourhood service models are developed during 2019/20 the financial cost and sustainability of those proposals will be identified.
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	The focus for Neighbourhoods is bringing teams together from across the statutory and voluntary organisations to work in an integrated way with and for City and Hackney residents.
Empower patients and residents	<input checked="" type="checkbox"/>	As outlined below there is a strong ethos within Neighbourhoods for patient and resident engagement. Healthwatch are currently leading on work to consider how resident engagement can be strengthened within Neighbourhoods.

Specific implications for City

As we transition to a Neighbourhood based way of working, it is important that there remains a strong City of London (CoL) voice and identity. City of London will develop a bespoke operational neighbourhood model based on its specific needs. There will be opportunities for CoL to input and shape operational developments within the wider Shoreditch Park and City Neighbourhood programme.

We envisage that this will be achieved through three areas:

- The opportunity for City of London to shape how services they deliver will work operationally within the Shoreditch Park and the City Neighbourhood. With the Anticipatory Care work programme City of London will contribute to enhance the development of multi-disciplinary working across teams and services, both locally and within the wider Shoreditch Park and City neighbourhood.
- The opportunity for City of London to distinguish local resident needs and then identify other services within the Shoreditch Park and City neighbourhood that could best respond to these local resident needs. This will provide an opportunity for

identified NHS services to be delivered closer to home for CoL residents.

- The opportunity for City of London to play an active role in decision making at a Neighbourhood level (in Shoreditch Park and the City). As decisions are formed across the eight Neighbourhoods, City of London will be able to shape decisions within its Neighbourhood.

The programme will continue to work closely with City of London in ensuring these identified opportunities are developed further and taken forward in delivering the Neighbourhood programme.

Specific implications for Hackney:

The purpose of Neighbourhoods is to better understand and respond to the needs of local populations. Geographies around 30-50,000 people present an opportunity for approaches to be more localised to respond to identified needs whilst being large enough to make best use of collaborative working.

Similar to City of London this presents an opportunity to better understand the needs of local populations and support more a more joined up response between local organisations.

Patient and Public Involvement and Impact:

The Neighbourhoods programme has established a Neighbourhoods Resident Engagement Panel (coordinated by Healthwatch Hackney). This panel made up of residents across both City of London and Hackney are helping to ensure that resident engagement is embedded in the Neighbourhoods programme. The Panel have fed in views and comments on the Neighbourhood Operating Model. In addition, the Panel are working with providers across City and Hackney to ensure that resident engagement is at the heart of the re-design of health and care services.

Clinical/practitioner input and engagement:

The Neighbourhoods programme is clinically led, recognising the importance of clinical and practitioner engagement.

Clinical input including from Primary Care Network Clinical Directors as well as others across health and social care has formed part of the engagement on the Operating Model.

Communications and engagement:



It is not envisaged that the Neighbourhood Operating Model in the way it is currently presented will be shared with residents. However, both resident and staff engagement is going to be essential for successful delivery of Neighbourhoods.

Work is underway with the communications enabler to explore enhancing communications support as Neighbourhood based working is strengthened.

Comms Sign-off

Alice Beard continues to be involved in work with the Neighbourhoods Programme.

Equalities implications and impact on priority groups:

No specific implications identified. However, Neighbourhood working should enable a better understanding of local populations and their needs – including those of particular individuals and groups.

Safeguarding implications:

The approach to Neighbourhoods should support enhanced safeguarding and multi-disciplinary working between teams and organisations. One of the key drivers for Neighbourhoods was a recognised opportunity to strengthen cross-agency working in supporting individuals who are or who could be vulnerable.

Impact on / Overlap with Existing Services:

Neighbourhoods gives City and Hackney an opportunity to review and improve how existing services are delivered.

The Operating Model makes proposals for how services could enhance working through a Neighbourhoods-based approach.

Services (particularly those within the core team) are already exploring ways of improving service delivery and exploring alignment with a Neighbourhoods way of working.

Supporting Papers and Evidence:

Neighbourhoods Operating Model (Slides)

Sign-off:



Workstream SRO: Tim Shields

City & Hackney CCG: Nina Griffith





Neighbourhoods Operating Model – City and Hackney ICB 13th February 2020



Neighbourhoods – Margaret, Vinnie and the case for change...

What happened to Margaret...

- Margaret lives in Hackney Downs. She is in her 70s and Cared for her husband who died 3 years ago.
- She has family although they don't live locally and few local friends.
- Her health getting steadily worse with increasing frailty (multiple LTCs)
- Rapid deterioration of health when she had a fall and is admitted to hospital.

What could have been different...

- Earlier identification of Margaret's needs triggered by her husband's death
- Coordinated and personalised care plan put in place – included a frailty review and falls risk assessment
- Margaret is connected to local lunch club and falls prevention exercise class
- Teams going into Margaret's home recognised the deterioration of her living environment and drew in housing support and Occupational Therapies
- Margaret's health and wellbeing are optimised, and she does not fall.

What happened to Vinnie and his family...

- Born in Hackney – lives alone in a housing association property.
- Divorced with 2 children – unemployed for 10 years with few friends. Visits children regularly.
- History of paranoid schizophrenia – used to attend support groups but no longer engages. He is known to mental health services.
- Uncontrolled hypertension & diabetes. Served with an eviction notice due to not paying rent causing him to become depressed.

What could have been different...

- Vinnie is identified as someone who may need proactive support
- The neighbourhoods team review his notes across all agencies
- They organise a strengths based discussion with Vinnie based on what is important to him and what he wants to achieve
- Plan put in place with Vinnie & team co-ordinate this across all agencies
- There is a joined up response between teams working with both Vinnie and his children
- Vinnie is supported to get into work and manage debt.

Why take a Neighbourhoods approach?

- **Demographics and needs of people differ between Neighbourhoods** - this offers a local response to local needs and addresses inequalities
- **Tackling wider determinants of health and care requires a joined up response**
- **Care is delivered in the community where possible, with A&E and crisis support used more appropriately** – Neighbourhoods offers an opportunity to deliver more localised services
- People want **care more joined up and personalised based on what is important to them** – Neighbourhoods gives us an way of taking a more person-focused approach across organisations
- Neighbourhoods offers opportunities for our **staff to benefit from working together in a joined up way**

What Neighbourhoods will mean for Margaret, Vinnie as well as our staff...

Our City & Hackney vision:

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

- **Neighbourhoods** where people and communities are actively supported to help themselves and each other
- **More support** for residents and their families to get healthy, stay well, keep safe and be as independent as possible
- **A life course approach** which encourages multi-agency working across for children, families and adults
- **Addressing the wider social and economic determinants of health** for all of the population reducing inequalities in outcomes
- **Joined up and personalised care** that meets the physical, mental, social and related needs of residents and their families
- **High quality** GP practices, pharmacies & community services offering people more support closer to home
- **Thriving local hospitals** for people when they need them

Our City & Hackney shared principles:

Across the city and Hackney system by working together we will...

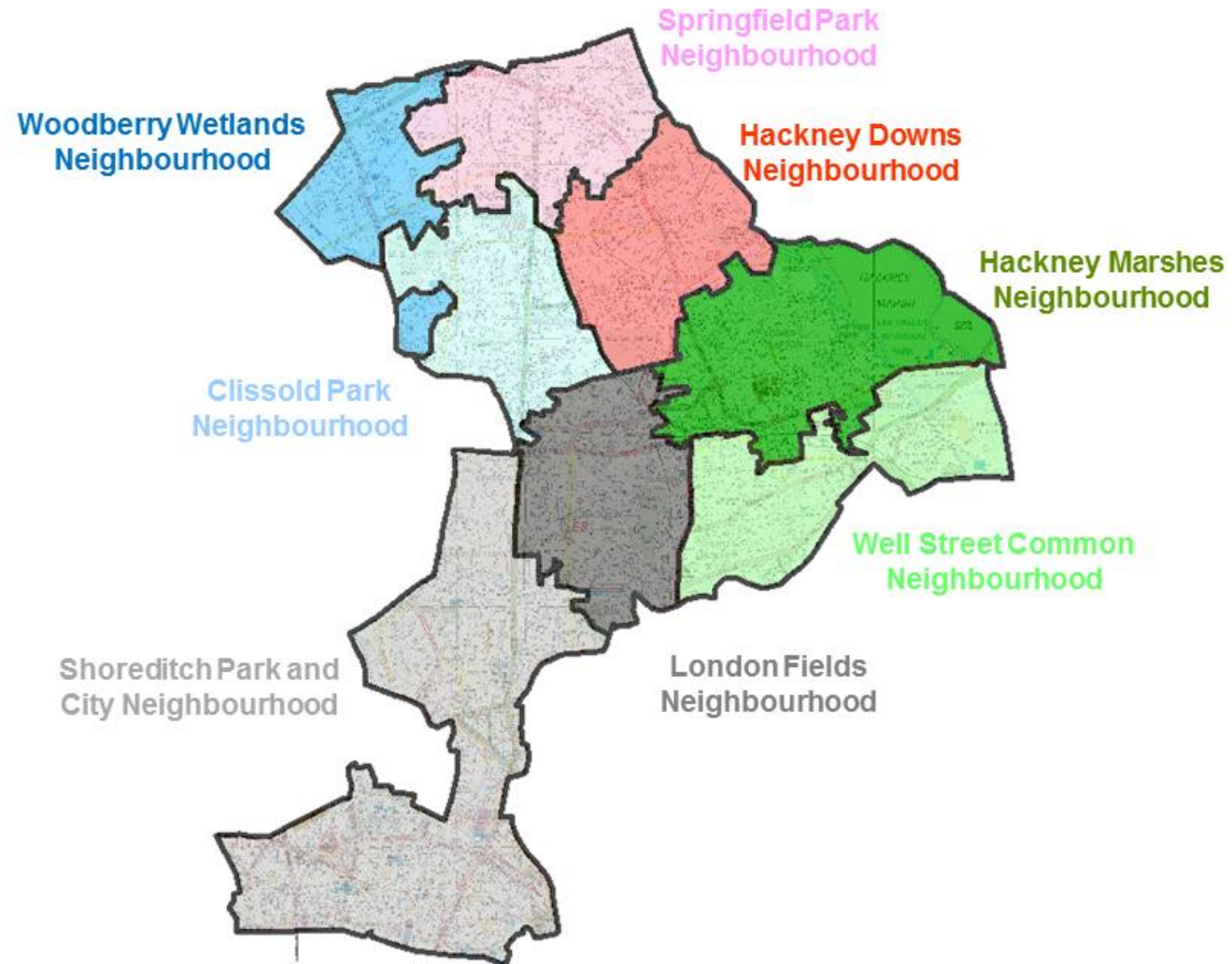
- Adopt an **asset based approach** across all our teams within Neighbourhoods so that we start with recognising the things that people and places have and gain an understanding of what a good life means for them.
- Work together to **build strong and cohesive local Neighbourhoods** where there is a focus on people and communities supporting each other alongside a vibrant and diverse set of services that people can access.
- **Empower our staff** to support people in ways that work them with clear responsibility. Staff are not constrained by professional and organisational boundaries and work together to respond to resident needs. Person, family and Neighbourhood first not organisation first.
- Start by **listening to what is important to residents** within each Neighbourhood as well as using local intelligence to help identify the outcomes and priorities that we want to change.
- Support each **Neighbourhood to determine its own priorities** which will influence where we all focus our efforts.
- Recognise and value the **important contribution of the voluntary and community sector** in improving health²⁷ and wellbeing and they will play an important leadership role in Neighbourhoods.



About City & Hackney Neighbourhoods

City & Hackney Neighbourhoods

- 8 Neighbourhoods across City & Hackney
- Based on populations of between 30,000 – 50,000
- Small enough to provide personal care, but big enough to make sure residents can use the range of services they need
- Each Neighbourhood recognised as unique and individual with variety of assets (people, organisations and buildings and physical places)



Who will be in the Core Integrated Neighbourhood Team

Darker shading – in Neighbourhood Health and Care Services Alliance
 Lighter shading – being explored for links / incorporation within Alliance
 *Denotes work underway to develop Neighbourhood service model



Services that are not currently within
 Neighbourhood Health and Care Services

Services that are within Neighbourhood Health
 and Care Services



Children's & Families – Work underway to define how services for children and families will connect into Neighbourhoods. Proposal to ICB underway and planned in due course.

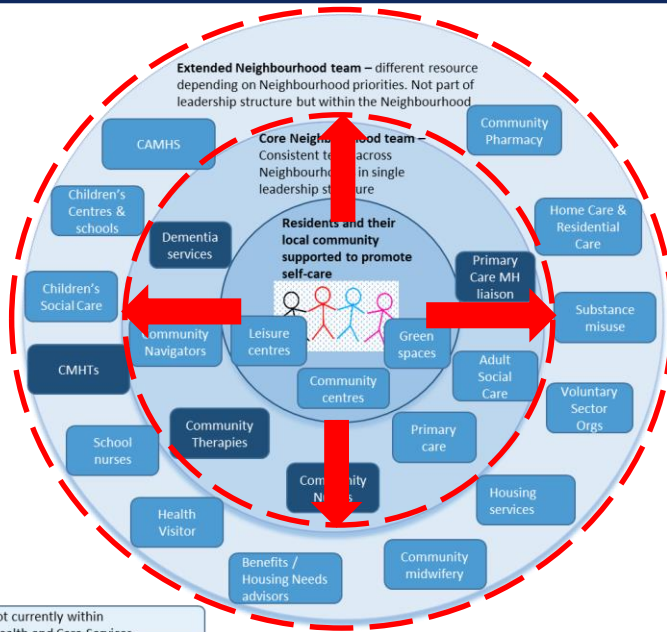
Nb. Services in the Core Neighbourhood team may also have aspects which are delivered City & Hackney wide & retain professional links

Core Neighbourhood team

- The Core Neighbourhood Team will be consistent across all Neighbourhoods
- They are a multi-disciplinary, multi-agency team working closely together whilst maintaining links to employer / profession. Potentially matrix line management model.
- The Core Team may include VCSOs if they are delivering a service e.g. social prescribing / community navigation.
- Anticipated that voluntary sector would play an important role in multi-agency working including MDT involvement in Neighbourhoods;
- Not all staff in these services will be in the core team e.g. some aspects of these services will still remain City and Hackney wide
- The team will be co-located in the Neighbourhood. This will predominantly to support Multi-Disciplinary Meetings and co-working space. It is not expected (at least initially) that there would be a need for clinical space.
- The team will adopt a strengths / asset based approach focusing on prevention and recognising the importance of the social determinants²⁹ of health
- There will be a strong commitment to safeguarding throughout the team.

Who will be in the Extended Neighbourhood Team

Darker shading denotes currently in Neighbourhood Health and Care Services Alliance
* Denotes work underway to develop Neighbourhood service model



Extended Neighbourhood Team

Different resource depending on Neighbourhood priorities not part of leadership structure

Supported by the following who work in the Neighbourhood

But not part of single team

1. Housing Services (LBH)

2. Substance Misuse Team and other public health services

3. Children's social care

4. Benefits / housing need advisors

5. Community midwifery

6. CAMHS and school nursing

7. Community Mental Health Team*

8. Children's centres & schools (education)

9. Health visitor

10. Community Policing

1. Voluntary Sector Organisations*

2. Community Pharmacy*

3. Home Care & Residential Care Providers

4. Housing Associations

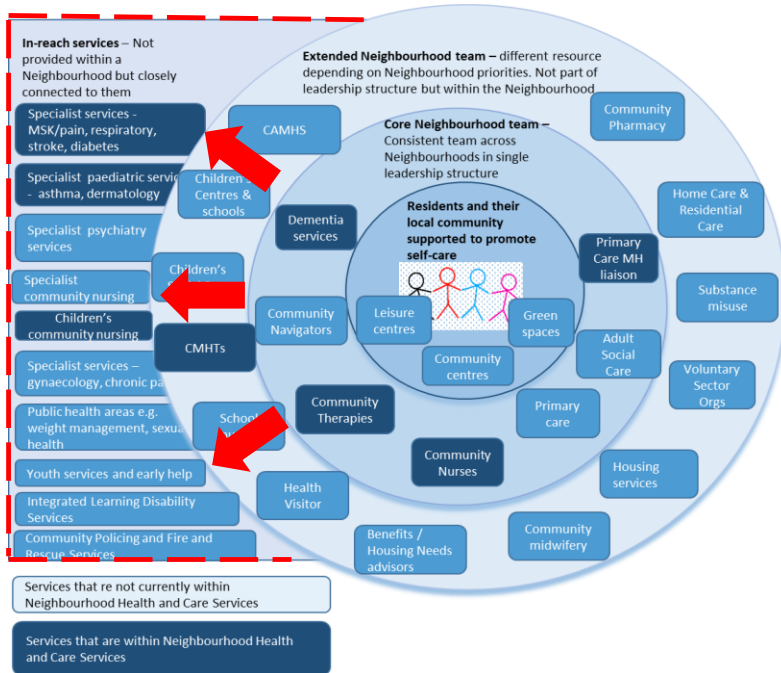
Children's & Families – Work underway to define how services for children and families will connect into Neighbourhoods. Proposal to ICB underway and planned in due course.

Extended Neighbourhood team

- The extended team would link with the Core Neighbourhood Team but not part of the single leadership / management structure.
- The make-up of the extended Neighbourhood team (e.g. resource) would depend on the priorities from within each Neighbourhood i.e. if there is a greater need for substance misuse support in some Neighbourhoods then the size of resource would be greater.
- The extended Neighbourhood team would likely have a link worker for the relevant Neighbourhood.
- Both the core Neighbourhood team and extended Neighbourhood team would work closely with other organisations (such as VCSOs).

Services that will work closely with a Neighbourhood but not necessarily be Neighbourhood based (In-reach)

Darker shading denotes currently in Neighbourhood Health and Care Services Alliance



In-reach services which are City & Hackney wide

Services that are borough wide and not organised around Neighbourhoods but will provide in-reach support to Neighbourhoods

1. Specialist Psychiatry services

2. Specialist Paediatric services e.g. asthma, dermatology

3. Specialist services - MSK, respiratory, diabetes

4. Children's community nursing

5. Specialist services – gynaecology, dermatology and chronic pain

6. Voluntary and Community Sector organisations (City & Hackney wide)

7. Specialist community nursing services

8. Public health areas – weight management, sexual health

9. Fire and Rescue services

10. Youth services and early help

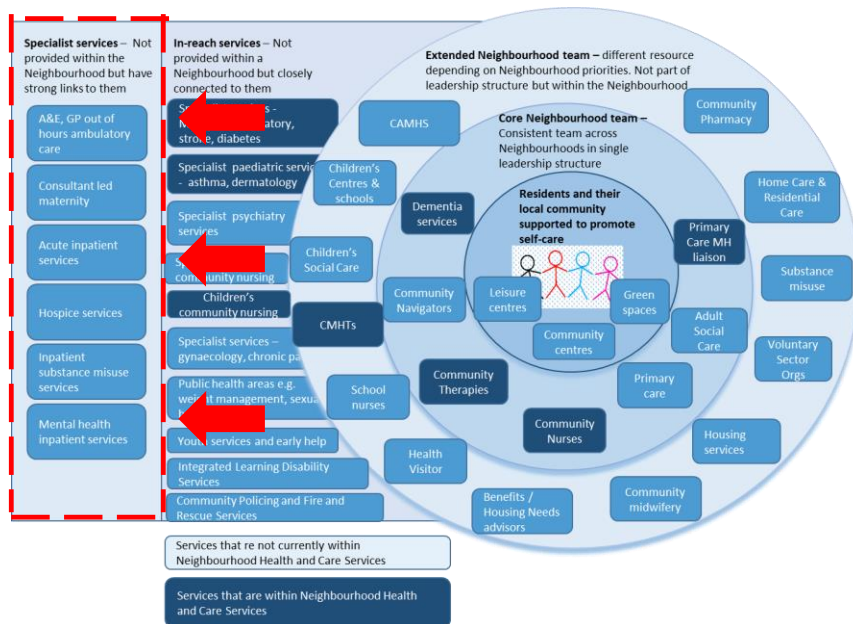
11. Integrated Learning Disability services

In-reach Services

- Services that are often provided at a City and Hackney wide level. This includes VCSOs who provide support beyond Neighbourhoods (often larger).
- They may often be specialist services which don't have resources which make it practical to deliver services within each Neighbourhood e.g. Integrated Learning Disability Services
- They will not therefore have staff physically located within a Neighbourhood or in the Neighbourhood team
- However, they will assist Neighbourhood teams to be able to provide effective care and support to individuals e.g. where a Neighbourhood team may be in touch with someone with learning disabilities they will receive support from in-reach services
- They will also provide support to individuals where this is required

Services that will not be Neighbourhood based but will have strong links to them (Specialist)

Darker shading denotes currently in Neighbourhood Health and Care Services Alliance



Specialist Services

Not provided in the Neighbourhood but links to them

1. A&E, GP OOH, ambulatory care

4. Hospice services

2. Consultant led maternity

5. Inpatient substance misuse services

3. Acute inpatient services

6. Mental health inpatient services

4. Discharge, reablement and community rapid response services

Specialist Services

- Specialist services are those which are either delivered on a City and Hackney wide basis (or beyond City and Hackney). They are particularly specialist in nature providing support for specific groups of people / at specific points of need.
- They will not have staff physically located within a Neighbourhood
- These teams will continue to be physically based within organisations but recognise the need to work across the system as a whole

Neighbourhoods will take a population health management approach



1. Understanding the needs of Neighbourhoods as a whole (people and place)

Neighbourhood teams supported by evidence based information to understand the current and future needs & priorities within individual Neighbourhoods



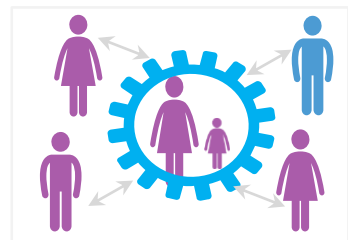
2. Understanding the needs of specific groups or cohorts of the Neighbourhood

It will be important to identify specific groups of the population where support will have the greatest impact, informing service delivery. This includes whole population prevention.



3. Identification of individuals and families that would benefit from multi-disciplinary support

Information (data alongside professional and other local knowledge) used to identify specific individuals for discussion at Neighbourhood MDTs (anticipatory care)



4. Personalised and coordinated care and support which puts the person at the centre

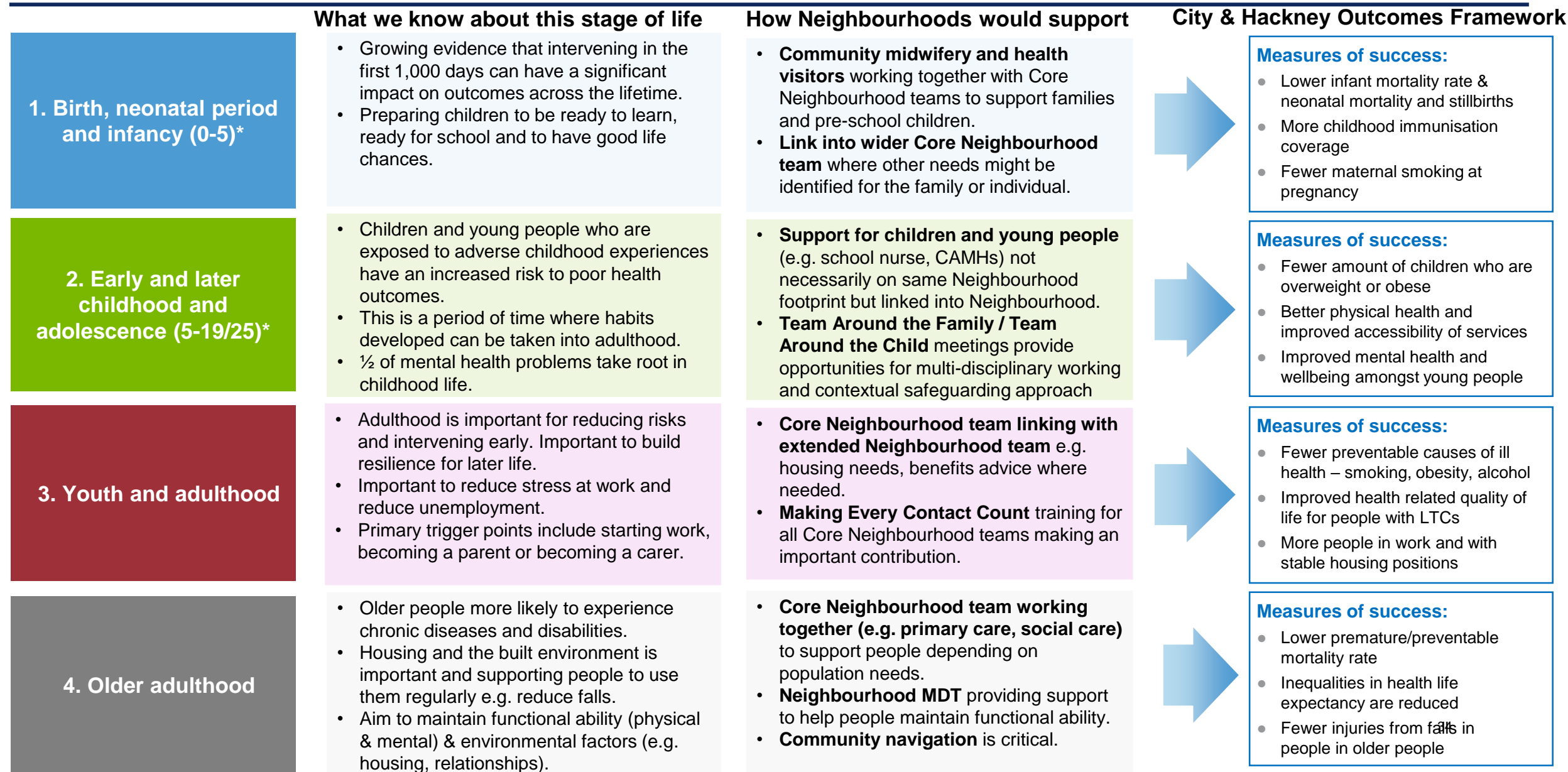
Coordinated response from Neighbourhood MDT team. Trusted assessment & integrated care processes supporting.

This approach supports people during their life course and according to level of complexity and need

What is important to make this approach work:

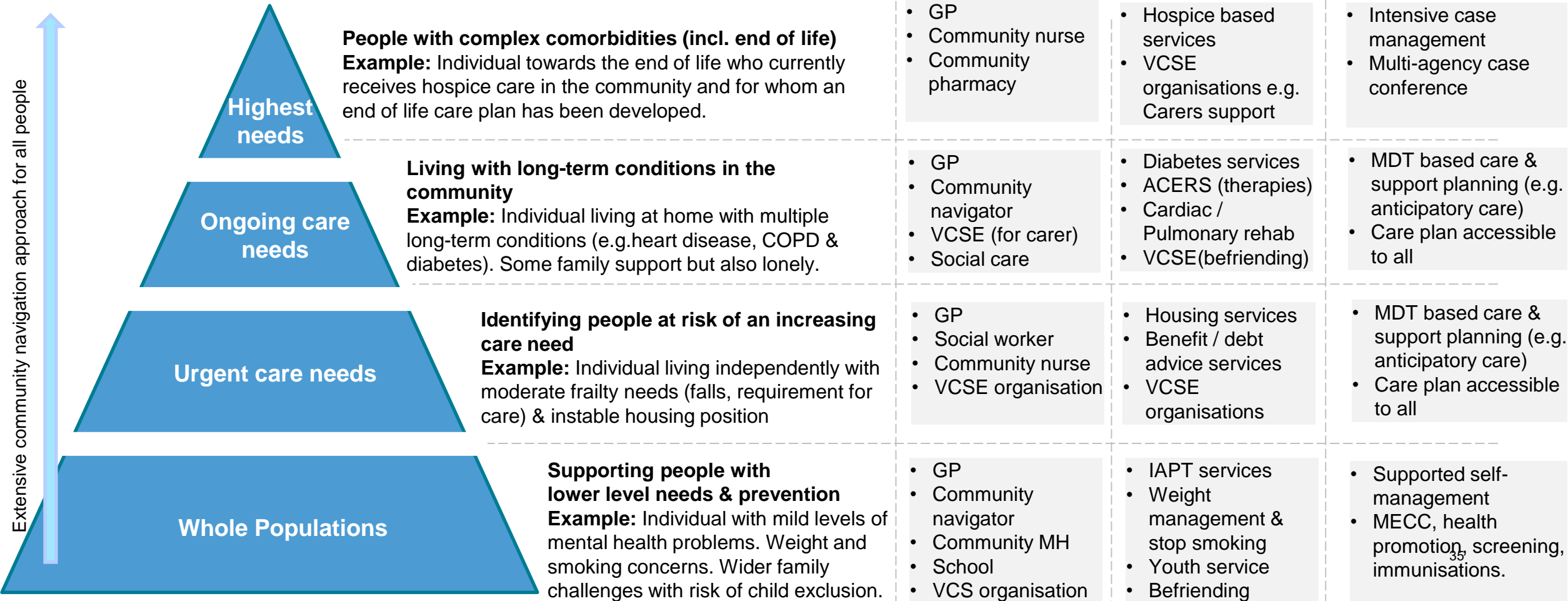
- Engagement of residents within the Neighbourhood to help determine priorities for the Neighbourhood.
- Staff empowered to work together with people using a strengths based approach – recognising the importance of loneliness and social isolation. A comprehensive community navigation offer to support prevention and early intervention.
- Strong analytical skills and expertise in population health management underpinned by linked data / dashboards which help to understand the needs of local populations and places. This includes understanding the role of the wider determinants of health, outcomes for individuals and families and how Neighbourhoods will change over time e.g. housing and public realm developments.
- Enhanced and aligned MDT working across City and Hackney that is better supported, has a clearer structure and purpose, is effective at identifying the right people and determining the right interventions for individuals.
- Embedding a pathway approach which identifies what is important for the patient, what their needs are and how support can be better accessed (with trusted assessment)
- Residents who are involved from the outset – they are involved in making decisions about their own care and support so that care is personalised and coordinated.

How people will be supported: By the life course

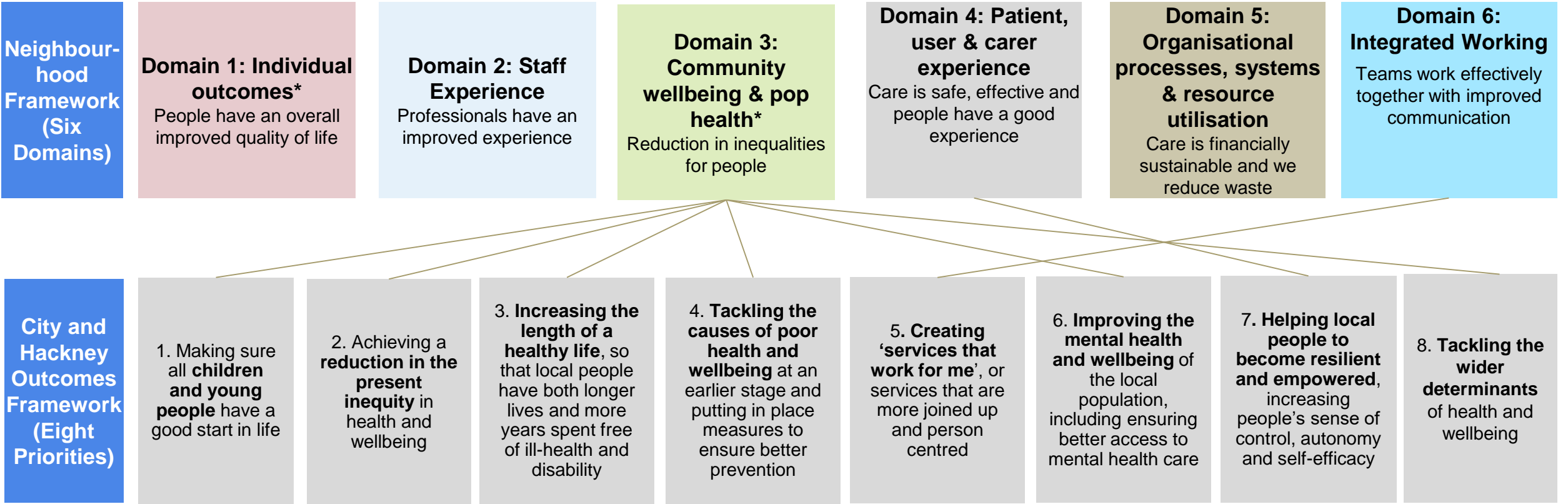


How people will be supported: According to complexity of need

We will take a population health approach to supporting people within the Neighbourhood and those populations that will benefit from it. Specialist services which are not provided within a Neighbourhood have a role in a). assisting Neighbourhood teams in how best to support an individual and b). may also provide support for the individual where required.



How we will measure Neighbourhood outcomes



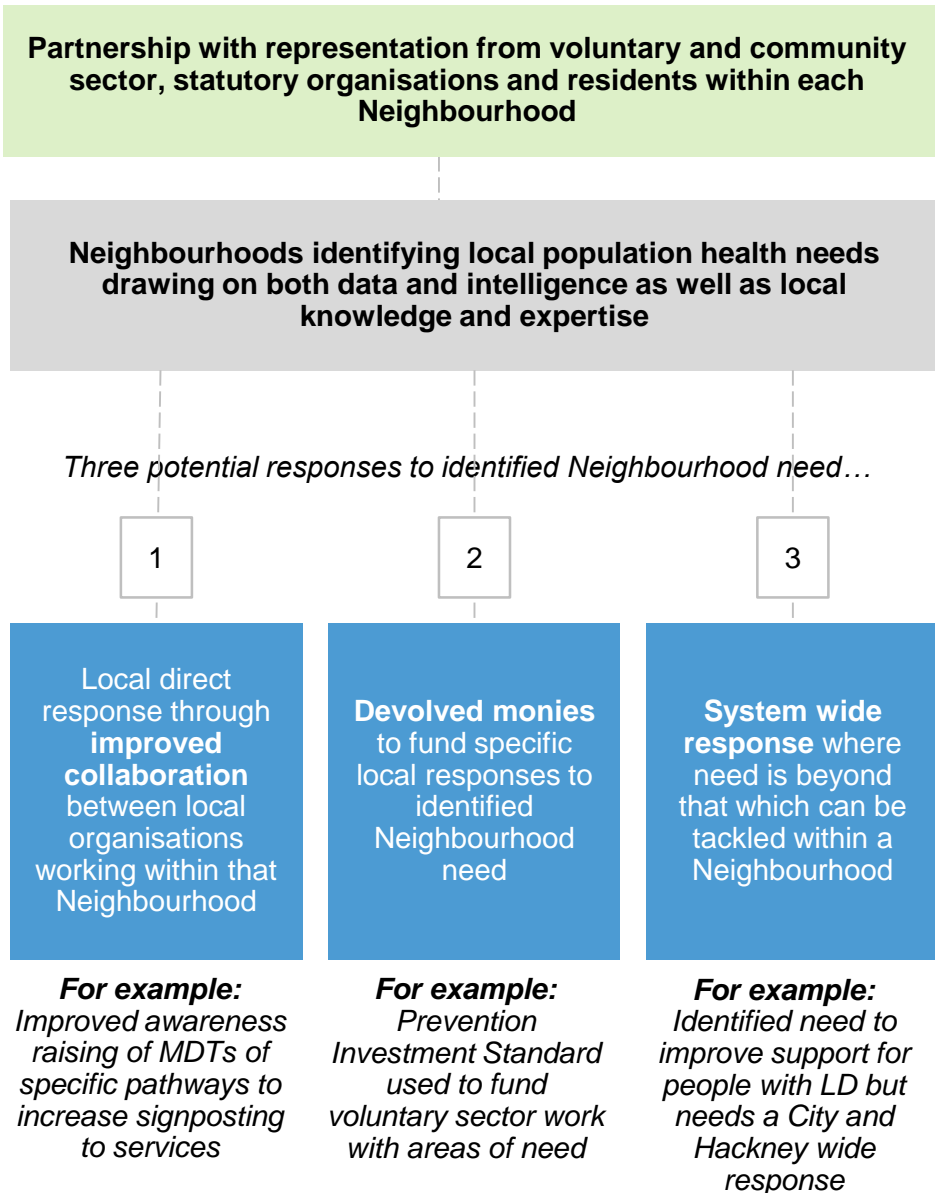
Measuring outcomes

The effectiveness of Neighbourhoods will be measured across six domains. These cover outcomes, quality of service and staff and resident experience. The Neighbourhood domains connects through to the eight priorities within the City and Hackney outcomes framework. The Neighbourhood leadership team will play an important role in monitoring Neighbourhood outcomes with regular dashboard reporting and analytics to support effective functioning.

There will be both cross-borough outcomes alongside outcomes personalised to each Neighbourhood: We would expect the outcomes from domains 1 (individual outcomes) and domain 3 (population health) to be unique to each Neighbourhood. Some population outcomes will however remain City and Hackney wide with associated activity being cross-borough.

Some domains and outcomes will apply to all Neighbourhoods We would expect the outcomes from domains 2, 4, 5 and 6 to be the same for each Neighbourhood with a common set of outcomes and measures

How Neighbourhoods would work in partnership to respond to local needs



How Neighbourhood Partnerships would work:

- **Local Neighbourhood partnerships** which bring together residents, voluntary and community and statutory organisations to help coordinate and respond to identified local needs.
- Underpinned by a **co-produced Neighbourhood charter** which outlines commitments from partners to work together and which informs the core values across staff working within Neighbourhoods.
- **Resource light in terms of administration** to support functioning of partnership within each Neighbourhood.
- Some **responsibility in directing funding to priorities** based on identified Neighbourhood need – but not all services would be commissioned or budgets devolved at a Neighbourhood level.
- **Local Partnership leadership** from residents (“school governor type model”), statutory / voluntary providers and/or PCN Clinical Directors.

Benefits of Neighbourhood Partnerships:

- Enables local leaders to determine local Neighbourhood priorities across the whole system
- Allows for a population health approach based on the needs of local residents
- Moves decision making closer to local people and local needs
- Gives opportunities to bring in social and economic determinants of health

What needs to be in place to support those teams

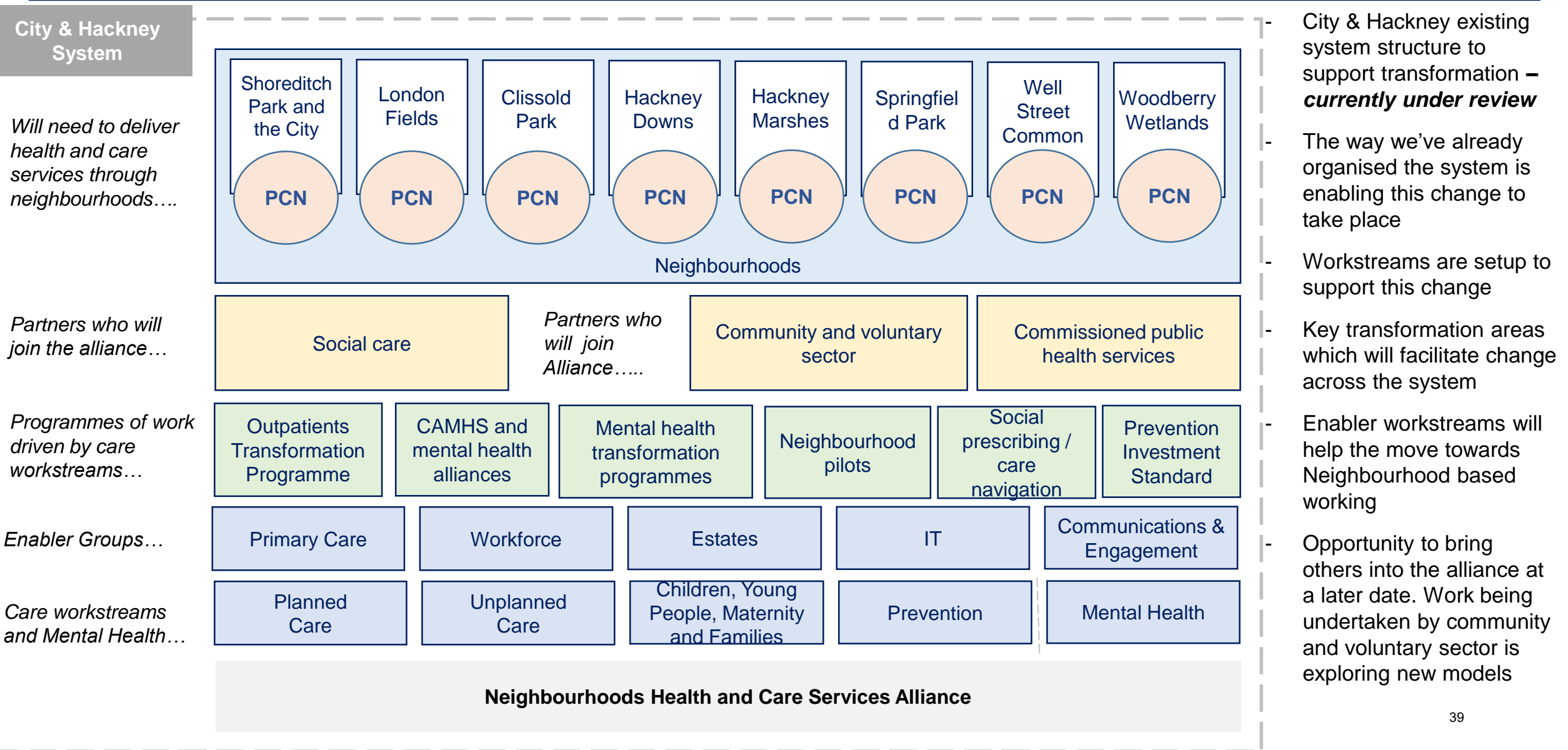
Enabler	What needs to be in place for Neighbourhood teams
Workforce & Organisational Development*	<ul style="list-style-type: none"> - Significant cultural change to facilitate cross-organisational working within a Neighbourhood - A workforce approach where training and skills requirements are considered across the whole integrated team rather than from individual service areas - An asset based / strengths based approach should be adopted by all individuals within the Neighbourhood with single high quality training programme alongside a commitment to taking a population health based approach
Estates	<ul style="list-style-type: none"> - A system wide mechanism to understand what we have got (by way of assets) and how to access them - Space for Multi-Disciplinary Meetings and co-working for Integrated Teams in each Neighbourhood - A community hub in each Neighbourhood where people can access advice, support and navigation support and services - Work underway to establish the need for community, clinical bases at a borough and neighbourhood level
IT and Data	<ul style="list-style-type: none"> - Technology should enable teams within the integrated care team to work as one team - There will be interoperability between the systems that staff use i.e. shared record and shared care plan for individuals they are supporting. It should be clear which staff are supporting which individuals. - There is a client level (anonymised) linked system wide dataset accessible for Neighbourhood analysis - There is a directory of services which includes statutory and VCS services
Communications and Engagement	<ul style="list-style-type: none"> - A communications and engagement plan which helps staff and residents understand Neighbourhoods and what it means for them. - This will include a Neighbourhood platform for each of the 8 Neighbourhoods to support resident engagement - Rather than communication by organisation, there are communications by / for people working within each Neighbourhood. This helps to create a Neighbourhood team (rather than organisational) identity.

Significant work will be needed with the enablers to ensure there is a focus on meeting Neighbourhood requirements including what is outlined here.

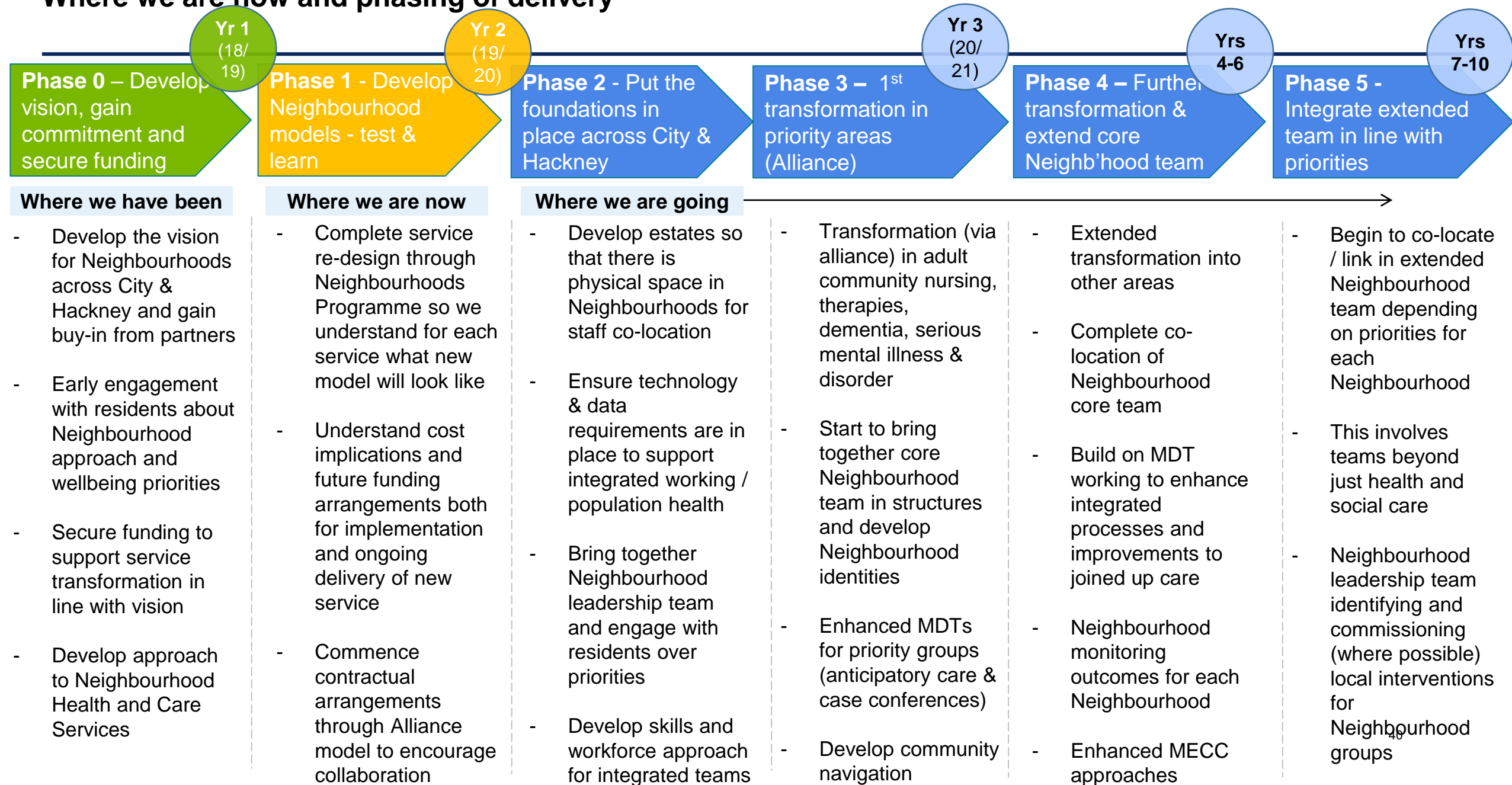
All underpinned by tools that support change and transformation e.g. Quality Improvement (QI), ethnographic approaches

**Learning from elsewhere suggests this should be a significant area of focus.*

The system structures needed to support this change within City & Hackney



Where we are now and phasing of delivery



Appendix

Case Study – How this would work

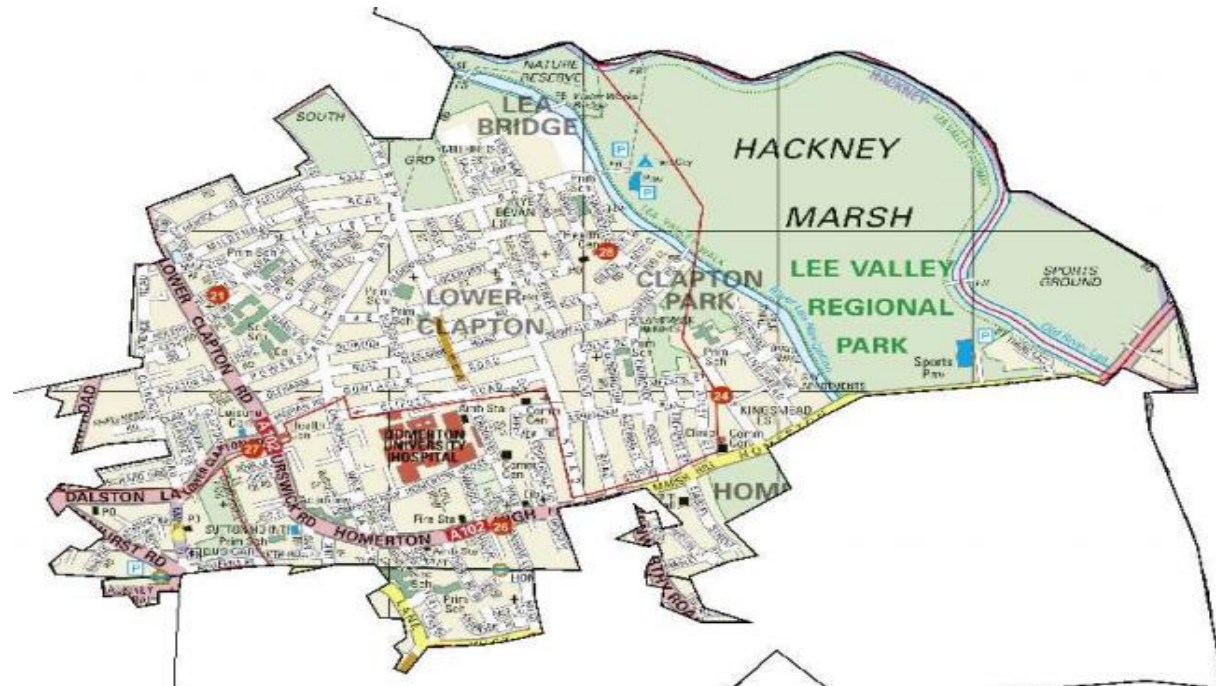
Hackney Marshes Neighbourhood

Who lives there?

- Similar age profile to the rest of City & Hackney but slightly lower proportion of younger adults
- High percentage of people born outside of the UK & high proportion of people with different ethnicities
- Relatively high of people providing unpaid care (8%)
- Deprivation levels are some of the highest across City & Hackney (and London)
- High levels of renting – both private and socially rented

What do we know about local outcomes?

- **Relatively high levels of young people not in education, employment or training** compared to the rest of City & Hackney
- **High levels of A&E utilisation** amongst both adults and children – in part linked by proximity to Homerton Hospital
- **Adult obesity** – Higher than average rate of being obese or overweight amongst adults
- **Levels of diabetes and hypertension (high blood pressure)** are above both the national and City and Hackney average
- **Levels of people who are housebound** are the highest across City and Hackney and there is high long-term use of adults and children's social care within the Neighbourhood



What might this mean for Neighbourhood based working?

The following may therefore be included in the Neighbourhood team:

- **Neighbourhood Core Team:** Primary Care, Mental Health, Social Care, Community Navigation / Social Prescribing, Therapies, Community Nursing
- **Working with Neighbourhood based partners:** VCS orgs. & community pharm.
- **Extended Neighbourhood Team:** Input from Health visiting and school nursing as well as Housing Advisors
- **Specialist Teams:** Input from Diabetes services & public health services (e.g. weight management).

Population health approach (and MDTs) could therefore focus on people and families with more complex needs

Work across partnership to help address long-standing health outcomes – Kings Park Moving Together, MECC and Wellbeing Practitioners.

Title of report:	Prevention Workstream Detailed Review
Date of meeting:	13 February 2020
Lead Officer:	Sandra Husbands (SRO), Jayne Taylor (Workstream Director)
Author:	Jayne Taylor
Committee(s):	City & Hackney CCG PPI Committee - 9 January 2020 City & Hackney CCG Clinical Executive Committee - 15 January City & Hackney CCG Finance & Performance Committee - 22 Jan
Public / Non-public	Public

Executive Summary:

Summary of progress and achievements since July 2019:

- New Hackney Tobacco Control Alliance launched
- Healthy Weight Strategic Framework and City Alcohol Strategy published
- Business case for specialist weight management service approved
- Successful procurement of new adult substance misuse service (final decision pending)
- Continued success of Sexual Health London e-service, and significant improvements in LARC activity through new primary care contract
- Continued high performance on NHS Health Check uptake and management of long-term conditions (LTCs) in primary care (QOF)
- Family Action received award for Best Large Social Prescribing Service; successful recruitment of 9x PCN link workers to complement commissioned provision
- Recurrent funding secured for HIV Clinical Nurse Specialists and St Joseph's Bereavement Service
- City and Hackney signed up to Prevention Concordat for Mental Health; Hackney Suicide Prevention Strategy published; c250 professionals trained in Mental Health First Aid

New/ongoing risks and issues:

- Contradiction of high quality LTC care/treatment and continued high rates of premature mortality (cardiovascular disease and respiratory disease esp.)
- Demand pressures in a number of prevention services (including social prescribing, weight management, sexual health)
- Recent fall in number of referrals to stop smoking service, in line with national trends (but service quality, i.e. 4 week quit rate, remains high)
- Unmet health and care needs in vulnerable populations (including rough sleepers)
- Risks (as well as opportunities) for commissioning of new social prescribing service in context of PCN link worker additional roles
- Significant increase in target number of referrals to NHS Diabetes Prevention Programme

Recommendations:

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



- to **NOTE** the report and the progress that has been made over the past 6 months

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

- to **NOTE** the report and the progress that has been made over the past 6 months

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"/>	This is the primary focus of the work programme of the Prevention workstream.
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"/>	The long-term sustainability of the local health and care system hinges on delivering a system shift in resources to prevention. Work is underway to scope out options for a local Prevention Investment Standard (as described in the attached report).
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input checked="" type="checkbox"/>	All of our plans seek opportunities to integrate approaches to primary and secondary prevention wherever possible
Empower patients and residents	<input checked="" type="checkbox"/>	Supporting people to take control of their own health and wellbeing is one of the workstream's three key aims

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

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

Clinical/practitioner input and engagement:

Our two clinical leads continue to lead on key workstream priorities (e.g. mental health, long-term conditions) and shape the wider programme of work through their membership of the Prevention Core Leadership Group.

A number of clinicians/practitioners from partner organisations are Associate Members of the workstream and/or are members of various steering groups overseeing our key programmes.

Communications and engagement:

Comms and engagement are key pillars to the delivery of Prevention workstream objectives, to help people better understand what they can do to stay healthy and what support there is available locally to help them do so. We are working closely with comms leads from across the system on a range of different programmes and projects - including tobacco control (see separate paper), obesity (LB Hackney comms is represented on the Hackney Weight Strategic Partnership), 'making every contact count' (see separate paper).

Colleagues from the IC Comms and Engagement team have also been instrumental in helping us engage with stakeholders to inform the design of the integrated Social Prescribing/Community Navigation service currently in development.

Equalities implications and impact on priority groups:

All of our programmes are focused on reducing inequalities through targeted preventative action, based on local evidence of need (using the JSNA as a basis for our commissioning plans and other activities).

There are no specific equalities issues addressed through this report. Impact assessments will be undertaken on any new plans for the workstream in 2019/20 and 2020/21.

Safeguarding implications:

No specific safeguarding issues arising from the report.

Impact on / overlap with existing services:

One of our priorities is to support other workstreams to embed prevention principles in their plans. A number of joint projects are being taken forward currently (as described in the attached report).

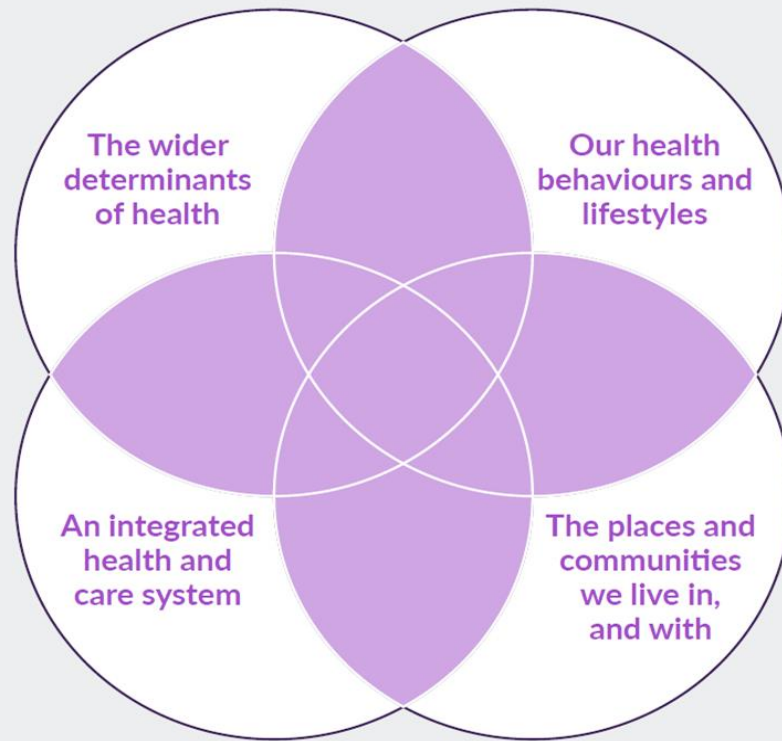
Sign-off:

Workstream SRO: Dr Sandra Husbands, Director of Public Health

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

City of London Corporation: Andrew Carter

City & Hackney CCG: David Maher, Managing Director



Prevention workstream detailed review - Jan 2020

Contents

- Overview of Prevention workstream priorities
- Key achievements over the past 6 months
- Ongoing and emerging challenges
- Update on 2019/20 priorities (incl co-production, cross-workstream prevention plans and the Prevention Investment Standard)
- Outcomes & performance
- Prevention budget update

Appendix: 2020/21 Prevention system intentions

Overview of Prevention workstream priorities

Purpose & aims

City & Hackney IC strategic objective 1: "**Deliver a shift in resource and focus to prevention** to improve the long term health and wellbeing of local people and address health inequalities"

3 core (overlapping) workstream aims:

- reduce the harms from the main preventable causes of poor health
- take early action to avoid or delay future poor health
- support and enable people to take control of their own physical/mental health and wellbeing

2 overarching ambitions (for population health improvement):

- support all workstreams and other IC partners to embed prevention principles in their plans
- work with wider partners to better understand/improve the social, economic & environmental drivers of health

Areas of work

- Whole system approaches to tackling the main behavioural risk factors for poor health (tobacco, obesity, inactivity, alcohol, drugs)
- Early intervention & risk factor management for the main preventable LTCs (CVD, diabetes, respiratory)
- Preventing poor mental health and promoting positive mental wellbeing
- Sexual health - prevention and treatment
- Improving staff health and wellbeing
- Earlier intervention support for vulnerable groups (including carers, rough sleepers)

2019/20 in focus

Thematic priority areas

- Embed **treatment of tobacco dependency** in the NHS
- Whole system action on **alcohol**
- Develop a Neighbourhood **community navigation** model to support better self-management and address 'wider determinants'
- Improve **employment** & volunteering opportunities for people with support needs
- Review & refresh local action on **CVD prevention**

Enabling a system shift to prevention

- **MECC** - owned and 'loved' across the system
- **Co-production** - real & meaningful dialogue, equal partnership working
- Develop **digital** solutions to help people take control of their health & wellbeing
- Implement **cross-workstream prevention plans**
- Develop plans for a **Prevention Investment Standard**

Key achievements over the past 6 months

Tackling the main behavioural risk factors for poor health

- Launch of Hackney Tobacco Control Alliance
- Obesity: New co-produced Healthy Weight Framework launched; business case for Tier 3 weight management service approved
- Alcohol & drugs: City Alcohol Strategy published; new Healthy Lifestyle Coaching clinics for people with low/moderate alcohol misuse; new Hep C clinic for IDUs, with plan to expand offer to Greenhouse patients; 1 year pilot to improve access to mental health support for people with substance misuse/rough sleepers went live 1 Oct; successful procurement of new (adult) substance misuse service (decision pending; 'go live' Oct 2020)

Sexual health

- Sexual Health London e-service continues to improve access to STI & HIV testing in C&H (10,000+ testing kits issued; 1,000+ tests per month) - satisfaction with the service remains extremely high (99%+)
- 37 out of 40 GP practices signed up to deliver at least one element of the new sexual & reproductive health service (10 signed up to deliver full service) - LARC activity has increased as a result
- Recurrent funding for HIV Clinical Nurse Specialists secured

LTC prevention & early intervention

- Continued high performance on QOF (see next slide)
- Diabetes: continued success in achieving referral targets for NHS Diabetes Prevention Programme; good outcomes from Homerton Very Low Calorie pilot
- CVD: continued high performance on NHS Health Check uptake

Supported self-management

- Social Prescribing: best large SP service award; successful recruitment of 9 PCN SP link workers
- Group consultations; delivery in 7x phase 1 practices; phase 2 underway; excellent patient feedback
- '3 conversations' approach proving successful in innovation site

Mental health

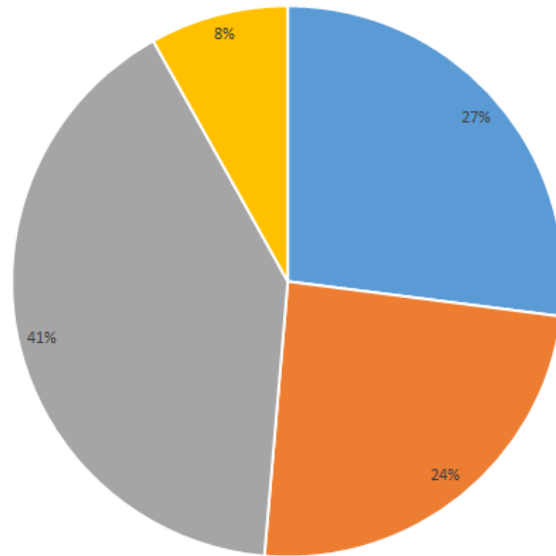
- Local sign up to the Prevention Concordat for Mental Health
- Hackney Council Employee Mental Health Strategy published
- c250 professionals trained in Mental Health First Aid since April; 80+ City barbers & hairdressers also trained in suicide prevention
- Draft Hackney Suicide Prevention Action Plan produced
- 78 referrals received by NHSE funded supported employment (IPS) service for people with SMI (ELFT/Shaw Trust)

Early intervention support for vulnerable groups

- Hackney Carers First Service launched
- Recurrent funding for St Joseph's Bereavement Service secured
- Primary care outreach service for City rough sleepers launched

2018/19 QOF results

City & Hackney CCG QOF results 2018/19 - LTC indicators
(including Smoking)



■ Top CCG in England ■ Top quintile ■ Mid range ■ Bottom quintile

Out of 37 measures relating to long term condition management and smoking, City and Hackney CCG was:

- top in the country on 10 measures (esp. blood pressure management)
- within the top 20% of CCGs in the country on a further 9 measures

Specific areas for improvement:

- HbA1c control
- anticoagulation therapy for eligible AF patients
- flu imms uptake

Ongoing and emerging challenges

<i>Ongoing...</i>	<i>Mitigation</i>
Contradiction of high quality LTC care/treatment and continued high rates of premature mortality (esp. CVD and respiratory disease)	CVD prevention work underway Planned joint work on respiratory pathways with Planned Care WS and STP (East London Health and Care Partnership)
Demand pressures in many prevention services (including social prescribing, weight management, sexual health)	To be (partly) addressed through re-commissioning during 2020
Recent fall in number of referrals to stop smoking service (in line with national trends) - but quit rates remain high	Review meeting convened and action plan in place New Tobacco Control Alliance established
Unmet health and care needs in rough sleeping population (cross-workstream issue)	Various local/NEL projects underway to improve care pathways - needs a coordinated system response
Significantly poorer health outcomes in some minority ethnic communities, especially among young Black men	Collaborative action through Hackney's Young Black Men programme to co-design and co-deliver new approaches to tackle inequalities
<i>Emerging...</i>	<i>Mitigation</i>
Complexities created for planned re-commissioning of social prescribing/community navigation service as a result of PCN link worker funding	Collaborative approach being taken, in full partnership with lead PCN Clinical Director, with support from NHSE/Healthy London Partnership
Significant increase in target number of referrals to NHS Diabetes Prevention Programme from next year	Incentives included in GP Confed LTC & Prevention contract
Inpatient detox capacity issues (closing of a number of units in London over the past 6 months)	Pan-London working group established by Public Health England Local plan being developed

Update on 2019/20 priorities

Update on 2019/20 priorities - thematic areas (1)

	<i>6 month progress update</i>	<i>Key priorities & milestones next 6 months</i>
Embedding treatment of tobacco dependency in the NHS [LTP priority]	<ul style="list-style-type: none"> • Launch of new Tobacco Control Alliance • Excellent progress on CO testing in maternity service (95% compliance) • Input to STP Long Term Plan (LTP) response on implementing the 'Ottawa model' across NEL • Permission granted to 're-purpose' PIC funding to develop a bespoke model of support to quit for ACERS patients • ELFT: SS advisors effectively supporting patients to quit; ward tobacco dependency champions 	<ul style="list-style-type: none"> • Inclusion of evidence-based interventions (including Ottawa model) in Prevention Investment Standard 'menu of opportunities' for providers • Continue to work with NEL colleagues to respond to future LTP funding opportunities as they arise (ongoing) • Complete insight work and produce draft service model to support COPD patients to quit (April 2020) • Complete options appraisal for implementing National Referral System at Homerton (March 2020)
Whole system action to tackle alcohol-related harms	<ul style="list-style-type: none"> • City of London Alcohol Strategy published • 8 new practice-based Healthy Lifestyle Coaching clinics (for moderate alcohol misuse) • Local participation in Alcohol Awareness Week 	<ul style="list-style-type: none"> • London Alcohol Sector Led Improvement conference (Jan 2020) • Dry January campaign • 2020/21 LTC & Prevention contract - inclusion of alcohol screening, brief advice and referrals (April 2020)
Community navigation [LTP priority - Social Prescribing]	<ul style="list-style-type: none"> • Co-design of integrated social prescribing/community navigation service • Successful recruitment of 9 PCN link workers • CEPN funded programme manager recruited • '3 conversations': 2 Neighbourhoods, 500+ conversations; strong preventative focus 	<ul style="list-style-type: none"> • Procurement of integrated SP/CN service (timetable TBC) • Connect Hackney learning event (April 2020) • Produce a draft Neighbourhood Community Navigation blueprint (July 2020) • '3 conversations': start to roll-out to other Neighbourhoods; alignment with MECC, DoS etc

Update on 2019/20 priorities - thematic areas (2)

	<i>6 month progress update</i>	<i>Key priorities & milestones next 6 months</i>
Improving access to employment for people with support needs [STP alignment - IPS]	<ul style="list-style-type: none"> • 78 referrals received by IPS service; currently working with 45 individuals with SMI; 9 people placed in employment. • Participation in NEL IPS oversight group. • New Supported Employment programme manager started in post. • Mapping of all supported employment providers complete and information published on HCVS website. • Ongoing development of the Supported Employment Network to cement partnership working, including training sessions for members. 	<ul style="list-style-type: none"> • Develop a supported employment 'passport', building on Hackney Works digital platform. • Further training sessions for network members (e.g. on IPS accreditation, employer engagement). • Facilitate provider self-assessment/audit against quality standards to support accreditation. • Resident/user involvement, utilising existing user forums/groups. • Employer engagement (e.g. business breakfast sessions), including through City's Business Healthy Network. • Alignment with Mental Health and Learning Disabilities Strategy Action Plans. • Business case for 2020/21 to progress work on key network priorities to be presented to Mental Health Coordinating Committee (Jan/Feb 2020).
CVD prevention [LTP priority]	<ul style="list-style-type: none"> • Blood pressure (BP): top performing CCG in 2018/19 QOF; meds adherence review of Black African/Caribbean hypertension patients (ongoing). • Atrial fibrillation (AF): 2018/19 QOF 'needs improvement' on AF anticoagulation. 	<ul style="list-style-type: none"> • BP: targeted outreach with Black African/Caribbean community to inform an intervention to improve BP control. • AF: new pathway development, supported by primary care education, EMIS templates, and advice & guidance. • Agree 2020/21 LTC contract KPIs (March 2020). • Real Health CVD programme launch (Jan/Feb 2020).⁵⁵ • Participation in NEL CVD prevention group.

Update on 2019/20 priorities - prevention 'enablers'

	<i>6 month progress update</i>	<i>Key priorities & milestones next 6 months</i>
'Making every contact count'	<ul style="list-style-type: none"> • Scoping phase complete • Co-design workshops held with 6 'innovation sites': Homerton maternity and physiotherapy depts; LBH Registration Services; multi-professional GP practice team (Lower Clapton); CoLC Department of Children and Community Services team; Connect Hackney community groups (VCS) • Branding and communications: consultation with IC comms & engagement enabler group; stakeholder 'branding perceptions' survey 	<ul style="list-style-type: none"> • Deliver 6x MECC training sessions at innovation sites and initiate roll-out to early adopter sites (Jan-Mar 2020) • Action planning with partner organisations to implement scoping recommendations (ongoing) • Develop and agree the local MECC 'brand' (Jan-Mar 2020) • Finalise and implement MECC comms strategy, including the creation of a 'community of practice' (specific milestones TBC)
Digital projects	<ul style="list-style-type: none"> • Directory of Services (DoS): extensive stakeholder engagement to define scope and requirements; testing of 'minimum viable product' (MVP=prototype) • Digital Social Prescribing Platform (DSPP): alignment of pilot site(s) with DoS project; procurement of IT supplier • Assistive technology (AT): 6 month pilot of Personal Alarm Watch pilot underway; AT requirements embedded in procurement processes 	<ul style="list-style-type: none"> • DoS: feasibility testing of MiDOS (Jan 2020); VCS upskilling (ongoing); development of data standards/quality assurance framework (March 2020); business case for system roll-out (July 2020) • DSPP: testing of MVP/prototype (starts Jan 2020); further testing and business case for roll-out (Sep 2020) • Assistive tech: scoping of future AT pilots (e.g. LD transition); Hackney leading development of shared AT evaluation framework for London

Co-production and resident engagement

Social prescribing and community navigation service

Co-production session to design the engagement activity.

Two drop in events in Clissold Neighbourhood and Shoreditch & City Neighbourhood; Connect Hackney Older People's Committee; focus groups with Autism experts by experience and Bikur Cholim (50+ residents); etc.

Feedback event for all participants scheduled for February 2020.



Substance misuse service re-commissioning

Current/potential service users involved in service redesign process (through interviews and focus group).

Procurement panel included an 'expert by experience'.

Hackney adult carers service

Carers co-production group shaped design and implementation of new service.

New carers forum is being established.

City Early Interventions service

Unpaid carers involved in co-design of carers support offer and new Carers Strategy.

An Outcomes Delivery Board (consisting of community partners) have agreed an outcomes framework for monitoring purposes.



Update on 2019/20 priorities - cross-workstream prevention plans

CYPMF	<ul style="list-style-type: none"> • Joint action on maternal smoking being taken forward through refreshed Smoking in Pregnancy & After Childbirth Partnership • Review of child obesity pathway planned for 2020/21 • Work to define scope of navigation and MECC for CYP to begin in early 2020
Planned Care	<ul style="list-style-type: none"> • Business case for specialist adult weight management service approved; service spec drafted • Integrated women's health commissioning model - scoping underway • Joint work on CVD prevention (underway) and respiratory pathways (planned) • Integrated LTC governance through Planned Care Systems Management Group established in Oct 2019
Unplanned Care	<ul style="list-style-type: none"> • Joint leadership of Neighbourhood community navigation project - programme manager now in post • Collaborative redesign of PH funded falls prevention service - procurement underway (decision pending); new service from April 2020 • Planning for implementation of MECC in urgent care pathways to commence in early 2020
Mental Health CC	<ul style="list-style-type: none"> • See <i>'Key achievements' slide for progress update</i> • C&H Mental Health Strategy - prevention as first action plan priority (work ongoing) • Collaborative approach to commission successor to 'Wellbeing Network' - new service from Feb 2021
Primary Care	<ul style="list-style-type: none"> • 2x joint sessions on prevention and primary care - outputs have informed a number of contractual⁵⁸ changes for 2020/21 (incl. CCE and LTC & Prevention contracts)

Prevention Investment Standard (PINS)

Purpose

Support implementation of C&H IC strategic objectives to shift focus and resources to prevention in order to:

- improve the long-term health & wellbeing of local people and reduce inequalities
- achieve financial sustainability for the local system.

Create a mechanism for ensuring investment in prevention activities increases (as a % of total investment) over time.

Influence system behaviours and support a culture shift for system-wide 'ownership' of prevention, alongside wider prevention strategies.



Progress to date

Approx £2m non-recurrent funding to establish the PINS

System-wide provider element (Homerton, ELFT, GP Confed):

- co-design with Transformation Board and Prevention CLG
- from 2021/22 PINS embedded in core contracts

Community element:

- main purpose=capacity building to deliver prevention activities
- Neighbourhood model
- sustainable funding TBC



Next steps

Immediate (2-3 months):

- develop PINS approach for primary care
- finalise menu of opportunities and contracting arrangements for 'system-wide' element
- co-design and co-delivery of 'community' element
- develop monitoring framework(s)

Longer-term (4-12 months):

- financial modelling to establish (a) future PINS funding allocation (from 2021/22) (b) baseline (system) prevention spend
- develop sustainable model for 'community' PINS
- embed 'provider' element in contracts

Commissioning milestones

NB: Social Prescribing/Community Navigation procurement not included below as timetable is still TBC - anticipated start date for new service is autumn 2020

	Jan 2020	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2021	Feb	Mar
Specialist weight management	Contract negotiation TBC			Service mobilisation TBC											
Falls Prevention		Mobilisation		New service											
Adult substance misuse			Service mobilisation							New service					
LTC & Prevention contract				New contract											
NHSE Low Calorie Diet Programme				New service mobilisation				New service							
Wellbeing Network successor	Service re-design and procurement (timetable TBC)													New service	
Condom distribution				Service redesign											
60															

Key outcomes (latest available data) - (1)

Indicator	Latest outturn	Trends and comparisons
Smoking prevalence (PHOF)	Hackney (2018): 14.8% City: data not available	Similar to London and peer group averages Large (not statistically significant) fall since 2017
Child obesity (Year 6/age 10-11) prevalence (IAF/PHOF)	City and Hackney (2018/19): 24.8%	Above England average (20.2%) Similar to peer group average Trends relatively stable since records began
Alcohol and substance misuse treatment completions (PHOF)	City and Hackney (2017): 39.5% alcohol treatment completions City and Hackney (2017): 7.1% drug treatment completions (opiates)	Similar to London and peer group averages Significant improvement recent years Similar to London and peer group averages Recent trend relatively stable
Uptake of NHS Health Check (PHOF)	Hackney (2014/15-2018/19): 65.3% of eligible population receiving NHS Health Check City (2013/14-2017/18): 59.2%	Higher than London average (48.5%) Improving trend

Key outcomes (latest available data) - (2)

Indicator	Latest outturn	Trends and comparisons
Diabetes - CCG assessment (IAF)	IAF overall all assessment (2017/18): GOOD - 43 % achieved treatment targets - 9 % newly diagnosed attended structured education	Comparable to England and STP averages Improving trend (treatment target)
People with a LTC feeling supported to manage their condition (NHSOF)	City and Hackney (2019): 55%	Similar to England average Above NEL average (51%) Data not comparable with recent years
Sexual health - chlamydia detection rate age 15-24 (PHOF)	Hackney (2018): 5,757 per 100,000 City: data not available	Above London (2,610 per 100,000) and peer group (3,150) averages Increasing trend*
HIV late diagnosis (PHOF)	Hackney (2016-18): 37.4% newly diagnosed City: data not reported (small numbers)	Similar to London and peer group averages Relatively stable trend

**higher rates/increasing trend a measure of 'success' in detecting infection*

Key outcomes (latest available data) - (3)

Indicator	Latest outturn	Trends and comparisons
Age-standardised mortality rate from suicide and injury of undetermined intent (PHOF)	Hackney (2016-18): 9.6 per 100,000 City: data not available	Similar to London and peer group averages Stable trend
Proportion of adults in secondary mental health services in paid employment (ASCOF)	Hackney (2018/19): 3.0% City: data not available	Below London average (7.0%) Recent trend relatively stable*
Proportion of adults with learning disability in paid employment (ASCOF)	Hackney: 4.4% City: data not available	Below London average (8.0%) Recent trend relatively stable*
Carers with a LTC feeling supported to manage their condition (IAF)	City and Hackney (2019): 54.9%	Below England average (57.3%)

* based on gap between overall employment rate and employment rate of people accessing secondary mental health services/with learning disability

CQUIN performance 2018/19

	2019/20 targets	Q2 achievement
CCG2. Flu vaccination uptake by frontline clinical staff	80%	NA - reporting in Q4 (Homerton & ELFT)
CCG3a. Alcohol & tobacco - screening (inpatients admitted for at least one night who are screened for both smoking and alcohol use)	80%	Achieved (Homerton) - 96.4% Achieved (ELFT) - 82.2%
CCG3b. Alcohol & tobacco - tobacco brief advice (identified smokers given brief advice - incl. NRT offer)	90%	Achieved (Homerton) - 95.4% Achieved (ELFT) - 91%
CCG3b. Alcohol & tobacco - alcohol brief advice (patients identified as drinking above low risk levels, given brief advice or offered a specialist referral)	90%	Achieved (Homerton) - 99.6% Achieved (ELFT) - 96.8%

Prevention budget (month 09 2019/20)

Organisation	Month	Pooled Budget £000's	Aligned Budget £000's	Total Annual Budget £000's	Forecast Outturn		YTD		
					Forecast Spend £000's	Forecast Variance £000's	YTD Budget £000's	YTD Spend £000's	YTD Variance £000's
City and Hackney CCG	M09	261	3,526	3,787	3,787	0	2,840	2,840	0
City of London	M09		1,487	1,487	1,491	(4)	821	1,025	(204)
London Borough of Hackney	M09		23,554	23,554	23,544	10	18	13	5
Grand Total		261	28,567	28,828	28,822	6	3,679	3,878	(199)

Summary

The Prevention workstream has a total annual budget of £28.8m.

The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund. Aligned budgets constitute everything that is not currently pooled.

At month 9, the workstream was forecasting a small year end underspend of £6k (CCG break even position, CoLC £4k overspend related to OT and Health At Work, LBH underspend related to Supported Employment Service).

QIPP - 2019/20 schemes on track. Making progress with schemes for 2020/21.

APPENDIX

2020/21 Prevention system intentions

PREVENTION WORKSTREAM : 2020 - 21 SYSTEM INTENTIONS OVERVIEW ON A PAGE

Overarching Care Workstream objective:

- Reduce the harms from the main preventable causes of poor health.
- Take early action to avoid or delay future poor health.
- Support and enable people to take control of their own physical and mental wellbeing.

Long term conditions - earlier intervention

- Start work to refocus the Long Term Conditions (LTC) contract with the GP Confederation to have a stronger emphasis on incentivising prevention.
- Areas identified with potential to include/enhance incentives for: alcohol screening and brief advice; reducing variation in referral rates to stop smoking services; COPD and asthma prevalence/case finding; group consultations and self-management; identifying and improving access to support for carers (including linking in to new carer support services in Hackney and the City); implementing annual reviews for other conditions (epilepsy, sickle cell); amongst other things.
- Another opportunity identified is the integration of the NHS Health Check contract within the LTC contract to optimise and align incentives for cardiovascular disease (CVD) prevention in primary care.

Rough Sleepers

- Use the learning from various local pilots currently underway/planned to inform the development of effective care pathways for rough sleepers in Hackney and the City.

Supporting people to take control of their own health and wellbeing

- Re-commission the existing Social Prescribing service to integrate fully with new funded Primary Care Network provision and align with the new Neighbourhood community navigation model.
- Improve access to, and awareness of, local prevention services using the learning from two digital pilot projects (Digital Social Prescribing Platform and Directory of Services).
- Use the learning from the 'three conversations' innovation site to embed a strengths-based, preventative approach across social care practice in Hackney.

Sexual Health

- Work with the Planned Care Workstream to develop a collaborative approach to commissioning women's sexual and reproductive health services.

Learning disability and prevention

- Collaborative working with Planned Care colleagues to implement actions on prevention as set out in the new City and Hackney Learning Disability Strategy with focus on
 - Increasing access to mainstream services and asking partners to ensure reasonable adjustments for people with learning disability and autism

Obesity

Collaborative working to tackle obesity locally will continue through a new 10 year strategic 'healthy weight' framework, which has been co-produced with a broad alliance of partners.

with Planned Care Workstream

- Commission a new weight management service to meet the needs of people with complex needs who are not eligible/suitable for bariatric surgery.

with CYPMF Care Workstream

- Undertake a review of the child obesity pathway, with a focus on complex needs provision.

Alcohol, Substance Misuse and Tobacco Dependency

- Embed tobacco & alcohol screening and brief advice targets as service KPIs from 2020/21.
- Complete the re-procurement of a new integrated City and Hackney adult substance misuse service.
- Collaborate with North East London partners, working in partnership with Homerton and ELFT, to develop a business case to implement the Ottawa inpatient model of bedside support to quit smoking.

Mental Health

- Design a new service offer to better support a targeted preventative approach to improving mental wellbeing, informed by the new City and Hackney Mental Health Strategy and the findings of an evaluation of the Wellbeing Network
- Continue to work with local VCSE and statutory providers to improve the offer of supported employment provision for people with mental illness, learning disabilities and other support needs

Making every contact count (MECC)

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

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Title of report:	Building a movement to 'make every contact count' in Hackney and the City' - programme update and next steps
Date of meeting:	13/02/2020
Lead Officer:	Jayne Taylor - Prevention Workstream Director
Author:	Tamsin Briggs, MECC Programme Manager Meg Dibb-Fuller, Digital and Communications Lead for the Prevention Workstream Jayne Taylor, Prevention Workstream Director
Committee(s):	Draft scoping recommendations discussed and approved at MECC steering group - 17/09/19 Update paper presented to Prevention Core Leadership Group (for endorsement) - 15/10/19 Earlier update paper presented to Accountable Officers Group (for endorsement) - 29/10/2019
Public / Non-public	Public

Executive Summary:

Our local 'Making Every Contact Count' (MECC) programme is an ambitious two-year programme of work to stimulate a movement for change across the City and Hackney, where all frontline staff will be encouraged to work in new ways to address the health needs of the local population. The programme will support the workforce to develop their confidence, competence and motivation to have different conversations with their patients/service users around what is impacting their health and wellbeing.

We are focused on ensuring the approach is sustainable and becomes the **'the way we do things around here,'** for lasting and sustainable population health benefits. As such, an important aspect of the project is to ensure MECC principles and practice are fully embedded into the culture of the local health and care system. We are in the process of developing collaborative action plans with key partner organisations, in response to the emerging recommendations from the scoping exercise, around the four MECC 'building blocks' (supportive organisational culture, health promoting environments, infrastructure and training).



City and Hackney
Clinical Commissioning Group

This paper summarises the activity and progress made to date, since the programme commenced in March 2019, as well as outlining the next steps. A number of questions are posed to ICB members at the end of the main report, for discussion.

Recommendations:

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

- To **NOTE** the progress that has been made since the start of the programme;
- To **CONSIDER and PROVIDE FEEDBACK** on the recommendations emerging from the scoping report and the specific questions posed to ICB members at the end of the paper; and
- To continue to **ENDORSE** the programme by acting as visible champions for embedding the principles of MECC across the local health and care system.

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

- To **NOTE** the progress that has been made since the start of the programme;
- To **CONSIDER and PROVIDE FEEDBACK** on the recommendations emerging from the scoping report and the specific questions posed to ICB members at the end of the paper; and
- To continued to **ENDORSE** the programme by acting as visible champions for embedding the principles of MECC across the local health and care system.

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	Y	Supporting frontline staff to work in new ways to use their interactions with the public, to promote positive mental and physical health and wellbeing. Developing the workforce's competence and confidence to address the 'wider determinants' of health - such as financial security, employment, housing or social connections.
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input type="checkbox"/>	
Ensure we maintain financial balance as a system and achieve our financial plans	<input type="checkbox"/>	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input type="checkbox"/>	

Empower patients and residents	Y	Ensuring that patients, residents and staff know what impacts their health and wellbeing, what they can do to improve it and what local support is available.
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Specific implications for City

The Department for Children and Community Services (DCCS) are involved in the co-design and testing phase of the programme, with approximately 50 staff from DCCS contributing to the co-design workshop (which took place during a departmental meeting in December).

Given that frontline service staff numbers are comparatively small, we are working with the MECC lead from the City to agree the best approach to rolling out the training to enable staff to be released from normal duty, while not compromising service delivery.

Specific implications for Hackney

None at this stage. This is a City and Hackney wide programme. Most of the 'innovation sites' are located in Hackney.

Patient and Public Involvement and Impact:

Our Prevention resident representative (Ida Scoullas) is a member of the MECC steering group.

Resident engagement formed an important component of the scoping activity and the programme will continue to build on these foundations, taking a fully collaborative approach to designing, testing, implementing and evaluating. We are hoping to test a model of including service users in training design/delivery in one or more of the 'innovation sites'.

Clinical/practitioner input and engagement:

The MECC business case was co-produced with a range of stakeholders, including clinicians and practitioners from across the local health and care system. There is clinical and practitioner membership of the MECC steering group.

Training is being co-designed with service managers and frontline staff.

Communications and engagement:



Yes. Resident engagement formed an important component of the scoping activity and the programme will continue to build on these foundations, taking a fully collaborative approach to designing, testing, implementing and evaluating.

Comms Sign-off

A communications and engagement strategy has been developed by listening to and developing an understanding of, the needs of residents, frontline staff, and other key stakeholders. We presented a draft strategy to the Integrated Commissioning Communications and Engagement Enabler Group in November, for input and endorsement. The strategy will be further tested and developed during the next phase of the MECC programme.

We are also working closely with IC's comms and engagement leads to develop the programme's brand to ensure alignment with IC branding.

Equalities implications and impact on priority groups:

MECC offers substantial opportunities to address health inequalities and improve health outcomes in relation to the wider ('social') determinants of health.

Safeguarding implications:

To be considered as part of programme development, in line with the workstream's agreed approach to safeguarding.

Impact on / Overlap with Existing Services:

The aim of the scoping phase was to identify other local programmes and projects that the MECC programme can build on, to embed the approach across the system without comprising existing good practice. Examples of related services and initiatives include the '3 conversations' approach in adult social care (Hackney), motivational interviewing training in general practice and the roll out of 'systemic social work' (a person-centred care model) in the City. This scoping exercise has informed where to target resources in a way that will bring about the greatest added value.

Sign-off:

Workstream SRO: Dr Sandra Husbands, Director of Public Health
London Borough of Hackney: Anne Canning, Group Director (Children, Adults, Community Health)
City of London Corporation: Andrew Carter
City & Hackney CCG: David Maher, Managing Director



Main Report

Making Every Contact Count: programme update

Introduction

1. All partners within the City and Hackney integrated health and care system have the opportunity to more effectively promote positive mental and physical health and wellbeing. With increased pressure on organisations to reduce costs and increase quality and productivity, services can no longer be focused on single issues in isolation. There is a need for systemic change towards proactive prevention and a greater emphasis on addressing the 'wider determinants' of health - such as financial security, employment, housing and social connections. Treating people without identifying and supporting them to change the underlying causes of ill-health is inefficient and unsustainable.

Local context

2. Many of the preventable causes of poor health (such as smoking, inactivity, poor diet, excessive alcohol intake, or a combination of these) are common in City and Hackney. And levels of poverty, a major driver of health inequalities, are comparatively high locally. As such, supporting staff and service users to take positive action to improve their health, and tackle the 'wider determinants' of ill-health, should be at the core of everything we do.
3. Using every opportunity to deliver (very) brief advice to improve people's health and wellbeing is key to achieving the aspirations of City and Hackney's integrated health and care programme, to shift focus and resources towards prevention. We note that many frontline staff are already adopting the principles of brief advice to support people to make and maintain positive behaviour change, and we want to build on this positive practice and encourage others to follow.
4. Our local 'Making Every Contact Count' (MECC) programme is an ambitious two-year programme of work to stimulate a movement for change across the City and Hackney, where all frontline will be encouraged to work in new ways to address the health needs of the local population. The programme is supporting staff to develop their confidence, competence and motivation to have different conversations with their patients/service users. We are focused on ensuring the approach is sustainable and becomes the 'the way we do things around here'. As such, an important aspect of the project is to ensure MECC principles and practice are fully embedded into the culture of the local health and care system, for lasting and sustainable population health benefits.



Summary of progress to date

5. This two year programme of work includes scoping, co-designing, testing and embedding a local approach to MECC. (The high level project plan is displayed in Appendix 1.) The project formally commenced in March 2019 and, since then, we have achieved the following.
6. Project set up and governance. Identified MECC leads from each partner organisation and formed a quarterly steering group to guide and inform the development and implementation of the programme. Members approved the Terms of Reference during the first meeting which outlined that they will act as visible and active MECC champions and, where necessary, work to unblock operational and strategic barriers to implementation within their respective organisations. The programme is accountable to ICB via the Prevention Core Leadership Group.
7. Completed the scoping phase. Conducted 21 semi-structured interviews with key stakeholders from partner organisations, 12 workshops with resident groups and frontline staff, and gathered feedback from relevant steering groups and forums. Insights were used to understand our baseline against the four MECC ‘building blocks’ (organisational culture, health promoting environments, infrastructure, and staff training and development), and to make practical recommendations to address any gaps identified and build on current strengths within the local system (see table below). The scoping activity also informed the identification of the **six ‘innovation sites’** (services/staff groups who are motivated to implement MECC and ready to test different approaches to training), as well as ‘early adopter’ sites which we will use to put the learning into practice and further test our approach. Staff groups/services that form the innovation sites are outlined in Appendix 2.



Summary of emerging recommendations from scoping report

<p>Organisational culture</p> <p>Senior leaders across the system must continue to be active and visible MECC champions, giving staff 'permission' to deliver MECC - to support, enable and sustain the upscaling of MECC practice.</p> <p>MECC principles and practice should be embedded in all relevant partner organisations' processes and protocols, for example:</p> <ul style="list-style-type: none"> • key organisational policies should reflect MECC principles • MECC training mandatory for relevant staff and included in core staff training offer • MECC principles reflected in relevant staff JDs, person specifications • MECC requirements and principles embedded in relevant contracts <p>Develop a community of practice to facilitate a movement for change and help overcome resistance to changing practice.</p>	<p>Health promoting environments</p> <p>All public service sites across Hackney and the City must be health promoting and supportive of healthy conversations, including:</p> <ul style="list-style-type: none"> • being smokefree/having an organisational smokefree policy • achieving and maintaining London Healthy Workplace Award accreditation • (where relevant) signing up to healthier catering commitment, or implementing other/equivalent healthy food policies and standards • increasing displays of signage and posters (including digital signage) to promote health and wellbeing. <p>The MECC training curriculum should cover when the environment is, and isn't, appropriate for healthy conversations.</p>
<p>Infrastructure</p> <p>An up-to-date, accurate and easy to use online platform is needed to enable frontline staff to access information on, and signpost/refer people to, local prevention and wellbeing services. This is being progressed through the parallel 'directory of services' project.</p> <p>Partner organisations need varying levels of infrastructure support to strengthen referral processes and enable effective signposting.</p> <p>A digital platform, or other means of sharing good MECC practice and resources, is needed to enable practitioners across the system to communicate with each other (scope to be further tested during co-design phase).</p>	<p>Staff training and development</p> <p>All relevant frontline staff should be supported to develop the essential MECC competencies, and managers empowered/trained to support staff to work differently.</p> <p>Commission a skills-based MECC training programme that is co-designed with the target audience.</p> <p>MECC training should take a 'tiered' approach (e.g. introductory, refresher, masterclass) to suit the diverse needs of staff and reflect prior training and experience.</p>

8. Action planning with partner organisations. We are in the process of developing collaborative action plans with key partner organisations (LB Hackney, City of London Corporation, Homerton, ELFT), in response to the emerging recommendations from the

scoping exercise. These will be taken forward through existing programmes and initiatives where relevant/appropriate (e.g. Homerton's Quality Account), as well as being monitored by the MECC steering group. We will also be tabling a discussion about MECC at the March meeting of the Primary Care Enabler Board to agree a way forward for implementing the scoping recommendations in general practice.

9. Co-design and testing phase started. An experienced MECC training provider (Social Marketing Gateway) has been appointed. The provider has facilitated six workshops with the innovation sites, with feedback being used to inform the design of bespoke training for each. Insight was also gathered at these workshops on the three other 'building blocks' that will be important to embed MECC into usual practice. The workshop findings will shortly be shared with stakeholders. Piloting of the bespoke training will commence at the end of January 2020.
10. Branding and communications. A 'branding perception' survey was recently sent to a range of frontline health and care professionals and integrated commissioning colleagues across City and Hackney. This was supported by comms and engagement leads across the system, who helped with the collation and analysis of survey responses. Recommendations based on the survey results are being presented to the MECC Steering Group on 30 January.
11. MECC digital (IT infrastructure). To fully embed the MECC approach within the system, the infrastructure must be fit for purpose in order to facilitate these conversations (e.g. effective and easy-to-use recording and referral systems and easy access to up-to-date information on local preventative services). Building on the insights gathered during the scoping phase, workshops were delivered from October to December to understand in detail what frontline staff require in terms of digital support to deliver MECC. A proposal is pending approval from the IT Enabler Board, and development work will commence if/when approval is granted and funding released.
12. Monitoring and evaluation (ongoing). MECC is a complex intervention, with many interacting components seeking to generate multiple outcomes. Our 'process' and 'outcome' evaluation approach will involve the collection of multiple qualitative and quantitative data, to enable a comprehensive assessment of the success of the programme. However, we will take a pragmatic approach, balancing the need for 'good enough' evidence of programme impact against the resources/time required to gather this evidence. The programme logic model and evaluation framework is available on request.

Current key issues/challenges and mitigations



13. A detailed risk register for the programme is kept under constant review (available on request). We anticipate that the phased approach to programme development and implementation, following co-production principles and with a commitment to ongoing testing and learning, will help to mitigate against most of the key risks identified so far.
14. The main challenges that we are currently facing are outlined in the table below, along with actions to mitigate these.

Current key issues/challenges	Mitigations
Service managers not able to allocate enough time for their teams to attend MECC training (challenge identified during the scoping interviews and testing phase)	<ul style="list-style-type: none"> Working closely with MECC leads within each innovation site, taking a flexible approach to training delivery in response to insight gathered through the co-design workshops. Booking training in advance to give managers time to adjust rotas.
Resource for backfill to enable staff to attend training (raised as a barrier during scoping interviews).*	<ul style="list-style-type: none"> Working closely with MECC leads within each innovation site, taking a flexible approach to training delivery in response to insight gathered through the co-design workshops. Booking training in advance to give managers time to adjust rotas. For wider roll out of MECC training, we are exploring the potential use of the Prevention Investment Standard (PINS) as a source of funding to resource potential blockers (such as this) to implementing MECC.
Lack of full ownership of key partner action plans (to implement recommendations from scoping report)	<ul style="list-style-type: none"> MECC project team working collaboratively with strategic leads from each of the partner organisations to develop the action plans. Ensuring action plans clearly set out who is responsible for implementation and the timeframe for completion. Ensuring the strategic leads are accountable for delivering their action plans by developing a progress reporting mechanism to the MECC steering group and Prevention Core Leadership Group.

*NB: The MECC business case that was approved by TB/ICB (12/07/18) clearly set out that backfill costs were expected to be met by partner organisations.

Next steps

- Finalise action plans for key partner organisations to address the recommendations set out in the scoping report, working collaboratively with MECC strategic leads within each organisation.



City and Hackney
Clinical Commissioning Group

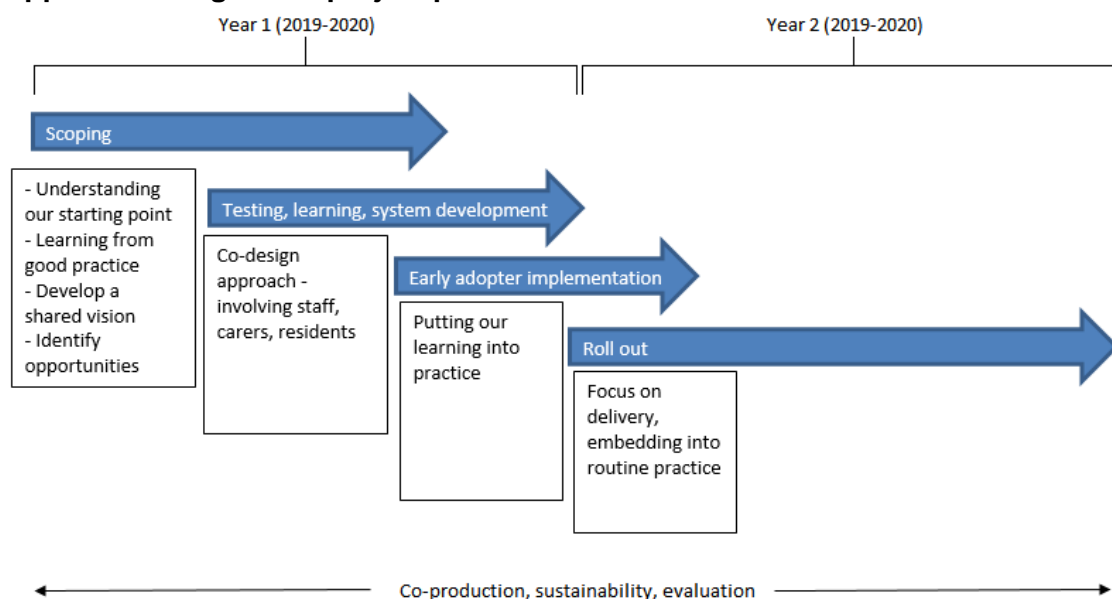
- Complete the testing phase and develop plans for rolling out the training to early adopter sites and beyond.
- Present emerging findings from the co-design and testing phase to Workstream boards, Primary Care Enabler board and Workforce Enabler board, to discuss implications for their areas of responsibility and agree implementation plans.
- Submit proposals to the IT Enabler board to secure funding for digital solutions to support MECC implementation and roll-out.

Specific questions for ICB members

- How can you as ICB members make the most of your role as visible senior leaders to champion the roll out of MECC across City and Hackney? What can we do to help you in this role?
- Do you have any ideas about how (else) we can embed MECC principles across the local health and care system?



Appendix 1: High level project plan



Appendix 2: Staff groups/services involved in the co-design and testing phase ('innovation sites')

Public-facing staff/volunteers	Main setting of MECC delivery
Maternity staff (ward and community)	Homerton
Hackney Marshes Neighbourhood/Lower Clapton MDT	Primary care, people's homes
Registration services (births, deaths and marriages)	Hackney Service Centre
Adult physiotherapy service	Homerton
Community and Children's Services' team (City)	People's homes, libraries, community venues, early years settings
Community groups associated with Connect Hackney	Community venues

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City and Hackney
Clinical Commissioning Group

Title of report:	Tobacco Control in Hackney and the City of London
Date of meeting:	13 February 2020
Lead Officer:	Miranda Eeles, Senior Public Health Strategist, Hackney Council
Author:	Miranda Eeles, Senior Public Health Strategist, Hackney Council Jayne Taylor, Prevention Workstream Director
Committee(s):	City & Hackney Integrated Commissioning Board
Public / Non-public	Public

Executive Summary:

Smoking remains one of the main preventable causes of premature death and health inequalities, both nationally and locally.

Although the prevalence of smoking is declining, more than 14% of Hackney's adult population still smoke (around 32,000 people) and most of those come from lower socio-economic and disadvantaged groups.

In the City of London, adult smoking prevalence is slightly lower than average, although it is more common among residents of Portsoken ward than the rest of the City.

Both areas have their own stop smoking service, each offering universal support for anyone who works, lives or studies locally.

Reducing smoking prevalence is best tackled through a comprehensive tobacco control agenda, involving a wide range of partners with different fields of expertise working collaboratively to engage at multiple levels.

Progress has been made in a number of areas in recent years, including: implementing NICE guidance on smoking in pregnancy and after childbirth; reducing the availability of cheap/illegal tobacco; and retaining high quit rates in local stop smoking services. However, challenges still remain, in particular in tackling stubborn inequalities in smoking prevalence among certain Black and Minority Ethnic groups and in people with mental health conditions.

In early 2019, Hackney completed a CLeAR (self and peer) assessment, led by Public Health England, which reviewed tobacco control activity in the borough. Recommendations included setting up a place-based Tobacco Control Alliance (TCA) made up of senior representatives from key partner organisations to oversee, monitor and report on all local tobacco control activity. The first meeting of the Hackney TCA was held in November 2019, and a number of priorities for joint action have been identified.

The voluntary and community sector has a key role to play in tobacco control activity - understanding and defining that role will be a priority for the Hackney TCA this year.

Oversight of tobacco control in the City is currently through the Healthy Behaviours steering group, with the main focus having been on monitoring performance of the stop smoking service. It is proposed that learning from the Hackney TCA is used to inform future oversight of a broader tobacco control agenda in the City. An immediate priority, however, is the recommissioning of the current stop smoking service, with the current contract ending in September 2020.

Recommendations:

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

1. **NOTE** recent progress in tackling the harms from smoking as set out in this report
2. **ENDORSE** the establishment of the Hackney Tobacco Control Alliance and the priority areas identified for joint action
3. **CONSIDER** and **COMMENT** on what else we can do to collectively address the challenges identified in this paper

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

1. **NOTE** recent progress in tackling the harms from smoking as set out in this report
2. **ENDORSE** the proposed approach to take learning from the newly formed Hackney TCA to inform a future approach to tobacco control in the City
3. **CONSIDER** and **COMMENT** on what else we can do to collectively address the challenges identified in this paper

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	x	Tobacco use is one of the main drivers of health inequality, with smoking accounting for approximately half the difference in life expectancy between the least and most deprived in society. A comprehensive tobacco control programme that targets priority groups (such as pregnant women, BME communities and people living with a mental health condition) will help address local health inequalities.
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input type="checkbox"/>	
Ensure we maintain financial balance as a system and achieve our financial plans	x	Currently, more than a quarter of hospital admissions are related to smoking-related harm, and smokers have a higher risk of needing adult social care. Tackling the harms from smoking will, therefore, have a real impact on use of local health and care services.
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input type="checkbox"/>	
Empower patients and residents	x	A comprehensive tobacco control strategy offers practical help for smokers to overcome their addiction within a supportive smokefree environment.

Specific implications for City

The key current priority for the City of London relates to the recommissioning of the specialist Stop Smoking Service which is due to expire on 1 October 2020.

The rationale for place-based TCAs organised on a local authority footprint is to make collective best use of the full range of levers at the disposal of local decision-makers (including regulatory and enforcement actions) to respond to specific local need. The formation of a TCA for the City has not yet been fully considered. Learning from the newly established Hackney TCA will be used to shape future arrangements for oversight of tobacco control activity in the Square Mile.

Specific implications for Hackney

The setting up of a Hackney TCA will facilitate borough wide collaboration and a more strategic approach to tobacco control. Full engagement and ownership of the tobacco control agenda by all members is essential if this new model of collaborative working is going to be effective and sustainable.

Patient and Public Involvement and Impact:

The Hackney Stop Smoking Service has engaged with different groups/individuals to better understand how to reach and support certain high risk populations, such as the local Turkish speaking community. The service is now looking at how to reach the Black Caribbean (BC) community and will be working with the voluntary and community sector as well as with other local programmes, such as the young black men's programme and the Windrush cultural programme.

At the Hackney CLear workshop last year, the important role of the voluntary sector in reaching and engaging with 'high prevalence' communities was highlighted. We are working closely with HCVS to better understand how we can work effectively with the sector as part of the newly formed Hackney TCA.

The City Stop Smoking Service also works with higher risk groups to improve uptake, including people with mental health problems (e.g. through the Dragon Cafe) and targeted work with construction industry workers.

Clinical/practitioner input and engagement:

The newly formed Hackney TCA is made up of a range of key stakeholders including the CCG, Homerton, ELFT, the local stop smoking provider (Whittington Health), Local Pharmaceutical Committee, general practice, and council officers from different service areas (communications, regulatory services/enforcement and housing). Many members have been involved on an ongoing basis in this agenda, through attendance at annual strategy workshops to review and plan future activities around tobacco control.

We will be working with HCVS to define the specific role of the sector in supporting local tobacco control work over the coming months.

In February last year, Hackney's tobacco control work was assessed by CLeaR peer experts from PHE, ASH and Bristol and Birmingham City Councils.

Communications and engagement:

Communications is a key element of an effective tobacco control programme. National campaigns such as Stoptober and New Year New You are localised and adapted to suit different audiences. Hackney also participates in the 'Stamp it out' illegal tobacco campaign which is now in its fourth year.

A draft communications strategy and plan has been shared with members of the TCA aimed at supporting tobacco control objectives in Hackney. The agreement will help to facilitate more effective engagement by partners and local communities with the tobacco control agenda.

We will also be working with HCVS to define the specific role of the sector in supporting communications and engagement with vulnerable groups over the coming months.

Comms Sign-off

Both Gurvinder Sithu and Alice Beard have contributed to the communications strategy and plan.

Equalities implications and impact on priority groups:

Smoking is the leading cause of inequality in premature mortality between the richest and poorest socio-economic groups. It is much more common in certain minority ethnic communities (notably Turkish and Kurdish, Black Caribbean and Eastern European populations) and people with mental illness. Other priority groups include pregnant women, homeless people and patients with long-term conditions. An effective tobacco control strategy will not only help to reduce smoking prevalence overall, but also address inequalities in smoking behaviour and smoking-related disease and death.

Safeguarding implications:

Stop smoking service providers are required to adhere to local safeguarding policies and practices, and ensure that all delivery staff are fully trained in line with the workstream's agreed approach

Impact on / Overlap with Existing Services:

Smoking-related harm increases the risk of a multitude of health problems, and so is relevant to many different clinical and care pathways. A key component of a comprehensive tobacco control strategy is to ensure robust smokefree policies across all service areas, and all frontline staff should be skilled in identifying and supporting smokers to access support to quit (by 'making every contact count'). Through the local stop smoking service, all staff are able to access training in smoking brief advice.

Sign-off:

Workstream SRO: Dr Sandra Husbands, Director of Public Health, City and Hackney

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

City of London Corporation: Andrew Carter, Director of Communities and Children's Service

City & Hackney CCG: David Maher, Managing Director

Main Report

Background and context

Smoking remains one of the principal causes of preventable illness and avoidable mortality in England, resulting in just under 80,000 deaths every year from smoking-related diseases. Over 200 deaths every day are still caused by smoking. Despite a decline in smoking rates in recent years, 14.4% of adults in England continue to smoke – an addiction that kills one in two smokers.

Tobacco use is also one of the main drivers of health inequality. The difference in life expectancy between the most and least deprived can be as much as nine years, of which approximately half can be attributed to smoking. Smoking rates are especially high among people with mental health conditions, with prevalence as high as 40% in adults with a serious mental illness.

Smoking causes various cancers, respiratory disease and heart disease. For every death caused by smoking, approximately 20 smokers are living with a smoking-related disease (including Alzheimer's disease, osteoporosis, reduced fertility, and sight loss). Smoking in pregnancy is a well-known risk factor for stillbirths, sudden infant death syndrome and low birth weight.

Reducing smoking prevalence is best tackled through a comprehensive tobacco control agenda, involving a wide range of partners with different fields of expertise. Components of an effective tobacco control strategy include:

- offering help to quit through a specialist stop smoking service
- enforcement action on the illegal tobacco trade
- localising communication campaigns on the benefits of quitting, the harms of tobacco and the negative impacts of the illegal tobacco trade
- motivating smokers to quit through training and the use of behavioural insights
- promoting smokefree environments.

Local prevalence and impact of smoking

In Hackney, the latest figures show a prevalence rate of 14.8%, around 32,000 adults (Fig 1). The majority of smokers in Hackney are in the 25-39 age group, but it is these smokers who are the least likely to access the Stop Smoking Service (Fig 2).

Fig 1: Groups who are more likely to smoke

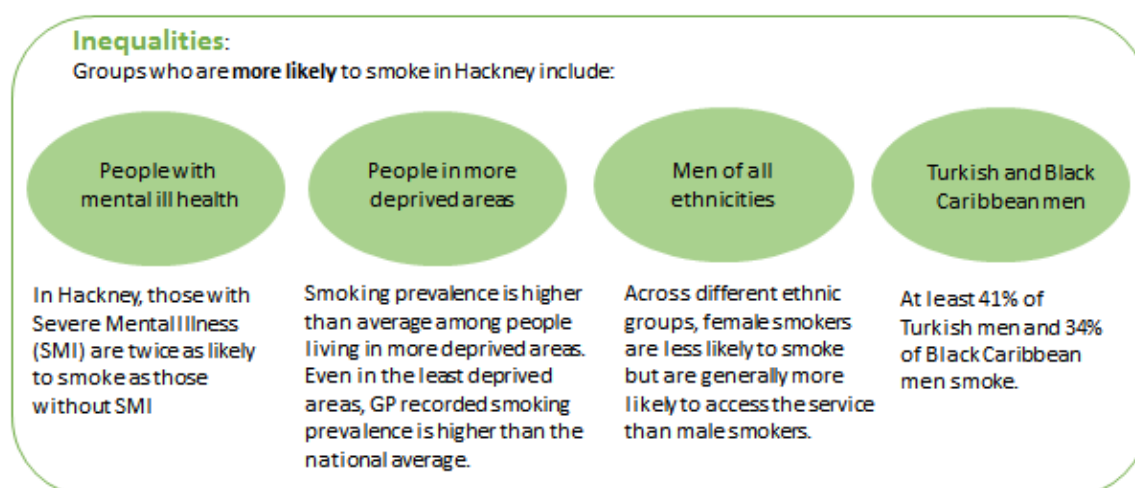


Fig 2: Number of adults recorded as smokers by their GP (2018)

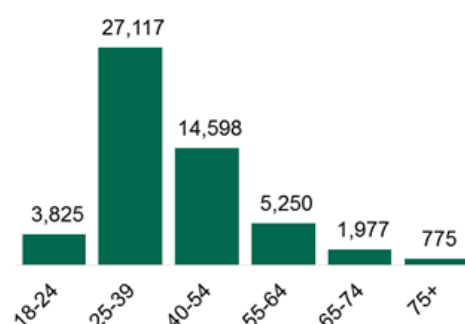
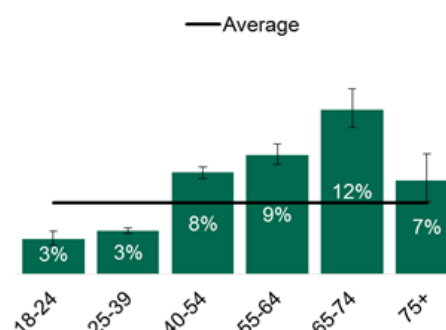


Fig 3: % of the adults recorded as smokers by their GP who access the SSS, by age (2017/18)



In the City, adult smoking prevalence is slightly lower than the England average among residents, although smoking levels are higher in Portsoken ward than the rest of the City. ¹

Data from YouGov's Profiles tool (2019) found that City workers are more likely to not smoke compared with workers elsewhere in London and the UK. However, City workers aged 55+ are more likely than City workers in other age groups to be regular drinkers and smokers, with 17% of this group reporting that they smoke every day. Approximately one third (31%) of City workers aged 35-54 reported that they used to smoke, but have now given up.

In addition to its impact on health, smoking also brings a huge financial cost. Action on Smoking and Health (ASH) estimate the total societal cost of smoking in Hackney to be almost £65m each year. A large part of this burden is placed on the NHS (75m), but it also has a considerable impact upon local government; smokers tend to require more support in later life, and the resulting annual social care costs in Hackney are estimated to be £2.5m. In

¹ <https://www.cityoflondon.gov.uk/services/health-and-wellbeing/Documents/health-wellbeing-strategy.pdf>

the City, ASH estimates smoking costs society £3.1m each year, including £2.5m in lost productivity and £0.5m in NHS and social care costs.²

Tobacco control in Hackney and the City

Tobacco control is a strategic priority for the Prevention workstream, as part of a system wide approach to tackle the main behavioural risk factors for poor health and inequalities.

In May 2017, ICB endorsed proposals to focus efforts on strengthening stop smoking support to high risk groups, take further action to embed treatment of tobacco dependency in care pathways, and re-focus efforts on wider tobacco control activity. Progress has been made in a number of key areas since then, as summarised below.

- Homerton went fully smokefree in January 2018.
- Through a partnership approach (working closely with the CYPMF workstream), significant improvements have been made in compliance of Carbon Monoxide (CO) testing of all pregnant women, both at booking appointment and during the third trimester (as of December 2020, this was 92% and 62%, respectively). There are now plans to share this learning with the North East London Local Maternity System (NELMS).
- Non-recurrent funding has been secured to gather insight to develop a model of bespoke stop smoking support for people with COPD (we are working with national experts in the field on this project and acting as a test site for wider learning).
- ELFT have appointed three dedicated stop smoking advisors to work across five boroughs, as well as tobacco dependency ward champions.
- A new Hackney Stop Smoking Service was commissioned in 2018 (lead provider is Whittington Health, working in partnership with the GP Confederation and community pharmacy), which maintained high quit rates (54%) in the first year of operation. This is significantly above the national standard of 35%.
- High quit rates also continue to be achieved by the City Stop Smoking service (as part of an integrated 'healthy behaviours' service, led by Westminster Drug project, working in partnership with Queen Mary University) - the average quit rate for the year to date is 72%, which is significantly above the contract KPI target of 42% and the national standard.
- The recruitment of a senior enforcement officer in Hackney Council, with a specific remit to tackle the supply and demand of illegal/cheap tobacco and alcohol, has led to raised awareness among the public and local businesses on the harms of the illegal trade and the consequences of selling if caught. Significant seizures have taken place in the last 12 months, from both local businesses as well as a number of street traders.
- There has been improved partnership working between the City Corporation's Cleansing team, Public Health and the City Stop Smoking Service provider to raise awareness of the anti-smoking litter campaign, and an increase in the level of the fixed penalty notice from £80 to £150.
- Engagement has been ongoing with City employers, through the Business Healthy Network, to ensure smoking cessation support for employees remains a priority.

Current challenges and priorities

² The Local Costs of Smoking, ASH 'Ready Reckoner' 2019

In early 2019, Hackney completed a Public Health England led CLeAR assessment - an improvement model that provides local government and partners with a structured, evidence-based approach to achieving excellence in local tobacco control. CLeAR comprises a self assessment questionnaire, followed by a partnership workshop led by TC experts and peer assessors.

Current challenges for Hackney as identified through this process include:

- lack of an effective mechanism to coordinate, implement and monitor tobacco control activity across the system
- full implementation of NICE Guidance PH48 (Smoking: acute, maternity and mental health services), including embedding treatment for tobacco addiction in the NHS and ensuring full implementation and enforcement of smokefree policies
- the need to take a more strategic, system-wide approach to communications around tobacco control
- stubbornly high smoking rates in priority population groups such as Turkish speaking, Black Caribbean and Eastern European populations, as well as people with mental health conditions; relatively low numbers of some of the same high risk groups are accessing the local stop smoking service.

Recommended actions were as follows.

- Establish a Tobacco Control Alliance (TCA) made up of senior representatives from key partner organisations, to develop and implement a comprehensive tobacco control strategy and action plan.
- Develop a partnership communications plan, to support more effective engagement by partners and local communities with local treatment services and the wider tobacco control agenda.
- Continue the emphasis on understanding the local smoking population, and use this insight to improve engagement with people from the high risk communities (including increasing uptake of local treatment services).
- Continue to develop the work in mental health settings to support cessation among inpatients and following discharge to the community.

In response to the CLeAR recommendations, a new Hackney TCA has been established, which met for the first time in November 2019. Membership includes key stakeholders from IC workstreams, Homerton hospital, ELFT, Public Health and other relevant council departments (including comms, enforcement and housing), community pharmacy and general practice. We are also working closely with Hackney CVS to establish an effective and practical approach to voluntary sector involvement in shaping and supporting the implementation of our new TC strategy.

At the November meeting, a number of priority areas for partnership working were identified, which include:

- reaching and engaging priority groups and helping them to quit
- working collaboratively to localise national/regional communication campaigns such as Stoptober (work has already progressed to develop a joint communications strategy - this has been circulated to TCA members for comment)
- ensure all frontline staff are trained to deliver appropriate smoking cessation advice and signpost to local treatment services.

In the City, the main priority over the coming months is to recommission the Stop Smoking Service, which is currently being delivered as part of Square Mile Health, an integrated substance misuse and tobacco control service. The current contract is due to expire on 1st October 2020 and a number of options are being explored for re-letting this contract.

At a national level, a key prevention priority in the NHS Long Term Plan (LTP) is to improve access to NHS funded treatment for tobacco dependency. This includes an intention to implement the 'Ottawa model' of bedside support to quit for inpatients,³ a new smoking in pregnancy pathway, and a new universal smoking cessation offer for long-term specialist mental health service users and those in learning disability services. ELFT has applied to be a test site for implementation of the Ottawa model and, through our membership of the NEL Prevention Steering Group, we will continue to work with STP partners to ensure we are in a good position to bid for any future funding to implement other elements of the NHS LTP. Also in support of the NHS LTP ambitions, we are currently working with the IT Enabler Board to improve Homerton referral pathways to stop smoking services by exploring options to automate these pathways (e.g. through use of the National Referral System, which has already been adopted by ELFT).

Next steps

- A priority for the Hackney TCA is to develop a local tobacco control strategy and action plan, and work collaboratively to oversee the implementation of this action plan.
- Learning from Hackney will be used to review the current approach to tobacco control in the City.
- Opportunities will continue to be sought to strengthen treatment of tobacco dependency within the NHS locally (e.g. through inclusion of the 'Ottawa model' in the menu of opportunities to be funded by the City and Hackney Prevention Investment Standard currently in development, and through collaboration with NEL partners to bid for any future NHS England funding opportunities).
- Over the next couple of months, we will also complete an options appraisal for implementing automated stop smoking referral pathways at Homerton hospital, to streamline these pathways for both in and out of area patients.

Supporting Papers and Evidence:

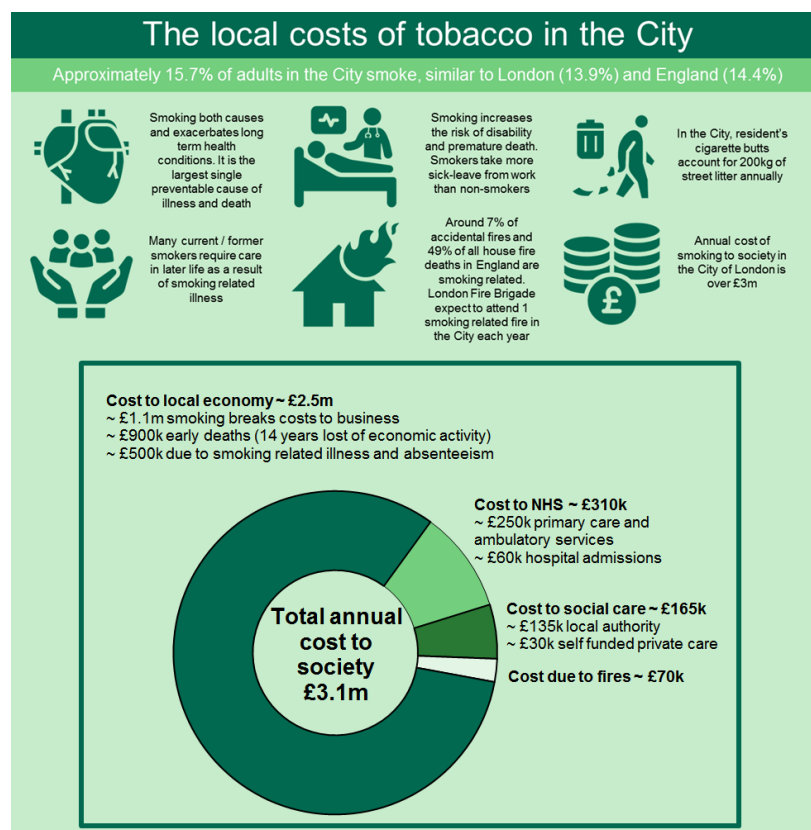
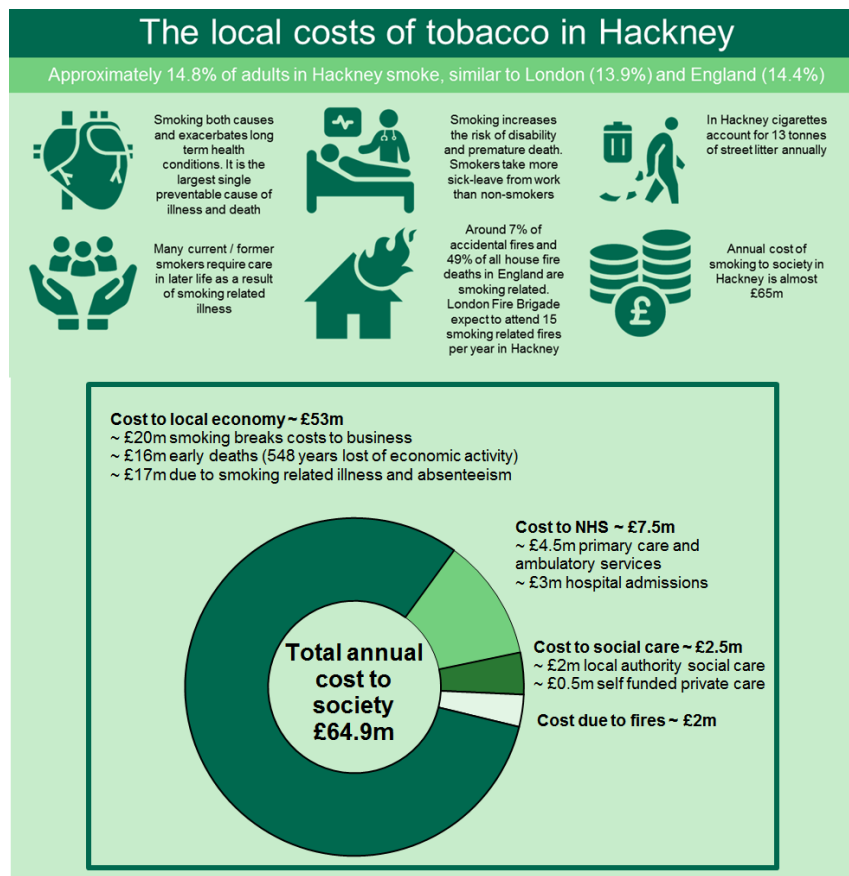
The following documents are available on request:

- Final Hackney CLeAR report
- Terms of Reference for the new Hackney Tobacco Control Alliance
- Joint stakeholder communications strategy and plan (draft)

NICE Guidance PH48 [Smoking: acute, maternity and mental health services](#)

³ The Ottawa model has been used in Greater Manchester to inform the CURE project - <https://thecureproject.co.uk/>

Appendix: The local costs of tobacco in Hackney and the City



Source: Adapted from ASH Ready Reckoner 2019 by City and Hackney Public Health Team

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Title of report:	Consolidated Finance (income & expenditure) 2019/2020 - Month 9
Date of meeting:	13 February 2020
Lead Officer:	Anne Canning, London Borough of Hackney (LBH) Jane Milligan, City & Hackney Clinical Commissioning Group (CCG) Simon Cribbens, City of London Corporation (CoLC)
Author:	Fiona Abiade for IC Finance Economy Group: Sunil Thakker, Executive Director of Finance, City & Hackney CCG Mark Jarvis, Head of Finance, Citizens' Services, City of London Ian Williams, Group Director, Finance and Corporate Resources, LBH
Committee(s):	City Integrated Commissioning Board Hackney Integrated Commissioning Board Transformation Board
Public / Non-public	Public

Executive Summary:

At Month 9 the Integrated Commissioning Fund has an adverse year end forecast variance of £3.7m, a deterioration of £0.1m on the Month 8 position, which is being driven by the London Borough of Hackney.

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 £4m. The position is driven by cost pressures on Learning Disabilities budgets and challenges around Housing Related Support (HRS) service redesign.

The City of London is reporting a year-end favourable position of £0.3m mainly driven from older people residential care under spends.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report.

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report.

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

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

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

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

Integrated Commissioning Fund Financial Performance Report

Month 09 - 2019/20

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- 3. Position Summary – City and Hackney CCG**
- 4. Risks and Mitigations tracker – City and Hackney CCG**
- 5. Position Summary – City of London Corporation**
- 6. Position Summary – London Borough of Hackney**
- 7. Risks and Mitigations tracker – London Borough of Hackney**
- 8. Wider Risks & Challenges – London Borough of Hackney**
- 9. Savings Performance**

Consolidated summary of Integrated Commissioning Budgets

			YTD Performance			Forecast Outturn		
Pooled Budgets	Organisation	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
	City and Hackney CCG	28,079	20,909	20,909	-	28,079	-	-
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	278	158	50	107	245	33	33
Total		28,357	21,067	20,959	107	28,324	33	33

Aligned	Organisation	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
	City and Hackney CCG	409,023	298,911	298,911	(0)	409,023	0	-
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	7,577	5,190	5,004	186	7,336	241	276
Total		416,600	304,101	303,916	186	416,359	241	276

ICF	Organisation	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
	City and Hackney CCG	437,102	319,820	319,820	(0)	437,102	0	-
	London Borough of Hackney Council	103,373	77,530	93,406	(15,876)	107,383	(4,010)	(3,867)
	City of London Corporation	7,855	5,348	5,055	293	7,581	274	309
Total ICF Budgets		548,330	402,698	418,281	(15,583)	552,066	(3,736)	(3,558)

CCG Primary Care co-commissioning	48,081	33,369	33,369	-	48,081	-	-
Total	48,081	33,369	33,369	-	48,081	-	-

Summary position at Month 9

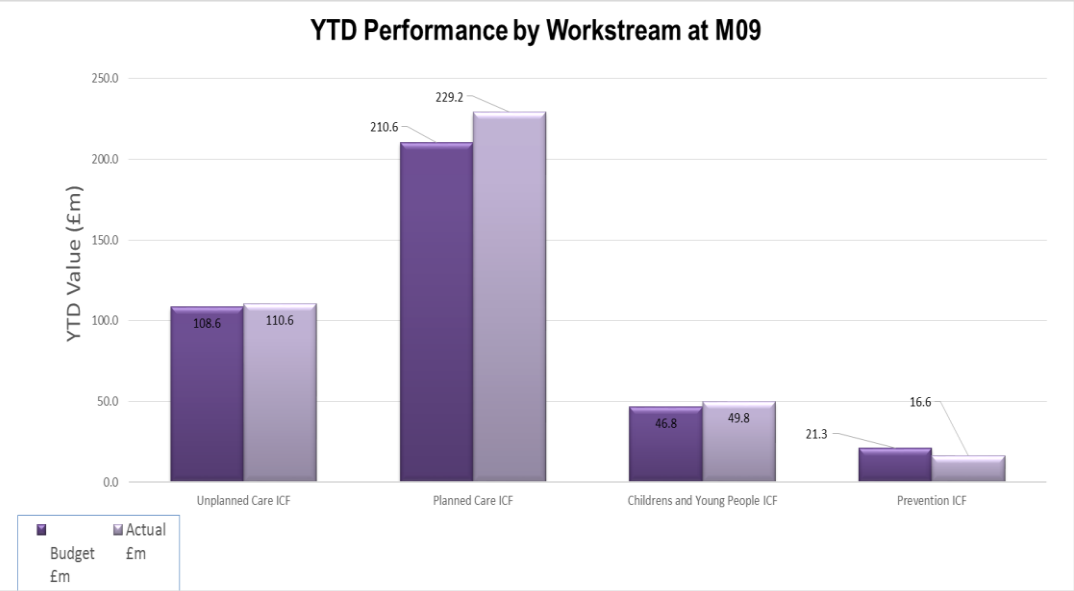
- At Month 9 the Integrated Commissioning Fund has an adverse year end forecast variance of £3.7m, a deterioration of £0.1m on the Month 8 position, which is being driven by the London Borough of Hackney.
- City & Hackney CCG is declaring a breakeven position. The reported position has been fully risk 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 £4m. The position is driven by cost pressures on Learning Disabilities budgets and challenges around Housing Related Support (HRS) service redesign.
- The City of London is reporting a year-end favourable position of £0.3m mainly driven from older people residential care under spends.
- Pooled budgets** reflect the pre-existing integrated services of the Better Care Fund (BCF) including the Integrated Independence Team (IIT) and Learning Disabilities.

Notes:

- Unfavourable variances are shown as negative. They are denoted in brackets & red font
- ICF = Integrated Commissioning Fund – comprises of Pooled and Aligned budgets
- For the LBH Pooled and aligned funds are not split as for the most part pooled funds do not meet the cost of whole discrete services and therefore the split would not be representing the**
- Planned Care further pooling of Continuing Healthcare (CHC) and Adult Social Care budgets are being explored this financial year.**

Integrated Commissioning Budgets – Performance by workstream

WORKSTREAM	Annual Budget £m	YTD Performance			Forecast	
		Budget £m	Actual £m	Variance £m	Forecast Outturn £m	Forecast Variance £m
Unplanned Care ICF	145.3	108.6	110.6	(2.0)	146.0	(0.7)
Planned Care ICF	284.1	210.6	229.2	(18.6)	289.3	(5.2)
Childrens and Young People ICF	64.5	46.8	49.8	(3.0)	64.7	(0.2)
Prevention ICF	28.8	21.3	16.6	4.7	28.8	0.0
All workstreams	522.7	387.4	406.2	(18.9)	528.9	(6.1)
Corporate services	24.1	14.2	11.3	2.9	21.7	2.4
Local Authorities (DFG Capital and CoL income)	1.5	1.1	0.7	0.4	1.5	0.0
Not attributed to Workstreams	25.6	15.3	12.0	3.3	23.2	2.4
Grand Total	548.3	402.7	418.3	(15.6)	552.1	(3.7)



Performance by Workstream.

- The report by workstream combines 'Pooled' and 'Aligned' services but excludes chargeable income. CCG corporate services are also excluded and are shown separately as they do not sit within workstreams.
- The workstream position reflects the Integrated Commissioning Fund without the application of mitigating reserve and corporate running costs.
- **Planned Care:** The £5.2m adverse position in planned care is driving the consolidated forecast position.
- This is due to a number of pressures in the London Borough of Hackney;
 - Learning Disabilities Commissioned care packages, although much reduced from the 2018/19 position due to the application of both budget growth and one-off funds including £1.9m from the CCG, is reporting £1.1m adverse against year end budget.
 - Physical & Sensory Support is forecasting an overspend of £0.9m.
 - Memory/Cognition & Mental Health ASC (OP) is forecasting an overspend of £0.9m.
 - The Mental Health service provided in partnership with the East London Foundation Trust (ELFT) within this work stream is forecast to overspend by £0.7m.
 - Ongoing challenges around Housing Related Support (HRS) service redesign is resulting in a £0.7m overspend.
 - In addition, the Bart's acute contract within the CCG is forecast to overspend by £0.9m relating to an agreed contract settlement across the NEL system in month 8.
- **Unplanned Care:** At month 9 the workstream is forecasting an adverse variance of £0.7m. This is being driven by the CCG where the £0.9m adverse position driven by Bart's. The position is being partially off set by LBH where interim care is under spending by £0.3m.

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

City and Hackney CCG – Position Summary at Month 9, 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	20,153	15,115	15,115	0	20,153	0	0
		Planned Care	7,664	5,598	5,598	0	7,664	0	0
		Prevention	262	196	196	0	262	0	0
		Childrens and Young People	0	0	0	0	0	0	0
		Pooled Budgets Grand total	28,079	20,909	20,909	0	28,079	0	0

Aligned	ORG	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's	Prior Mth Variance £000's
Commissioned		Unplanned Care	119,560	89,331	90,112	(780)	120,590	(1,030)	(928)
		Planned Care	207,993	153,663	154,434	(771)	209,162	(1,168)	(1,094)
		Prevention	3,470	2,603	2,603	0	3,470	0	0
		Childrens and Young People	53,925	39,132	40,431	(1,299)	54,131	(206)	(222)
		Corporate and Reserves	24,074	14,182	11,332	2,851	21,670	2,405	2,244
Aligned Budgets Grand total			409,023	298,911	298,911	(0)	409,023	0	0
Subtotal of Pooled and Aligned			437,102	319,820	319,820	(0)	437,102	0	0

In Collab	Primary Care Co-commissioning	48,081	33,369	33,369	0	48,081	0	0
Grand Total		485,183	353,189	353,190	(0)	485,183	0	0
CCG Total Resource Limit		515,601						
SURPLUS		30,418						

- **Primary Care Co-Commissioning (outside of the ICF):** At month 9, the Primary Medical Service is reporting a breakeven position to budget and plan, with a full year spent of £48.1m. Potential cost pressures emerging from Digital First primary care activity has been assessed and accounted for in the risks and mitigations.
- **Learning Disabilities:** Following the 2018/19 Learning Disabilities joint funding pilot and subsequent negotiations, the 2019/20 programme includes an in-year review process to determine the health contributions to LBH and will form the basis of ongoing work in this area. The cost associated with this has now been included in the financial plans for the year.
- **Corporate & Reserves:** Reporting a £2.4m favourable position which includes corporate and Acute general reserves of £2.2m that are being used to mitigate the CCG's position.

- At month 9 the CCG declared a breakeven position against plan to deliver its £30.4m surplus. The reported position has been fully risk assessed with all known acute, non-acute and primary care risks and mitigations forming part of the forecast outturn for 2019/20.
- The recurrent QIPP target of £5m is fully identified and delivered to plan. Any in year slippage has been mitigated through new savings and/or over achievement from existing schemes. Work is underway to identify and develop new savings schemes for 2020/21.
- The acute portfolio was reviewed using Month 8 activity data to compile the month 9 reported position. The risk assessed position was to declare break even position. It should be noted however that there is potential for an underlying over performance to materialise at the Homerton in the coming months due to winter pressures.
- Out of area providers such as UCLH, Moorfields and BMI continue to overspend but remain broadly unchanged from previous months. The overall acute over-performance was mitigated through acute reserves and favourable variances at Whittington, Guys, Chelsea & Westminster and the Royal Free.
- The independent Joint Audits at the Homerton have concluded their review relating to counting, coding and charging of Elective, Outpatient and Day Case activity. As a result a £0.4m credit has been awarded to the CCG. The Trust has contended that this be treated as a technical counting and coding change and be neutralised over 18 months. Therefore, this will not be a physical credit to the CCG.
- Non-Acute expenditure is overspent by £0.6m, the finance teams and the relevant workstreams are working together to mitigate the position.
- Work continues to support the delivery of the NEL system control total and in particular mitigating the WEL CCG gap. C & H, Newham and Tower Hamlets CCGs are working together to make available circa £4.0m to £5.0m through a combination of the Risk Share Framework and surplus control total to be formalised in M10. For C&H CCG the contribution is £3.0m. However, the recent impact of higher than expected digital first charges has added to the system financial pressure and the figures may be revised. Delivering the NEL system control total will also make available to Bart's Health, PSF totalling £55m. It is to be confirmed whether the additional surplus recognised by CCG's will be available for drawdown in future years. Details need to be worked through including those for the Risk Share Framework.
- **Pooled budgets:** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF), Integrated Independence Team (IIT) and Learning Disabilities. At Month 9 these are expected to break even.
- **Unplanned Care:** At Month 9 the £1m adverse forecast is driven by the Bart's contract £0.9m – where a planned contract settlement was agreed with all the CCG's in the NEL sector in month 08. City and Hackney CCG's total share of the over performance is £2m (split across Unplanned Care and Planned care workstreams).
- **Planned Care:** The £1.2m adverse position is driven by Bart's £0.9m (relating to the NEL agreed settlement) & Moorfields £0.2m, with mitigating under spends across a number of other smaller acute contracts.
- **CYPMF:** Reporting a £0.2m adverse position which includes over spends on CHC personal health budgets and Barts Health.

*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 - Risks and Mitigations Month 9, 2019/20

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

Ref:		Description	Risks/ (Opps) £'000	Prob. %	Recurrent £'000	Non Recurrent £'000	Narrative
1	Risk	Homerton Acute performance	1,750	54%	750	200	Risk of over-performance, chargeable overseas patients and PTL.
2		Bart's Acute Performance	2,000	100%	2,000	0	Year end deal.
3		Outer Sector - Acute Performance	675	19%	0	126	Risk of over-performance during the year.
4		Non Contract Activity	600	42%	250	0	Risk of cost pressure emerging during the year.
5		Continuing Healthcare, LD & EOL	800	55%	441	0	Risk attributable to high cost packages.
6		Non Acute	400	64%	257	0	Contract rebasing and renegotiation.
7		Programme Costs	300	0%	0	0	Integrated commissioning programme development.
8		Estates	500	80%	0	400	Estates infrastructure.
9		Ringfenced Budgets	939	20%	0	184	Assigned to commitments.
10		Prevention Standard	2,000	100%	0	2,000	Establishing a baseline for system prevention & innovation.
11		Neighbourhood Health & Care Services	2,500	100%	0	2,500	Investment programme.
12		NELCSU to NELCA Transfer	300	100%	0	300	Cost pressure associated with transfer.
13		QIPP Under Delivery	1,009	0%	0	0	Schemes closed and mitigated.
14		Primary Care - Rent Revaluation	500	0%	0	0	Retrospective rent increases.
15		Primary Care - Rates	300	0%	0	0	Increased rateable value on estate.
16		Primary Care - Digital First	632	100%	0	632	Additional contribution to Hammersmith & Fulham CCG.
Total Risks			15,205	66%	3,698	6,342	
1	Opps	Acute Claims and Challenges	(1,000)	75%	(750)	0	Based on historic trend.
2		Acute Reserves	(1,966)	87%	(1,701)	0	To contain acute cost pressures.
3		Outer Sector - Acute Performance	(549)	0%	(549)	0	Net forecast underspend.
4		Contingency	(3,727)	22%	0	(816)	Balance of Contingency including Risk Share Framework commitment.
5		Running Costs	(1,177)	59%	(698)	0	Current running cost underspend. Expected to improve in Q4.
6		Prior Year and Dispute Resolution	(8,661)	64%	0	(5,526)	Opportunities arising from settlement of disputed items and accruals.
Total Opportunities			(17,080)	59%	(3,698)	(6,342)	
					0	0	
In-Year Surplus					0		
Brought Forward Underspend					(30,418)		
Carried Forward Underspend					(30,418)		

100

London Borough of Hackney – Position Summary at Month 9, 2019

	ORG Split	WORKSTREAM	Total Annual Budget £000's	Pooled Annual Budget £000's	Aligned Annual Budget £000's	YTD Performance			Forecast		
						Budget £000's	Spend £000's	Variance £000's	Fcast Spend £000's	Variance £000's	Prior Mth Variance £000's
Pooled and Aligned Budgets Commissioned & Directly Delivered		LBH Capital BCF (Disabled Facilities Grant)	1,525	1,525	-	1,144	708	436	1,525	-	-
		LBH Capital subtotal	1,525	1,525	-	1,144	708	436	1,525	-	-
		Unplanned Care (including income)	5,210	1,029	4,181	3,908	5,259	(1,351)	4,926	284	280
		Planned Care (including income)	64,035	29,774	34,261	48,026	66,211	(18,185)	68,339	(4,304)	(4,156)
		CYPM	9,049	-	9,049	6,787	8,423	(1,636)	9,049	-	-
		Prevention	23,554	-	23,554	17,666	12,806	4,860	23,544	10	10
		LBH Revenue subtotal	101,848	30,803	71,045	76,386	92,698	(16,312)	105,858	(4,010)	(3,867)
Grand total			103,373	32,328	71,045	77,530	93,406	(15,876)	107,383	(4,010)	(3,867)

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 £731k. The overall position is made up of two main elements - a £872k overspend on externally commissioned care services and (£141k) underspend across staffing-related expenditure.
- Ongoing challenges around the Housing Related Support (HRS) savings programme target of £4.5m is resulting in a £0.65m overspend.
- **Unplanned Care:** The majority of the Unplanned care forecast underspend of £284k relates to Interim Care and is offset by overspends on care packages expenditure which sits in the Planned Care work stream. The unplanned care position has had a negligible favourable movement of £4k this month.
- **In summary,** the Planned Care overspend is partially offset by forecast underspends in Unplanned Care reducing the overall revenue overspend to £4.01m.
- **CYPM & Prevention Budgets:** Public Health constitutes vast majority of LBH CYPM & Prevention budgets which is forecasting a very small underspend.

- At Month 9 LBH reports a forecast overspend of £4.01m
 - **Pooled budgets** reflect the pre-existing integrated services of the Better Care Fund (including the Integrated Independence Team IIT) and Learning Disabilities.
 - **Planned Care:** The Planned Care workstream is driving the LBH over spend. The planned care position has moved adversely by £147k this month, primarily driven by additional staffing resources employed within care management and further growth in client activity across long term care services.
 - Learning Disabilities (LD) Commissioned care packages within this work stream is the most significant area of pressure with a £1.1m overspend. This is significantly less than last year due to the application of both budget growth and one-off funds in this area.
 - Work is ongoing with CCG colleagues to embed the joint funding model for high cost Learning Disability packages as business as usual. The CCG have committed to ringfence £1.9-£2.7m within their financial planning for 2019/20 and a contribution of £1.9m has been factored into the forecast. Progress has been slow in embedding the joint funding model which has resulted in fewer than expected cases going through the panel process to date. Following the implementation of acceleration measures including dedicated support from the PMO in Adult Services and enhanced quality assurance processes, throughput has picked up along with the number and value of joint funding packages agreed. Progress will continue to be closely monitored by all partners given its high priority and funding risk.
 - Physical & Sensory Support is forecasting an overspend of £884k, whilst Memory/Cognition & Mental Health ASC (OP) is forecasting an overspend of £915k. 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 £791k to date.
 - Promoting Personalisation and increasing uptake of direct payments.
 - Three conversations
- To note the potential impact of the above management actions on the overall finance position would be offset by any additional demand coming through the service.

London Borough of Hackney - Risks and Mitigations Month 9, 2019

London Borough of Hackney	Risks	Full Risk Value £'000	Probability of risk being realised %	Potential Risk Value £'000	Proportion of Total %
	Pressures remains within Planned Care	4,010	100%	4,010	100%
	Learning Disability Joint Funding	400		400	
	TOTAL RISKS	4,410	100%	4,410	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 (£791k savings achieved to date)	TBC	TBC	TBC	TBC
	Personalisation and DPs - Increasing Uptake	TBC	TBC	TBC	TBC
	Three Conversations	TBC	TBC	TBC	TBC
	Review one off funding	4,010	100%	4,010	100%
	Uncommitted Funds Sub-Total	4,010	100%	4,010	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.
- Demand for services increasing particularly in Children's Services, Adults and on homelessness services.
- Additional funding through IBCF, winter funding, and the additional Social Care grant funding announced in the Spending Review 2019 has been confirmed for the lifespan of the current parliament but this additional funding is still insufficient.
- We still await a sustainable funding solution for Adult Social Care which was expected in the delayed Green Paper.

City of London Corporation – Position Summary at Month 9, 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	30	20	10	65	-	-
		Planned Care	153	90	-	90	120	33	33
		Prevention	60	38	30	8	60	-	-
Pooled Budgets Grand total			278	158	50	107	245	33	33

Aligned Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Outturn £000's	Variance £000's	Prior Mth Variance £000's
	Comm'n'd & *DD	Unplanned Care	294	223	97	126	294	-	-
		Planned Care	4,303	3,249	2,937	312	4,048	255	277
		Prevention	1,447	791	999	(208)	1,448	(1)	(1)
		Childrens and Young People	1,533	928	971	(44)	1,546	(13)	-
		Non - exercisable social care services (income)	-	-	-	-	-	-	-
Aligned Budgets Grand total			7,577	5,190	5,004	186	7,336	241	276
Grand total			7,855	5,348	5,055	293	7,581	274	309

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

- At Month 9, the City of London Corporation is forecasting a year end favourable position of £0.3m, a small deterioration on the Month 8 position.
- Pooled budgets** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF). These budgets are forecast to under spend at year end.
- Aligned budgets** are forecast to under spend at year end. This is being driven by a number of underspends including; Social Work activities, Residential care (Older People 65+), Home Help and Supported Living(18-64).
- No additional savings targets were set against City budgets for 2019/20

Integrated Commissioning Fund – Savings Performance Month 9, 2019/20

City and Hackney CCG

- At the end of month 9 the CCG is reporting £3.84m savings delivered against a year-to-date (YTD) plan of £3.69m.
- Whilst there is slippage reported against some schemes, overall full year forecast outturn (FOT) is on target to deliver the full £5m, due to some schemes delivering higher than expected savings, new schemes implemented in year and release of non recurrent estates dispute resolution savings.
- Key movements in the period:
 - The closure of the Review of Non Health CHC packages scheme (£400k), savings from this scheme is expected to be delivered in 2020/21.
 - This is offset by higher than expected savings being delivered from the Medicines Management QIPP programme of £377k, driven by £155k being delivered from ongoing work on Anticoagulation including avoidance of Secondary Care DOAC (Direct Oral Anticoagulant) initiation and £222K being delivered from increased levels of Biosimilars savings from £993k to £1,215k.

London Borough of Hackney

- LBH has agreed savings of £0.9m for 2019/20 of this we have delivered £0.25m in 2019/20. The shortfall in savings relates to delays in achieving the overall Housing Related Support (HRS) savings programme target of £4.5m, resulting in a £0.65m pressure. The service continues working in collaboration with existing providers to develop a sustainable service model, and are confident these savings will be delivered next year as part of the ongoing redesign of HRS.

City of London Corporation

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

Title:	Integrated Commissioning Register of Escalated Risks
Date of meeting:	13 February 2020
Lead Officer:	Carolyn Kus, Director of Programme Delivery Workstream Directors
Author:	Timothy Lee, Transformation Support Officer Matthew Hopkinson, Transformation Support Officer Alex Harris, Integrated Commissioning Governance Manager
Committee(s):	Integrated Commissioning Board, 13 February 2020
Public / Non-public	Public.

Executive Summary:

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

Background

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

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

Risks added since January

The full Integrated Commissioning Workstream risk registers were shared with the ICB at the January meeting. There have been no added risks since then, however some descriptions have changed.

Recommendations:

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

- To **NOTE** the report.

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

- To **NOTE** the report.

Strategic Objectives this paper supports:

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

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Supporting Papers and Evidence:

Appendix 1 - Integrated Commissioning Escalated Risk Register – February 2020

Sign-off:

Siobhan Harper – Director: Planned Care

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

Nina Griffith – Director: Unplanned Care

Jayne Taylor – Director: Prevention

Carolyn Kus – Director of Programme Delivery

Integrated Commissioning Register of Escalated Risks - October 2019

Ref#	Description	Senior Responsible Owner	Senior Management Owner	Inherent Risk Score	Likelihood	Impact	Current Score	Residual Risk Score				Mitigating actions
								Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	
IC10	<p>Enabler Group Reporting</p> <p>There is a risk that the 5 Enabler Groups' work programmes may not be in harmony with the strategic priorities set by the AOG and ICB. The consequence is that this lack of alignment will undermine delivery of the Long Term Plan, the 4 Care Workstream Programme plan and other milestones across the IC Programme.</p>	David Maher	Carol Beckford	16	4	4	16	16	16	12	9	<p>An AOG member now has lead accountability for one or more Enabler Groups (agreed at October AOG).</p> <p>Enablers have been invited to present their 18-month workprogrammes and plans to AOG. Schedule is:</p> <ul style="list-style-type: none"> - Estates (October 2019) - ICT (Aug 2019 and follow-up update December 2019) - Comms & Engagement (Date TBC) - Primary Care (Sept), - Workforce (including CEPN) - January 2020 <p>Enablers will be given strategic oversight and support from Carol Beckford from October 2019 for a number of months</p>
IC22	<p>STP Long-term plan - ensuring that City & Hackney's priorities are reflected</p> <p>If the long-term plan from NE London arrives too late for high-quality engagement, then City & Hackney may not be adequately represented in the NE London LTP.</p> <p>There is a risk that the STP Long Term Plan (LTP) may not adequately reflect City & Hackney's strategic priorities (eg Rough Sleepers initiative in CoL) . The consequence is that patients and the public within City & Hackney may feel that health and social care commitments have changed in favour of the wider needs of all three systems within the ELHCP. There could also be concern that some services will no longer be available or delivered conveniently.</p>	David Maher	Nicholas lb	16	4	4	12	16	16	12	9	<p>The long-term plan has arrived and there has been input from City & Hackney into the NE London Long Term Plan. The City & Hackney response to the Long Term Plan has been included as an Annex to the NE London response.</p>
IC23	<p>Workforce - Ensuring we have the right skills and competencies</p> <p>There is a risk that within City & Hackney we do not have the required skills and competencies to deliver the ambitions of the Integrated Care Programme and the LTP. The consequence is that it will take longer to implement the Neighbourhood Health and Care Programme, make the step-change in prevention, etc.</p>	Laura Sharpe	Carolyn Kus	16	4	4	16	16	16	16	12	<p>Terms of Reference for the workforce to be drafted and considered by AOG March 2020.</p> <p>Workforce Enabler Board Development Session due to take place on 11 December 2019.</p> <p>Workforce Strategy to align with the long-term plan.</p>
IC24	<p>Social Care Funding</p> <p>There is a lack of Information on social care funding beyond 2019/20. This makes it difficult to plan ahead as a system, and risks possible impacts on the whole system if there is any future short-fall in social care budgets.</p>	Carolyn Kus	Nina Griffith	16	4	4	16	16	16	16	16	<p>This risk has been escalated to the IC Programme Team as there is no mitigation that can be carried out by the workstream itself. On review of the risk, the IC Programme Team has determined that as the risk and mitigation sits entirely within central government, it should not be recorded on a risk register for the Integrated Commissioning Programme as it is effectively an inherent risk for which the programme has no mitigation.</p>
P16 (Issue)	<p>Priority area: Smoking</p> <p>Reduction in referrals to Stop Smoking Service in line with national trends.</p> <p>If not managed, then reduction in referrals impacts on total number of people supported to quit by the service (quit rates, however, remain high), impacting on local efforts to reduce the health harms and inequalities caused by smoking.</p>		Jayne Taylor	20	5	3	15	15	15	15	15	<p>An action plan is being delivered to increase referral rates:</p> <p>The Prevention workstream Digital and Communications Lead is working with the contract manager on an options appraisal for the implementation of the National Referral System to more effectively manage referrals. This may include an eventual bid for ICT Enabler funding.</p> <p>A Tobacco Control Alliance has been established that brings together key partners from across the system. The first meeting is due to take place in late November and will consider what more can be done to increase referral rates.</p> <p>A partnership has been established with x6 Vape Stores to deliver VBA as a way to increase referral rates for younger people.</p> <p>There will be a renewed focus on people with a mental health condition as a key demographic with the potential for increased referral rates.</p>
P13	<p>Priority area: Rough Sleepers</p> <p>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</p>		Jayne Taylor	20	4	4	20	20	20	16	16	<p>Access to primary care for those rough sleeping within the City of London is hampered by location and a complex commissioning landscape. To mitigate in the short term a peer navigation service has begun, utilising those who have experienced rough sleeping to support current homeless people to access health services. The City Corporation and CCG are also supporting the pilot operation of an outreach primary care service, delivering weekly GP sessions in the Square Mile until June 2020. The CCG's primary care commissioner is involved in the contract oversight.</p> <p>The City Corporation has been working closely with the East London Health and Care Partnership to shape the north east London submission in response to the long term plan. As a result the response includes a specific section on meeting the health needs of those sleeping rough, with commitment to better primary care, co-ordination of discharge, and improved mental health delivery. This will be supported by an implementation plan.</p> <p>Work is underway in coordination with the Unplanned Care Workstream to strengthen the discharge pathway for homeless patients at Homerton hospital. An initial review is scheduled for completion by March 2020.</p> <p>LB Hackney Public Health is providing additional support to assist with analysis of the use of - and cost of - acute services by this group, in order to support service design and the business case for change.</p>

								Residual Risk Score				
Ref#	Description	Senior Responsible Owner	Senior Management Owner	Inherent Risk Score	Likelihood	Impact	Current Score	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Mitigating actions
PC1	<u>Adult Learning Disability Service</u> There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners.		Siobhan Harper	20	4	5	20	20	20	20	20	Regular meetings are continuing as part of section 75 arrangements for financial planning. Joint funding processes have been implemented and joint funding panels are being held on a regular basis. A costings paper for the LD Strategy is going through the Accountable Officers Group and the final version of the completed strategy will be presented to ICB in March 2020. The new Preparation (transition) for adulthood processes and governance are in place and these are being developed further as part of establishing them - A dashboard has been developed and work is ongoing to capture needs within it.
PC2	<u>Overperformance on elective activity</u> There remains a risk of overperformance on elective activity with our main provider and with other acute providers which is beyond our risk tolerance		Siobhan Harper	20	4	5	20	20	20	20	15	Auditors have completed their on site audits of activity. A draft headline report has been shared and the full report should be available in December 2019. The Outpatient Transformation programme: Teledermatology training has been delayed and may not be complete until December. Practices activity has been slow but is improving. Virtual Fracture Clinics are going well and full delivery of expected activity in 2019/20 is on course. The Community Isotretinoin pathway (previously acne) has been approved and discussions to finalise the implementation and contracting plans will be complete by December. The community Gynaecology service has gone live from September on e-RS. Activity is expected to show an increase when reporting is in for October. Further identification of activity for virtual or community has progressed in Rheumatology and Diabetes. QIPPs are progressing with Teledermatology and VFC starting to deliver. Although two schemes have been temporarily shelved for 2019/20 existing schemes are over performing to compensate. Extension to the pathology scheme will deliver further savings in year.
PC12	<u>Housing First Funding</u> No long term funding is secured for the Housing First programme and there is a risk that the service will finish at the end of the year 1 pilot		Siobhan Harper	25	5	5	N/A	N/A	N/A	25	25	Best practice suggests that the Housing First approach is most effective when sustained support is delivered over a number of years. At present year one of the service is funded through CCG PIC funding to support the development of the local evidence base but no long term funding has been confirmed. LB Hackney has issued a three year contract to the provider with the intention that national government, Rough Sleeper Initiative (RSI) funding would be applied for to fund year 2 (year 3 would be funded from savings made available from a review of mental health supported accommodation). However, this has been disrupted by the General Election and further RSI funding rounds have been suspended. In response LB Hackney Adult Services as the lead commissioners are exploring a range of funding options.
UPC9	<u>Discharge and Hospital Flow Processes</u> Discharge and Hospital Flow processes are not effective, resulting in increased DTOCs and failure to meet Length of Stay Targets		Nina Griffith	20	5	3	15	12	15	15		Weekly teleconference continues although DTOC targets have not been met in this fiscal year. A 30, 60, 90 day challenge has been set to urgently progress actions to reduce delays. Recommendations from the evaluation of the D2A pilot are being implemented. This includes development of a Single Point of Access between Integrated Independence Team and Integrated Discharge Service. LBH is currently recruiting three permanent senior social workers, which will add stability and facilitate improved discharge processes.
CYPMF8	<u>Childhood Immunisations</u> 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		Amy Wilkinson	15	2	5	10	15	10	10	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 is on the ICB agenda for November.
Possible New IC Programme Risks												
	Draft Risk Description		Development of the risk description & score assigned to	Inherent Risk Score	Likelihood	Impact	Current Score	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	

Ref#	Description	Senior Responsible Owner	Senior Management Owner	Inherent Risk Score	Likelihood	Impact	Current Score	Residual Risk Score				Mitigating actions
								Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	
	One ICS / One CCG remoteness There is a risk that the One ICS / One CCG model will mean service decisions are made remotely from service users. The consequence of this is that services could have a "one size fits all" feel and may not be tailored to the population health profile and needs of the patients and public of City & Hackney		Randall Anderson / Carol Beckford	12	3	4	12	12	12	12		Contribute to and shape NEL thinking on the Scheme of Delegation (November 2019 to April 2020) - David Maher Ensure the City and Hackney contribute and shape the discussion on commissioning and the principles which underpin service design (November 2019 to April 2020 - Siobhan Harper & Nina Griffith)
	One ICS / One CCG Comms The CCG merger plans have not been properly communicated to the public, which risks undermining the programme.		Alice Beard	3	3	3	9					NEL have established a <i>2021 Oversight Group</i> to plan and manage the NEL CCG merger. This programme has 8 workstreams. One of these workstreams is focused on communications & engagement. Subsequently a Communications & Engagement Working Group has been set up within the City & Hackney as part of the City & Hackney CCG <i>2021 Delivery Group</i> . This group has been tasked with delivering appropriate and targeted communications and engagement with patients and the public. First planning meeting 23 October 2019.
	ICS Partnership Commitment The Integrated Commissioning arrangements currently operate largely upon the basis of goodwill and leadership buy-in. As the organisations in the partnership are self-governing, autonomous bodies, there is a risk that changes in circumstances or budgetary pressures in the sovereign organisations could lead to organisations focusing heavily or exclusively on their statutory legal responsibilities, at the expense of or detriment to the Integrated Commissioning Partnership.		Alex Harris / Matt Hopkinson		3	5						Budget pooling discussions are ongoing - verbal update to be provided to the October AOG and a formal paper brought to November AOG, after which this will go to ICB for agreement and statutory organisations if appropriate. The workstreams are well-established and continue to work closely together, and the ICB continues to mature and become an embedded way of working across the organisations.
	Public Health Grant Ring-Fence Removal In the context of wider local authority budgetary pressures, the planned removal of the ring-fenced Public Health grant (and replacement with business rate funding) could lead to reduced funding for Public Health services, as well as reduced staffing resource to lead and deliver prevention initiatives and programmes.		Jayne Taylor									Mitigation discussion needs to involve Director of Public Health and local authority finance colleagues.
	Prevention Strategic Objective Failure of system leaders to follow-up on commitments to achieve a real and lasting shift in focus and resources towards prevention will mean that the actions we take are tokenistic and will not result in the required changes in systems, culture and behaviours. This poses a significant risk to the achievement of our strategic ambitions in relation to prevention and would represent a lost opportunity to achieve a step change in population health improvement.		Jayne Taylor									Mitigation discussion needs to involve all strategic system partners. Part of this is MECC, part of it is the Prevention Investment Standard, but there is a cultural shift required across the system to achieve our ambitions here.
	IT Enabler Projects There is a risk that the IT Enabler projects that will benefit the integration of the system will not be delivered in a timely way (or at all) due to lack of ownership / capacity / expertise in organisations charged with delivery.		Anita Ghosh									. Ensure the IT Enabler programme of work is correctly prioritised. . Build strong working relationships across all suppliers charged with delivery (including internal ICT teams) and secure early engagement at a senior level. . Prepare detailed delivery and resource plans to expose any gaps in resources and ensure these are addressed in IT enabler business cases.

								Residual Risk Score				
Ref#	Description	Senior Responsible Owner	Senior Management Owner	Inherent Risk S	Likelihood	Impact	Current Score	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Mitigating actions
	<u>Co-Production</u> Insufficient / inconsistent involvement or lack of true partnership with residents and the voluntary sector in developing services could lead to a situation in which we cannot achieve our strategic objectives or meet the health & wellbeing needs of our local population.		Jamal Wallace	12	3	4						A Co-production Self-Assessment exercise will assess care workstream approaches to co-production and the Patient Public Representatives view of involvement within the system. Information from the self assessment will feed into a Co-production Workplan that will illustrate how to achieve meaningful co-production, developing and implementing the principles outlined in the Co-production charter. The Co-production workplan will take into account the current failures / barriers to co-production highlighted by workstreams and patient public representatives and provide practical steps to overcome these factors. Due: End of March 2020.
	<u>Cerner Millennium data</u> Due to the complexity involved in processing Cerner Millennium data there is a risk that the Discovery programme is delayed leading to delays in delivering tools such as risk stratification to support care workstreams, in particular neighbourhoods		Anita Ghosh									Cerner Millennium sites are moving towards a more compatible data extraction tool to facilitate analysis by the Discovery team.
	<u>Estates Enabler Funding</u> If we lose capital funding for estates infrastructure we may not be able to support delivery of the long-term plan.		Amaka Nnadi		4	5	20	N/A	N/A	20		TBC

Title:	Integrated Commissioning Programme Progress Report
Date:	13 February 2020
Lead Officer/s:	Carolyn Kus, Director of Programme Delivery
Author:	Stella Okonkwo, Programme Manager – Integrated Commissioning
Committee(s):	None.
Public / Non-public	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 on IC programmes is reported monthly to the Accountable Officers Group (AOG) and then on to the Integrated Commissioning Board (ICB). The Progress report content also 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. Programme updates are provided by Care workstream and Enabler Group leads at the end of each month.

The information provided this month is, as at the 31st of January 2020.

For January, the IC Programme PMO and the Care workstreams reported a RAG status of Green; The amber status reported by the CYPMF Care workstream in December 2019 has now moved to Green for January. The Communications & Engagement Enabler and IT Enablers reported Green, Amber and Red RAG status on their activities in January. The red status reported by the Comms and Engagement Enabler was regarding the development of the IC Logo / Brand – Following the Communications workshop in January, brand development has currently been suspended, with an effort to raise the profile of ICS through the current established and trusted branding. The red status reported by the IT Enabler was regarding progress made on the Electronic orders and results project – Escalation for this is being progressed through ELHCP CIO.

Furthermore, work is continuing with our Care workstreams and Enabler Groups to change the reporting approach/template before the end of 2019/20. The new format will be presented at the February AOG and will pull together the strategy and direct the focus on what the Workstream Directors and Enabler Group Leads need to discuss with the AOG and ICB. The report will be more orientated to focus on the major transformation programmes that underpin the Long Term Plan, with a focus on, Neighbourhoods, Primary Care Networks and Community Services Development and the other major programmes, which comprise of 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 item which require a decision 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

This section shows any portfolio areas, which require a decision from the AOG or the ICB.

Finance

A finance update is provided by the IC Finance Team

Recommendations:

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

- To **NOTE** the February 2020 Integrated Commissioning Progress Report.

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

- To **NOTE** the February 2020 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:

February 2020 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

Overall progress

- First iteration of the new IC Programme Plan to be shared at AOG February 2020.
- Process for drafting the of the 2020/21 City and Hackney Operating Plan to commence following the release of the guidance document by NHSE.
- Further development of the (post-merger) Function Map – setting out a proposal on which functions/processes should be undertaken by NEL and which should be undertaken by the local City & Hackney. system. This was the focus of discussion and the second 2021 – Drop-In Session facilitated by the C&H MD.
- Deep-dive meeting to discuss the scope, priorities and timescales for revising/setting up the sub-committees of the Integrated Care Board.
- Support and input to the Vision document is being developed by the NEL 2021 Delivery Team.

1. Key activities in January 2020			1. Key activities planned for February 2020		
Workstream	Activity	Status	Workstream	Activity	Status
IC Programme PMO	<ul style="list-style-type: none"> Ongoing work to develop the Hackney and City TOM for programme PMO and session with key leaders to undertake first full walk through. Development of the IC programme plan including the development of business principles for the PMO in progress. Ongoing development and wider engagement for the NEL One ICS, One CCG. Start the process for coordinating the 2020/21 NHS operating Plan post NHSE release of the 2020/21 operating plan guidance. Continue to support Adult Service colleagues in preparation for integration Strategic Planning session held with the VCS key objectives 	Green	IC Programme PMO	<ul style="list-style-type: none"> Following the release of the 2020/21 operating plan guidance by NHSE, start the process for coordinating the City and Hackney 2020/21 NHS operating Plan Ongoing work to develop the Hackney and City TOM for programme PMO LD pooling fund workshop session with key leaders across the Hackney and City system to hold on 03/02/2020; To be facilitated by the IC Director of Programmes. Preparation and organisation for a workshop with the PPI Committee scheduled for early February – where the focus will be on opportunities and concerns for patient and public representatives when there is a ICS, Single CCG and an Integrated Care Board. Initial preparation for an ICB Development Session in March 2020 where we aim to undertake a simulation/learning event: running the meeting with new members of the ICB (eg Providers and other Partners) ICB Risk development session to hold on 13/02/2020 Continue to support Adult Service colleagues in preparation for integration. Setting up the development session with the VCS and the Care Workstream directors. 	Green
Prevention CW	<ul style="list-style-type: none"> MECC: Co-designed training delivery plans for innovation sites agreed; prepared discussion paper for Feb ICB; ongoing work on partner specific action planning, branding and comms strategy, plus evaluation baselining. Community Navigation: draft spec developed for integrated social prescribing/community navigation service; ongoing work to develop a Neighbourhoods community navigation model; mobilisation of new PCN link workers Prevention Investment Standard: ICB endorsement to proceed with plans; ongoing work to align with relevant transformation programmes/plans (e.g. MECC, community navigation, Neighbourhoods, community health and care services, directory of services); initial discussion to shape implementation of PINS in primary care Detailed review report presented to CCG's PPI committee, CEC and FPC. 	Green	Prevention CW	<ul style="list-style-type: none"> MECC: Training at innovation sites to commence; discussion paper to be presented at Feb ICB; ongoing work on partner specific action planning, branding and comms strategy, plus evaluation baselining. Community Navigation: Proposals for integrated social prescribing/community navigation service to be presented to CEC, FPC and GB; attending PCN CD meeting to discuss opportunities for future integration of all social prescribing provision; ongoing work to develop a Neighbourhoods community navigation model (including planning for theory of change workshops); continued mobilisation of new PCN link workers Prevention Investment Standard: Proposals to be discussed at CQRM, WS boards/MHCC and HCVS Transformation Leadership Group; ongoing work to align with relevant transformation programmes/plans (e.g. MECC, community navigation, Neighbourhoods, community health and care services, directory of services) Detailed review report to be presented at ICB, along with MECC and tobacco control strategic plans. 	Green
Planned Care CW	<ul style="list-style-type: none"> Approval of the Autism Strategy. Joint funding progress paper on Learning Disabilities discussed at the CLG Joint workshop on integrated working on 14th January Production of service specification for Community Heart Failure IV diuretics project Release of Living with rare cancers video. 	Green	Planned Care CW	<ul style="list-style-type: none"> Complete mobilisation for the Housing First service. Recruitment for additional capacity in pulmonary rehab One stop shop hysteroscopy service to start LD Strategy Equality Impact Assessment to be agreed Implementation of primary care follow-up for prostate cancer 	Green
Unplanned Care CW	<ul style="list-style-type: none"> Development of overall 5-10 year programme plan for Neighbourhoods in collaboration with Neighbourhoods Provider Alliance and wider system partners Confirmation and communication of 2020/21 Neighbourhoods programme funding arrangements for system partners Preparation for March away-day for partners to share Y2 Neighbourhood service models Homelessness Audit at the Homerton conducted by Pathways. Integrated Independence Team recommissioning task group commences Finalise KPIs for the dementia service and the process of pre-diagnostic dementia support to GPs for non engaging patients. Go live and rollout of dementia service e-referrals system for GPs. 	Green	Unplanned Care CW	<ul style="list-style-type: none"> Submission of proposals for funding for Neighbourhoods in 2020/21 and finalisation of requests for funding. Finalisation of 5-10 year Neighbourhood programme plan and in particular the areas of focus for the next 12-18 months. Preparation for March away-day for partners to share Y2 Neighbourhood service models Preparation for May Neighbourhood sessions to determine local population health priorities Presentation of findings of Homelessness Audit to be given by Pathways at the Discharge Steering Group. A 30, 60, 90 day challenge has been set to urgently progress actions to reduce delays to discharge from HUHFT. Workshop with relevant care providers and the LAS to identify blockages and progress actions to increase referrals from 999 and 111 into our local Appropriate Care Pathway. 	Green
CYPMF CW	<ul style="list-style-type: none"> Development of Adverse Childhood Experiences (ACE) training programme as part of workforce development work-strand Draft outline strategy completed for ACEs including local needs assessment and detailed strategy for system enablers (resource portal and workforce development) Draft joint funding protocols for complex care and SEND being developed for consultation with CCG and LA partners Commence approval for the Primary Care childhood immunisations delivery plan for 2020/21 Integrated Emotional health and wellbeing strategy consultation process commence on draft strategy. Mental health support teams commence in schools. Recruitment for CYPMF Neighbourhoods project manager (CEPN funded) Engagement, consultation and co-production plans with parents and young people to continue to be refreshed and redeveloped Stakeholder engagement to explore a holistic recommissioned 0-25s service to commence New Maternity FGM service (delivering a trauma informed approach) went live on 16 December and is delivering a bi-weekly clinic. 	Green	CYPMF CW	<ul style="list-style-type: none"> Launch of emotional and mental health Cool Down Café and crisis pathway for Children & Young People. Development of wellbeing in schools pilots for the Orthodox Jewish independent schools to commence Maternity services beginning to work towards the achievement of Baby Friendly Initiative level 2 and scoping infant feeding initiative. Digitalisation of records and booking being scoped. Work on patient experience being developed and strengthened, in line with NEL improvement plan. Options paper on the development of a neighbourhood model for children's services, (looking at the alignment of Children's Centre clusters with neighbourhoods) being consulted on. CYPMF neighbourhoods project manager to be appointed. Continued development of Adverse Childhood Experiences (ACEs) workforce development and online resource portal project. Approved Primary Care childhood immunisations delivery plan for 2020/21, which will bolster resource in the North of Hackney to improve uptake and support infrastructure through call-recall more generally as PCN's evolve. Draft joint funding protocols for complex care and SEND continue to be worked on – for consultation with CCG and LA partners and governance during Q1. 	Green

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

For the Integrated Commissioning Board & Accountable Officers Group

2. Key activities in January 2020(cont.)		
Enabler Group	Activity	Status
Communications & Engagement Enabler	<ul style="list-style-type: none"> Review of Co-production Charter in context of wider sustainability plans for the system. This is in progress - Due March 2020. Development of Comms and Engagement implementation plan. Expected Jan 2020. Completion of the ICCEEG Risk register has been completed and submitted to IC governance manager	Green
	<ul style="list-style-type: none"> Ongoing work on the implementation of Co-Production Self-Assessment tool with workstream and service user input. Information presented will be used to inform a Co-production work plan for the system. Due March 2020	Amber
	<ul style="list-style-type: none"> IC Logo / Brand: Due to concerns raised relating to the lack of strong brand visibility in the current options, The Brand is no longer to be submitted to Jan 2020 ICB. Logo and Brand development to be discussed in Communications workshop in Mid-Late Jan 2020.	Red
Primary Care Enabler	<ul style="list-style-type: none"> Commencement of consultation on draft primary care strategy & action plan and proposed changes to the Clinical Commissioning and Engagement Contract (CCEC) for 2020/21 (at the GP Forum-9th Jan; PPI Committee-13th Feb; LMC-8th Jan) Agreement on contractual approach for 2020/21 extended access contract (not part of the Alliance Contract) Comment on/ undertake local preparation to implement the Network Contract DES draft outline service specifications which were published 23/12/19. awaiting new version of the specs post consultation changes NEL primary care commissioning committees (PCCCs) in common meeting – commencement of plan for having one PCCC to start in shadow form in 2020/21. Continue to monitor local seasonal flu activity Workshop on steps to agree a single contract for the Clinical Effectiveness Group on behalf of the local system Commencement of full roll-out of the notes digitisation programme	Green
	<ul style="list-style-type: none"> Continue with oversight of the mid-year reviews of the CCEC. Half a dozen or so reviews outstanding. Finish annual review of all practices’ core contracts 15 or so reviews outstanding. Primary Care Network two-day development residential (23-24 Jan) - No CCG PC reps available due to leave/other commitments	Amber
Estates Enabler	<ul style="list-style-type: none"> HUHFT to hold further meetings with STP and Stakeholders to confirm support, or not, for their EOI to transfer St Leonards from NHSPS to HUHFT. Attain to provide final report for Clinical Need at St Leonards Meeting of stakeholders took place on the 8th January to agree basis for Property availability/requirements Data List. Information still awaited. LBH Capital Projects – LBH have appointed RLF as Project Managers for both projects.	Green
IT Enabler	<ul style="list-style-type: none"> Children, Young People, Maternity & Families (CYPMF) - Scoping for Adverse Childhood Experiences (ACEs) and maternity portals to continue in January Directory of Services – Continuing user research (specifically around digital upskilling element of project); trial MIDOS platform with end users using data held within prototype Directory of Services Digital Social Prescribing – Training pilot Voluntary and Community Sector Organisations and social prescribers on the digital platform. Virtual consultations – Continuing planning for initial go-live with diabetes Follow Up appointments. Transfer of Care Around Medicine (TCAM) (Discharge to Pharmacy) – complete infrastructure prerequisites.	Green
	<ul style="list-style-type: none"> East London Patient Record, City of London: Planning underway for go-live in March 2020 pending provider (Cerner) scheduling for project work and training plan for staff in development. East London Patient Record, London Borough of Hackney: Sharing social care data: preparation for go-live being checked.	Amber
	<ul style="list-style-type: none"> Electronic orders and results – escalation in progress to enable plan to progress.	Red
Workforce Enabler	<ul style="list-style-type: none"> The SRO will be providing an update on Workforce activities following the recruitment of the Workforce enabler programme Lead.	

2. Key activities planned for February 2020 (cont.)		
Enabler Group	Activity	Status
Communications & Engagement Enabler	<ul style="list-style-type: none"> Next ICCEEG Meeting - 12th February 2020 Review of Co-production Charter in context of wider sustainability plans for the system. In progress - Due March 2020. Primary Care Strategy – ICCEEG Lead to assist with plans to ensure stakeholders are involved in the updated primary care strategy - On-going (due/expected Feb 2020)	Green
	<ul style="list-style-type: none"> ICCEEG to implement Co-Production Self-Assessment tool with workstream and service user input. Information presented will be used to inform a Co-production work-plan for the system. Due March 2020. St Leonards Estates project- stakeholder engagement has begun to review the demand and capacity of the site. Ongoing development of Comms and Engagement implementation plan and Operating model for the system - Due March 2020.	Amber
	<ul style="list-style-type: none"> Reward and Recognition Policy to receive endorsement from AOG before implementation can begin. To be submitted for Next AOG (Feb 2020) IC Logo / Brand: Brand development has been suspended, with an effort to raise the profile of ICS through the current established and trusted brands	Red
Primary Care Enabler	<ul style="list-style-type: none"> Continue migration from existing N3 connections to new secure Health and Social Care Network compliant connections for all GP practices Conclude consultation on draft primary care strategy and proposed changes to the Clinical Commissioning and Engagement Contract (CCEC) for 2020/21 Continue with oversight of the mid-year reviews of the CCEC Conclude annual review of all practices’ core contracts Progress plans for a primary care sub-committee of the ICB Continue to monitor local seasonal flu activity Continue rollout of notes digitisation programme Hold Feb Primary Care Enabler Group Board Hold Feb Primary Care Commissioning Committee	Green
Estates Enabler	<ul style="list-style-type: none"> LBH Capital Projects – RLF (Project Managers) to commence work and procure the design and cost teams for the project. First meeting with LBH arranged for 3rd February	Green
	<ul style="list-style-type: none"> HUHFT to hold further meetings with STP and Stakeholders to confirm support, or not, for their EOI to transfer St Leonards from NHSPS to HUHFT. When Attain have provided their final report for Clinical Need at St Leonards a plan will be required to implement the findings and proposals for development of the site. Meetings with GLA to be arranged to discuss assistance for affordable homes being delivered. Stakeholders to provide details of their Property availability/requirements for the Data List.	Amber
IT Enabler	<ul style="list-style-type: none"> Children, Young People, Maternity & Families (CYPMF) - Scoping for Adverse Childhood Experiences (ACEs) and maternity portals to continue in February Directory of Services – confirm on-going costs for long term sustainability of proposed solution; continue with user engagement Digital Social Prescribing – Continue training pilot Voluntary and Community Sector Organisations and social prescribers on the digital platform; pilot go-live planned for Feb 2020 Virtual consultations – Monitor pilot running in diabetes. Transfer of Care Around Medicine (TCAM) (Discharge to Pharmacy) – kick-off call with system supplier and commence development work on sending of meds info at patient discharge to community pharmacies East London Patient Record – Community Pharmacies start testing access to eLPR	Green
	<ul style="list-style-type: none"> East London Patient Record – City of London to organise staff training on use of eLPR in line with wider consent training. East London Patient Record – London Borough of Hackney – complete testing and plan go-live for sharing of adult social care data.	Amber
	<ul style="list-style-type: none"> Electronic orders and results – escalation being progressed through ELHCP CIO. 117	Red
	<ul style="list-style-type: none"> Workforce activities to be provided next month following the recruitment of the Workforce enabler programme Lead.	
Workforce Enabler	<ul style="list-style-type: none"> Workforce activities to be provided next month following the recruitment of the Workforce enabler programme Lead.	

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
IC Programme: 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	Completed
IC Programme: Agree the following: local submission for LTP, Comms and Engagement Strategy & IC Strapline signed by the ICB, produce summary of feedback of engagement on LTP & agreed actions	Q2 2019/20	Q2 2019/20	Completed
Unplanned Care: Evaluation of discharge to assess pilot	Q2 2019/20	Q2 2019/20	Completed
CYPMF: 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	Completed
IC Programme: Commence planning and arrangement for the development of One ICS, One CCG; Development of the IC programme plan including the development of business principles for the PMO	Q3 2019/20	Q3 2019/20	Ongoing
Planned Care: amend/update POLCE policy as per engagement outcomes & formally agree policy, evaluate the housing tender for the jointly commissioned Housing First Service, Complete Evidence Based Interventions Policy (PoLCE) engagement & agree monitoring arrangements with Providers /CSU	Q3 2019/20	Q3 2019/20	Ongoing
Unplanned Care: 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; Conclusion of duty doctor service review,	Q3 2019/20	Q3 2019/20	Ongoing
CYPMF: 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	Ongoing
Prevention: City Alcohol Strategy to be published, Hackney Carers Service go - live	Q3 2019/20	Q3 2019/20	Completed
IC Programme: 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, IC logo signed by ICB and subsequent public engagement, Commence delivery of City & Hackney linked data sets. agree model for population risk stratification, map primary care workforce profile	Q4 2019/20	Q4 2019/20	On Track
Planned Care: 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
Unplanned Care: Delivery of IC Winter Plan	Q4 2019/20	Q4 2019/20	On Track
Neighbourhoods: 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
CEPN: 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, Lead and Project manage deliver of Health and Social care careers fair.	Q3 2019/20	Q4 2019/20	Ongoing
CEPN: Carry out a needs analysis for workforce enablement across the system; Host Mental Health Clinical Practitioner Forum; Board recognition and agreement of National and local CEPN Priorities, Begin work to map Primary Care Workforce Profile & begin to establish a database of vacancies. Creation of and recruitment to HEE Fellows across Primary and Specialist Care	Q4 2019/20	Q4 2019/20	On Track
CEPN: Primary Care placement database to go live; Secure funding to ensure Sustainability of C&H Training Hub for workforce development	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

4. Key issues and risks			
Workstream / Enabler Group	Description	New or existing	Rating
IC Programme PMO	<ul style="list-style-type: none">System SEND overspend.Enabler group strategic agendas not clear to ICB or AOG.Workforce – Ensuring we have the right skills and competencies	<ul style="list-style-type: none">Existing	<ul style="list-style-type: none">201216
Prevention CW	<ul style="list-style-type: none">Failure to address complex commissioning landscape for health services supporting rough sleepers in the City of London.	<ul style="list-style-type: none">Existing	<ul style="list-style-type: none">20
Planned Care CW	<ul style="list-style-type: none">Financial pressures in the Adult Learning Disability Service.Risk of over-performance on elective activity.No long-term funding secured for Housing First.	<ul style="list-style-type: none">ExistingNew	<ul style="list-style-type: none">202025
Unplanned Care CW	<ul style="list-style-type: none">Discharge and Hospital Flow processes are not effective, resulting in increased DTOCs and failure to meet Length of Stay Targets.	<ul style="list-style-type: none">Existing	<ul style="list-style-type: none">20
CYPMF CW	<ul style="list-style-type: none">Continuing to monitor risk around low uptake of immunisations in some areas of Hackney.	<ul style="list-style-type: none">Existing	10
Engagement and Comms Enb	<ul style="list-style-type: none">No risks to escalate.	<ul style="list-style-type: none">Existing	
Primary Care Enb	<ul style="list-style-type: none">No risks to escalate.	<ul style="list-style-type: none">Existing	
Estates Enb	<ul style="list-style-type: none">New Dept of Health policy on 'Transfer of NHS PS and CHP assets to NHS and Foundation Trusts'Ongoing invoice disputes yet to be resolved by NHS PS and CHP (these are also being addressed at an STP level)	<ul style="list-style-type: none">Existing	
IT Enb	<ul style="list-style-type: none">T-Quest/ EMIS Proxy Server MigrationDischarge to Pharmacy project reviewSkype for Diabetes options appraisal	<ul style="list-style-type: none">Existing	
Workforce	<ul style="list-style-type: none">Lack of capacity is high risk due to staffing levels.	<ul style="list-style-type: none">Existing	

5. Finance Update (£'000)								
	Organisation	Annual Budget	Forecast Outturn	Forecast Variance	YTD Budget	YTD Spend	YTD Variance	RAG
Pooled Budgets	City and Hackney CCG	£28,079	£28,079	-	£20,909	£20,909	-	
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	£278	£245	33	£105	£42	63	
	Total	£28,357	£28,324	£33	£21,014	£20,951	£63	
Aligned Budgets	City and Hackney CCG	£409,023	£409,023	-	£298,911	£298,911	(0)	
	London Borough of Hackney Council	*LBH split between pooled and aligned not available.						
	City of London Corporation	£7,577	£7,336	241	£5,190	£5,005	185	
	Total	£416,600	£416,359	£241	£304,101	£303,916	£185	
ICF	City and Hackney CCG	£437,102	£437,102	-	£319,820	£319,820	(0)	
	London Borough of Hackney Council	£103,373	£107,383	(4,010)	£77,530	£93,406	(15,876)	
	City of London Corporation	£7,855	£7,581	274	£5,295	£5,047	248	
	Total ICF Budgets	£548,330	£552,066	-£3,736	£402,646	£418,273	-£15,628	
CCG Primary Care co-commissioning		£48,081	£48,081	-	£33,369	£33,369	-	
Total		£48,081	£48,081	£0	£33,369	£33,369	£0	
6. Decisions required by the ICB / For attention of the AOG								
Programme Area	Decision required							
Unplanned Care	<ul style="list-style-type: none">Approval of Neighbourhoods Target Operating Model							
Prevention	<ul style="list-style-type: none">Making Every Contact Count – EndorsementTobacco Control – Endorsement							

Title of report:	Moorfields relocation consultation - City and Hackney Engagement Summary
Date of meeting:	13 February 2020
Lead Officer:	Alice Beard, Communications Manager
Author:	Eeva Huoviala (Head of Engagement, CCG) and Alice Beard (Communications Manager, CCG)
Committee(s):	<i>N/A – for information only at Feb ICB</i>
Public / Non-public	Public

Executive Summary:

Moorfields Eye Hospital NHS Foundation Trust is proposing to relocate all the services currently provided at the City Road site in Islington (along with the UCL Institute of Ophthalmology and Moorfields Eye Charity), to a brand new integrated, purpose-built site on the St. Pancras hospital in Camden, subject to public consultation. The Trust's ability to provide modern, efficient and effective treatment pathways is currently being compromised due to the physical limitations of the historic building on City Road. The buildings at City Road, some of which are over 125 years old, are impacting negatively on patients and their experience at the hospital.

Because the proposed move would constitute a significant change in the way that services are provided (i.e. complete change of location) and would affect such large numbers of patients, a formal consultation process was a legal requirement before proceeding with any plans. It is worth noting that these proposals have been in development for a number of years and engagement has been on going during this time with patients, staff and stakeholders.

Both during pre-consultation and formal consultation, information has been cascaded via the central consultation team to local areas including City and Hackney. We have circulated the information to a list of key stakeholders with support from relevant CCG teams. The consultation team have been in direct correspondence with the CCG Chief Operating Officers and Managing Directors as well as the STP Accountable Officers throughout the process. The team visited the CCG's Public and Patient Involvement Committee on two occasions (13 December 2018 and 13 July 2019) to discuss the plans, gather feedback and address concerns.

Over 1,500 people completed the consultation survey and more than 2,000 people have given their feedback in other ways including emails, discussion groups, phone calls, letters and via the virtual assistant on the Oriel website. A report outlining the feedback gathered during the pre-consultation stage is available at: <https://oriel-london.org.uk/patient-views-documents/>. Members of public in City and Hackney have overall been supportive of the proposed plan to relocate to St Pancras. Their main concerns have been around transport and accessibility, what happens with the old site and how the money from the potential sale is used.

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

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

The team visited the CCG's Public and Patient Involvement Committee on two occasions (13 December 2018 and 13 July 2019) to discuss the plans, gather feedback and address concerns.

Clinical/practitioner input and engagement:

See information below

Communications and engagement:

Both during pre-consultation and formal consultation, information has been cascaded via the central consultation team to local areas including City and Hackney. The CCG Communications and Engagement team have circulated the information to a list of key stakeholders with support from relevant CCG teams:

- Member practices
- Governing Bodies and Executive Teams

- Board members, governors etc.
- Medical directors and directors of nursing etc.
- Staff, staff-side chairs and union reps
- Local Healthwatch, voluntary sector organisations and community groups
- Your borough council and Health and Wellbeing Board
- Local MPs
- Patient reference groups and associates
- Local professional networks
- Other local networks and stakeholders including Hackney Migrant and Refugee Forum

Comms Sign-off

Eeva Huoviala (Head of Engagement, CCG)

Alice Beard (Communications Manager, CCG)

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

Supporting Papers and Evidence:

<https://oriel-london.org.uk/patient-views-documents/>

Sign-off:

N/A – for information only

Moorfields relocation consultation - City and Hackney Engagement Summary (December 2018 – December 2019)

Background and context

Moorfields Eye Hospital NHS Foundation Trust is proposing to relocate all the services currently provided at the City Road site in Islington (along with the UCL Institute of Ophthalmology and Moorfields Eye Charity), to a brand new integrated, purpose-built site on the St. Pancras hospital in Camden, subject to public consultation.

The Trust's ability to provide modern, efficient and effective treatment pathways is currently being compromised due to the physical limitations of the historic building on City Road. The buildings at City Road, some of which are over 125 years old, are impacting negatively on patients and their experience at the hospital.

The new proposed site would enable the design and development of a purpose-built building that could enhance and improve patients' experience and staff satisfaction. It would also support integration of clinical care, research and education; facilitating the development of new practice, new technologies and new models of care, which in turn could improve outcomes for patients, attract and empower staff, and accelerate scientific research and discoveries. Additionally, the St. Pancras hospital site could offer better access for patients travelling from outside London, and improved transport links across the capital.

Who the commissioners are

Services provided at the Moorfields City Road site are commissioned by 77 NHS Clinical Commissioning Groups (CCGs) and by NHS England Specialised Commissioning across 188 CCG areas. Of the 77 CCGs, 14 in London and Hertfordshire hold contracts with a material value (defined as >£2m per annum) with Moorfields for activity at the City Road site.

These 14 CCGs, which comprise Barnet, Camden, City & Hackney, Ealing, Enfield, Haringey, Havering, Islington, Newham, Redbridge, Tower Hamlets, East & North Herts and Herts Valley have been undertaking a consultation process on the proposal. In order to oversee the consultation and subsequently reach commissioning decisions, a Committee-In-Common with representation from across the 14 CCGs has been established.

About the consultation

Because the proposed move would constitute a significant change in the way that services are provided (i.e. complete change of location) and would affect such large numbers of patients, a formal consultation process was a legal requirement before proceeding with any plans. It is worth noting that these proposals have been in development for a number of years and engagement has been on going during this time with patients, staff and stakeholders.

Camden CCG, on behalf of Islington CCG, leads the consultation process in partnership with NHS England London Region Specialised Commissioning. The consultation process is considered thorough and The Consultation Institute, an independent not-for-profit organisation promoting best practice in engagement and consultation, has supported the team.

Engagement materials

- [Oriel website](#) including a virtual assistant
- City and Hackney CCG [web page](#)
- Survey
- Outreach events and drop ins organised by the consultation team
- Targeted discussions

Stakeholders

Both during pre-consultation and formal consultation, information has been cascaded via the central consultation team to local areas including City and Hackney. We have circulated the information to a list of key stakeholders with support from relevant CCG teams.

- Member practices
- Governing Bodies and Executive Teams
- Board members, governors etc.
- Medical directors and directors of nursing etc.
- Staff, staff-side chairs and union reps
- Local Healthwatch, voluntary sector organisations and community groups
- Your borough council and Health and Wellbeing Board
- Local MPs
- Patient reference groups and associates
- Local professional networks
- Other local networks and stakeholders including Hackney Migrant and Refugee Forum

The consultation team have been in direct correspondence with the CCG Chief Operating Officers and Managing Directors as well as the STP Accountable Officers throughout the process.

The team visited the CCG's Public and Patient Involvement Committee on two occasions (13 December 2018 and 13 July 2019) to discuss the plans, gather feedback and address concerns.

Timeline for City and Hackney

December 2018 – January 2019 Pre-consultation

The Moorfields team request the following information from local CCGs to support with pre-consultation planning. This information was shared with the team in December 2018.

- Local Authority Heads of Communications for City and Hackney
- Details for Health Overview and Scrutiny and Health and Wellbeing Boards
- Details for Healthwatch Hackney and Healthwatch City of London
- Details for CCG's PPI Committee and relevant patient representatives
- All other relevant patient and user voice forums meeting during December 2018 and January 2019
- Names of local MPs

Moorfields Team attended the CCG's PPI Committee on Thursday 13 December to speak to members and note their feedback. A link to pre-consultation materials was circulated.

January 2019 - present:

A member of the City and Hackney engagement and communications team attends the Moorfields consultation planning meetings.

February 2019:

A letter to CCG Chief Officers / MDs with STP Accountable Officers cc'd (via email) asking to set up scrutiny arrangements.

March – April 2019:

A number of drop in sessions organised by the consultation team took place across London and elsewhere. Information was circulated to PPI networks.

April 2019:

Key stakeholders were invited to the launch of the consultation.

May 2019 - Sept 2019:

Formal Consultation.

July 2019:

Consultation team visited PPI Committee. The Committee was broadly supportive of the proposed plans as long as concerns around transport and access are taken into consideration and addressed.

August 2019:

Central email from the consultation team circulated to key stakeholders with support from CCG teams, requesting final input before the consultation closed in September 2019. A direct email was sent to CCG Chief Operating Officers, Managing Directors and STP Accountable Officers.

September 2019:

Consultation is set to close on 16 September. Final email reminder was sent to stakeholders to encourage contribution. A letter from London Mayor Sadiq Khan was shared, outlining his contentment with the proposed plans and key points for consideration as the work moves forward.

October 2019:

Email to all stakeholders requesting feedback on the draft consultation report. Moorfields team shared a report detailing feedback from groups of patients and residents representing the protected characteristics.

November 2019:

An email from the consultation team was circulated to key stakeholders with support from relevant CCG teams, outlining adjustments to the schedule for decision-making following the Moorfields consultation, which ended on 16 September 2019.

In line with Cabinet Office guidance on the conduct of public service business during a pre-election period, the decision making process was paused until after the General Election on 12 December 2019.

What have people said so far?

Over 1,500 people completed the consultation survey and more than 2,000 people have given their feedback in other ways including emails, discussion groups, phone calls, letters and via the virtual assistant on the Oriel website.

A report outlining the feedback gathered during the pre-consultation stage is available at: <https://oriel-london.org.uk/patient-views-documents/>.

Members of public in City and Hackney have overall been supportive of the proposed plan to relocate to St Pancras. Their main concerns have been around transport and accessibility, what happens with the old site and how the money from the potential sale is used.

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	
PHE	Public Health England	