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

City Integrated Commissioning Board

Meeting on Wednesday 28 June, 15:00-17:00

Tomlinson Centre, Queensbridge Road, E8 3ND

Item no.	Item	Lead and action for boards	Documentation	Page No.	Time
1.	**Apologies/introductions**	Chair	Verbal	-	15:00-15.05
2.	**Declarations of Interest**	Chair *For noting*	1 – Register of Interests	1-5	15:05-15:10
3.	**Questions from the Public**	Chair	Verbal	-	15:10-15:15
4.	**Minutes and Actions of Previous Meeting**	Chair *For approval* *For information* *For noting*	 4.1 – Minutes of City ICB Meeting, 23 May 2017 4.2 – Minutes of Hackney ICB Meeting, 24 May 2017 4.3 – ICB Action Log	 6-14 15-25 26	15:15-15:25
5.	**Updated Scheme of Reservation and Delegation**	Amaka Nnadi *For noting*	5 - Updated Scheme of Reservation and Delegation	27-36	15.25-15.35
6.	**Protocol for Meetings in Public**	Devora Wolfson *For approval*	6.1 – Protocol for Meetings in Public	37-39	15.35-15.40
7.	**Primary Care Commissioning Operating Model**	Richard Bull / Mark Ricketts *For discussing and endorsement*	7 – Primary Care Operating Model	40-57	15.40-16.00
8.	**Integrated Commissioning Finance Report**	Philippa Lowe / Caroline Al-Beyerty *For noting*	8 – Integrated Commissioning Finance Report	58-72	16.00-16.20
9.	**Quality, Improvement, Productivity & Prevention Update**	Sunil Thakker *For noting*	9 - Quality, Improvement, Productivity & Prevention Update	73-98	16.20-16.40
10.	**Minutes of the Transformation Board**	Chair *For noting*	10.1 – Minutes of Transformation Board, May 12 2017 10.2 – Draft Minutes of Transformation Board, 9	99-113	16.40-16.45

			June 2017		
11.	**ICB Forward Plan**	Matt Hopkinson *For noting*	11 – ICB Forward Plan	114-118	16.45-16.50
12.	**Reflection on the ICB meeting**	Chairs *For discussion*	Verbal	-	16.50-16.55
13.	**Any Other Business**	Chair	Verbal	-	16.55-17.00

Integrated Commissioning
2017/2018 Register of Interests

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Paul	Haigh	23/03/2017	Transformation Board Member - CHCCG	City & Hackney CCG	Chief Officer	Pecuniary Interest
			CoLC ICB Member - CHCCG	NHS England	Spouse is Regional Director of People & Organisational Development (London)	Indirect interest
			LBH ICB Member - CHCCG	Hackney Health & Wellbeing Board	Board Member	Non-Pecuniary Interest
				City of London Health & Wellbeing Board	Board Member	Non-Pecuniary Interest
				NEL STP Board	Board Member	Non-Pecuniary Interest
				N/A	Resident of Westminster & Registered with Westminster GP	Non-Pecuniary Interest
Penny	Bevan	25/03/2017	Transformation Board Member - DPH, LBH & CoLC	London Borough of Hackney	Director of Public Health	Pecuniary Interest
				City of London Corporation	Director of Public Health	Pecuniary Interest
				Association of Directors of Public Health	Member	Non-Pecuniary Interest
				British Medical Association	Member	Non-Pecuniary Interest
				Faculty of Public Health	Member	Non-Pecuniary Interest
				National Trust	Member	Non-Pecuniary Interest
Neal	Hounsell	23/03/2017	Transformation Board Member - CoLC	City of London Corporation	Acting Director of Community and Children's Services	Pecuniary Interest
			CoLC ICB Member - CoLC	Hackney Volunteer & Befriending Service	Volunteer	Non-Pecuniary Interest
				n/a	Tenant - De Beauvoir Road, Hackney	Non-Pecuniary Interest
				n/a	Registered with the De Beauvoir Practice	Non-Pecuniary Interest
Janine	Adridge	30/03/2017	Transformation Board Member - Healthwatch City of London	Healthwatch City of London	Officer	Pecuniary Interest
				Royal College of Pathologists	Public Affairs Officer	Pecuniary Interest

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

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

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

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

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

City Integrated Commissioning Board

Meeting of 23 May 217

ICB MEMBERS

Clare Highton – Chair, City & Hackney CCG

Paul Haigh – Chief Officer, City & Hackney CCG

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

Cllr Dhruv Patel - Chair, Community & Children's Services Committee, City of London Corporation

Joyce Nash - Member, Community & Children's Services Committee, City of London Corporation

FORMALLY IN ATTENDANCE

Mark Jarvis - Chief Finance Officer, City of London Corporation

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

Penny Bevan – Director of Public Health, City of London Corporation

PRESENT

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

Devora Wolfson – Integrated Commissioning Programme Director

Ellie Ward – Integration Programme Manager, City of London Corporation

Amaka Nnadi – Integrated Commissioning Finance Manager

Gareth Wall – Joint Workstream Director – Prevention (*Item 7*)

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

APOLOGIES

ICB Members

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

ICB Formal Attendees

Philippa Lowe – Chief Finance Officer, City & Hackney CCG

Peter Kane – Chamberlain, City of London Corporation

Gary Marlowe – Governing Body GP Member, City & Hackney CCG
Janine Aldridge - City of London Healthwatch

1. Agreement of Chair and Noting of Membership

1.1. The Board **NOTED** the arrangements for meeting in common and the membership of the City Integrated Commissioning Board (ICB) and **AGREED** that Clare Highton should act as Chairman of the City ICB from May to October 2017, in line with the Terms of Reference. Dhruv Patel would act as Chairman for the following six months from November 2017.

1.2. It was noted that the paper incorrectly identified Neal Hounsell as a standard attendee, rather than Andrew Carter, Director of Community and Children's Services.

1.3. The Board noted that Cllr Randall Anderson, Deputy Chair of the Community & Children's Services Committee was a member of the Board and would attend future meetings.

2. Apologies and Introductions

2.1. The Chair welcomed members to the inaugural meeting of the City ICB and noted the list of apologies (see above).

2.2. The ICB observed a minute of silence in memory of the victims of the terrorist attack in Manchester on 22 May.

3. Integrated Commissioning Governance

3.1. ICB Terms of Reference, Member Role Descriptions and Scheme of Delegation

3.1.1. The Board received the terms of reference, which defined the roles and responsibilities of the ICB, and the formal powers delegated to the ICB by the City of London Corporation (CoLC) and the Clinical Commissioning Group (CCG). These terms of reference would apply for the current financial year to 31 March 2018, and would be reviewed after six months and subsequently on an annual basis.

3.1.2. It was noted that there would be some amendments made to the Scheme of Delegation reflecting the changing context in which the ICB was to be operating, and these would be brought to the ICB in June for noting.

ACTION CICB0517-1: To invite the CoLC Social Value Panel to a future meeting of the City ICB to discuss their work, alongside a wider discussion on sustainability.

(TBC)

3.1.3. The City Integrated Commissioning Board **NOTED** the City ICB Terms of Reference, the ICB Member role description and the Scheme of Delegation.

3.2. **Conflicts of Interest Policy Statement and Register of Interests**

3.2.1. The Chair introduced the item.

3.2.2. Members declared their interests. There were no conflicts of interest raised in respect of items on the agenda.

3.2.3. The Integrated Commissioning Board **NOTED** and **ADOPTED** the policy statement on conflicts of interest and **NOTED** the register of interests.

3.3. **Protocol for Meetings in Public**

3.3.1. The Board received papers setting out a protocol for how meetings in public should be conducted. These cover public involvement and questions, publication of agenda papers and minutes, and the approach to confidential items of business.

3.3.2. Neal Hounsell observed that some clarification was needed on the definition of confidentiality, given that the Corporation and the CCG have different standard approaches. The small size of the City population, for example, meant that there were greater risks around patient identification.

ACTION CICB0517-2: To review the protocol for meetings in public to add more detail to the definition of confidentiality and to bring a revised version to the ICB in June 2017. (MH/EW)

3.4. **Transformation Board Terms of Reference**

3.4.1. The ICB received the draft Terms of Reference, which had been reviewed at the Transformation Board meeting on 7 April and subsequently updated. It was noted that the terms of reference were likely to change further in light of developments on Accountable Care Systems. It was noted that the Transformation Board provided advice and recommendations to the ICBs and therefore the ICBs needed to agree the terms of reference. These terms of reference would apply for the current financial year to 31 March 2018, and would be reviewed after six months and subsequently on an annual basis.

3.4.2. The ICB **APPROVED** the Transformation Board Terms of Reference.

4. Alignment of Workstream Budget and Update on Section 75

4.1. Paul Haigh reported that following the NHS England (NHSE) request at the

end of February to pause the Section 75 (s75) agreements for integrated commissioning and the full pooling of budgets NHSE had commissioned Deloitte (their internal auditors) to conduct a review of the governance which had led to the agreement of the integrated commissioning model. It was understood that a further legal review of the model had been commissioned by NHSE. The terms of reference for the governance review has been shared with the CCG and local authority partners. The CCG and two local authorities had agreed that in the absence of being able to establish the original s75 agreement there remained a risk with the previous s75 agreements between the CCG and LA (for the CoLC this related to the Better Care Fund). NHSE had confirmed that they were comfortable for the 3 organisations to use the original s75 documentation to cover the pre-existing pooled budgets and these would be managed through the governance model under the originally agreed model. As a result of this the remaining budgets would be "aligned" meaning that the ICBs would review proposals but make recommendations to the 3 statutory organisations.

4.2. As a result of this some changes would be needed to the scheme of delegation agreed under item 3 and therefore a revised scheme of delegation would be brought back to the next meeting of the ICB.

4.3. The board received and noted a paper showing the revised arrangements and the breakdown of budget by organisational contribution, by workstream, and divided between pooled and aligned budgets.

4.4. It was noted that any future plans for pooling budgets, moving them from aligned to the pool, would come to the ICBs prior to agreement by the statutory organisations.

4.5. Members went on to discuss the pause requested by NHSE and the context for integrated commissioning. It was noted that the Chief Executives of CoLC and the London Borough of Hackney had written jointly to Anne Rainsberry (NHSE Regional Director for London) asking for a meeting to discuss the pause and next steps.

4.6. Clare Highton reported that the CCGs of North East London were likely to be moving to a joint management arrangement under a single accountable officer with a formal proposal coming to the CCG Governing Body in the summer. The full governance implications for CCGs and how this would relate to the Sustainability and Transformation Plan (STP) governance was not at this stage clear. There were potential risks in that whilst the CCGs remained as statutory organisations with statutory responsibilities to account for their financial allocation, a North East London-wide governance construct could seek to move funding to other parts of the system to address financial pressures.

4.7. It had been acknowledged that there would be three Accountable Care

Systems (ACS) in North East London, of which City & Hackney would be one. At this point there was no shared definition of what an ACS would look like other than the definition in the Five Year Forward View delivery plan. ICB Members had been invited to a session on ACS with Chris Ham from the Kings Fund, in June.

4.8. It was noted that there was a possibility that London might become a pilot area for retained business rates. Members felt that this was likely to exacerbate inequalities, and it was agreed that a paper should be brought back to the ICB in due course focusing in particular on any impact of this on the public health grant to Local Authorities, which was a key part of the integrated commissioning model.

ACTION CICB1705-3: To bring a paper to the City ICB on the possible implications of a retained business rate pilot scheme in London. (MH to add to forward plan)

4.9. The City Integrated Commissioning Board **APPROVED** the recommendations of the report as follows:

- Update of the 2017/18 integrated commissioning section 75 and financial framework documents to reflect interim arrangements to reduce scope of the pooled budget to the pre-existing integrated services below:

  a) Learning Disability Service (joint commissioning & delivery team). (Hackney only)
  b) Integrated Independence Team (Hackney only).
  c) Better Care Fund (BCF) services
  Note: (a) and (b) above are between the CCG and London Borough of Hackney only. (c) BCF arrangements are between the CCG and each of LBH and, CoLC.

- Update of the schedule of integrated commissioning services to reflect the change in 'Pooled' and 'Aligned' split.

- Services within pre-existing pooled arrangements per above in the 'Pool', and all other service budgets to be moved to an 'Aligned' pot. Commissioned services in the 'Aligned' pot are still to be categorised under the relevant workstream thus aligned to one of:

  Aligned –Planned care
  Aligned –Unplanned care
  Aligned – Prevention
  Aligned – Children's & Young Peoples services
  Aligned –Other (for corporate budgets and support budgets)

  The ICB to make recommendations on aligned budgets but with delegated decision making for the pooled funds.

- Include the iBCF new budget allocations for 2017/18 into the integrated

commissioning 'Pool'.

- Update record of delegated authority to the Integrated Commissioning Boards and, authority reserved by the statutory organisations to reflect the above changes to come back to the ICB.

5. Care Workstream Update

5.1. Devora Wolfson presented the strategic framework which set out the aims and objectives for integrated commissioning, and the 'asks' of the first three care workstreams (the ask for the Children and Young People's workstream would be brought to the ICB in August). The asks had been through a long process of consultation and had been endorsed by the Transformation Board on 12 May. Once approved by the ICBs, they would be finalised in discussion with the Workstream Directors and Senior Responsible Officers.

5.2. It was noted that the workstream ask was one the building blocks for the ACS in that it outlined what outcomes and deliverables the system needed to work together to take collective responsibility for along with the associated contracts.

5.3. Members discussed some of the key outcomes relating to the Unplanned Care Workstream. Clare Highton observed that emergency admissions in Hackney and the City were rising and that, while this was in line with the national trend, there was a decrease in the rates elsewhere in North East London when benchmarked performance was reviewed.. There were significant issues regarding the public perception of having a right to choose an A&E/hospital approach for primary care issues, and also relating to equity of access to services between boroughs.

5.4. The ICB also received a brief paper on the 'Big Ticket' items, which were key opportunities to take a transformative, system wide approach and to produce a significant impact on outcomes as a result of integrated commissioning and these reflected the priorities of the 2 Health and Wellbeing Boards.

5.5. The City Integrated Commissioning Board:

- **APPROVED** the strategic framework for workstreams;
- **APPROVED** in principle the draft 'Asks' for the Unplanned Care, Planned Care and Prevention workstreams and the associated dashboard;
- **APPROVED** the Big Ticket Items and recommended them to the Health and Wellbeing Board.

6. Care Workstream Assurance Process

6.1. Devora Wolfson presented a report setting out proposals for an assurance review process through which all workstreams would be required to pass in order to take on increasing responsibility and to reduce dual running of the partners' governance arrangements.

6.2. Neal Hounsell noted that, from his point of view as Senior Responsible Officer for the Planned Care Workstream, the process was appropriate and well suited to the development of the workstream, though further work was needed on ensuring that Key Lines of Enquiry (KLOEs) covered links between workstreams and cross cutting areas like Mental Health.

6.3. Honor Rhodes suggested that Early Intervention should be included in the KLOEs.

6.4. It was noted that public health could support evidence reviews, as the team had full access to the NHS database as well as excellent local data. Clare Highton noted that further consideration was needed on the input of public health.

6.5. The City Integrated Commissioning Board **APPROVED** the overall care workstream assurance process including the first 4 review points, noting that further developments and progress would be reported back to the ICB.

7. Further Developments on Smoking Cessation and Making Every Contact Count

7.1. Gareth Wall presented the report, which set out areas of work relating to smoking cessation and tobacco control, and current services and spending levels for each area. This followed on from the discussion about smoking at the ICB development and engagement session in March 2017. The paper proposed some areas which could benefit from an integrated commissioning approach. A number of local authorities had reduced the amount of money spent on smoking cessation, and the report sought steer on the balance of prioritisation between cessation and prevention.

7.2. Members queried the evidence base for targeted prevention work in schools, youth centres, etc. Gareth Wall reported that the evidence base was mixed, and different interventions have been tried with different parts of the community. The proposals took a whole-system approach, using lessons learned from programmes in other parts of the country. Clare Highton observed that prevention made intuitive sense, but was concerned that there was limited evidence for effectiveness of interventions. It would be useful to receive assurance about the evidence base. It was noted that there were challenges in demonstrating value for money from avoidance work, since the results were difficult to demonstrate. Neal Hounsell suggested that a pilot

scheme could target a particular group (e.g. new apprentices) in order to produce evidence for further work and that the City was well placed to undertake a pilot.

7.3. The Board discussed other interventions, such as encouraging smoke-free business and looking at licensing options to curb outdoor smoking in return for discounts on premises along with the current work within the NHS on encouraging smoke free sites and referral to stop smoking services.

7.4. There was an issue with illegal tobacco (e.g. ice cream vans selling single cigarettes), however this is not a significant problem in the City.

7.5. The Integrated Commissioning Board:

- **NOTED** plans and timescale for recommissioning local stop smoking services;
- **NOTED** plans to develop proposals to increase access to cessation support for harder to engage smokers and those in contact with health and care services; and
- **CONSIDERED** current balance of spend between stop smoking services, prevention and wider tobacco control, and provided a steer for developing future plans.

8. Follow-up from 29 March Development Session

8.1. Devora Wolfson reported that, following on from the ICB engagement event on 29 March, a programme of seminars was being arranged, with the first one on 21 June 2017. This seminar would focus on the finance systems of the NHS and of local authorities. Additionally, an Accountable Care System development event was scheduled for 27 June 2017.

8.2. Members were reminded of the offer of one to one support from officers. Anyone interested was advised to contact Devora.

9. Minutes of the Transformation Board

9.1. The Board **NOTED** the minutes of the Transformation Board meeting of 7 April 2017.

10. ICB Forward Plan and ICB Meeting Dates

10.1. The Board **NOTED** the forward plan.

10.2. Neal Hounsell advised that CoLC had a sourcing plan, setting out their commissioning intentions, and suggested that this should be discussed

alongside the broader commissioning intentions in September.

ACTION CICB1705-4: To bring a paper on joint commissioning intentions, including the local authority procurement plans, to the Integrated Commissioning Board meetings in September 2017. (PH/AC)

11. Questions from the Public

11.1. There were no questions from the public.

12. Reflection on the ICB Meeting

12.1. The Board commented on the structure of the meeting and the papers received. It was noted that the paper and ensuing discussions on Smoking Cessation was very good and it was important to receive business items which focused on transforming the health and care outcomes for the local population.

12.2. Devora Wolfson gave a brief update on evaluation. There would be a 6 month internal review of integrated commissioning governance, and a broader, external evaluation of the impact of integrated commissioning on outcomes for local people. The Transformation Board agreed on 12 May that this evaluation should commence in the autumn. In the meantime, an evaluation steering group was being established, and it was suggested that a member of the ICB should sit on this group.

13. Any Other Business

13.1. None.

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

Hackney Integrated Commissioning Board

Meeting of 24 May 217

MEMBERS

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

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

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

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

Paul Haigh – Chief Officer, City & Hackney CCG

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

FORMALLY IN ATTENDANCE

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

Philippa Lowe – Chief Finance Officer, City & Hackney CCG

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

STANDING INVITEES FORMALLY IN ATTENDANCE

Jon Williams – Director, Hackney Healthwatch

Jake Ferguson – Chief Executive, Hackney Council for Voluntary Services

OFFICERS PRESENT

Devora Wolfson – Integrated Commissioning Programme Director

Amaka Nnadi – Integrated Commissioning Finance Manager

Jayne Taylor, Joint Workstream Director – Prevention (*Item 7*)

Gareth Wall – Joint Workstream Director – Prevention (*Item 7*)

Hackney

CITY OF LONDON

NHS
City and Hackney Clinical Commissioning Group

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

APOLOGIES

Formally in Attendance

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

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

1. Agreement of Chair and Noting of Membership

1.1.1. The Board **NOTED** the arrangements for meeting in common and the membership of the Hackney Integrated Commissioning Board (ICB) and **AGREED** that Jonathan McShane should act as Chair of the Hackney ICB from May to October 2017, in line with the Terms of Reference. Clare Highton would act as Chair for the following six months from November 2017.

2. Apologies and Introductions

2.1.1. The Chair welcomed members to the inaugural meeting of the Hackney ICB and noted the list of apologies (see above).

3. Integrated Commissioning Governance

3.1. ICB Terms of Reference, Member Role Descriptions and Scheme of Delegation

3.1.1. The Board received the terms of reference, which defined the roles and responsibilities of the ICB, and the formal powers delegated to the ICB by the London Borough of Hackney (LBH) and the Clinical Commissioning Group (CCG). These terms of reference would apply for the current financial year to 31 March 2018, and would be reviewed after six months and subsequently on an annual basis.

3.1.2. It was noted that there would be some amendments made to the Scheme of Delegation reflecting the changing context in which the ICB was to be operating, and these would be brought to the ICB in June for noting.

3.1.3. The Hackney Integrated Commissioning Board **NOTED** the Hackney ICB Terms of Reference, the ICB Member role description and the Scheme of Delegation.

3.2. Conflicts of Interest Policy Statement and Register of Interests

3.2.1. The Integrated Commissioning Board **NOTED** and **ADOPTED** the policy statement on conflicts of interest and **NOTED** the register of interests. There were no conflicts of interest raised in respect of items on the agenda.

3.3. Protocol for Meetings in Public

3.3.1. The Board received a papers setting out a protocol for how meetings in public should be conducted. Covering public involvement and questions, publication of agenda papers and minutes, and the approach to confidential items of business.

3.3.2. The ICB **NOTED** the protocol.

3.4. Transformation Board Terms of Reference

3.4.1. The ICB received the draft Terms of Reference, which had been reviewed at the Transformation Board meeting on 7 April and subsequently updated. It was noted that the terms of reference were likely to change further in light of developments on Accountable Care Systems. It was noted that the Transformation Board provided advice and recommendations to the ICBs and therefore the ICBs needed to agree the terms of reference. These terms of reference would apply for the current financial year to 31 March 2018, and would be reviewed after six months and subsequently on an annual basis.

3.4.2. The ICB **APPROVED** the Transformation Board Terms of Reference.

4. Alignment of Workstream Budget and Update on Section 75

4.1. Paul Haigh reported that following the NHS England (NHSE) request at the end of February to pause the Section 75 (s75) agreements for integrated commissioning and the full pooling of budgets NHSE had commissioned Deloitte (their internal auditors) to conduct a review of the governance which led to the agreement of the integrated commissioning model. It was

understood that a further legal review of the model had been commissioned by NHSE. The terms of reference for the governance review has been shared with the CCG and local authority partners.

4.2. The CCG and two local authorities had agreed that in the absence of being able to establish the original s75 agreement there remained a risk with the previous s75 agreements between the CCG and LA (for the CoLC this related to the Better Care Fund). NHSE had confirmed that they were comfortable for the 3 organisations to use the original s75 documentation to cover the pre-existing pooled budgets and these would be managed through the governance model under the originally agreed model. As a result of this the remaining budgets would be "aligned" meaning that the ICBs would review proposals but make recommendations to the 3 statutory organisations.

4.3. As a result of this some changes would be needed to the scheme of delegation agreed under item 3 and therefore a revised scheme of delegation would be brought back to the next meeting of the ICB.

4.4. The board received and noted a paper showing the revised arrangements and the breakdown of budget by organisational contribution, by workstream, and divided between pooled and aligned budgets.

4.5. It was noted that any future plans for pooling budgets, moving them from aligned to the pool, would come to the ICBs prior to agreement by the statutory organisations.

4.6. Members went on to discuss the pause requested by NHSE and the context for integrated commissioning. It was noted that the Chief Executives of CoLC and the London Borough of Hackney had written jointly to Anne Rainsberry (NHSE Regional Director for London) asking for a meeting to discuss the pause and next steps.

4.7. Clare Highton reported that the CCGs of North East London were likely to be moving to a joint management arrangement under a single accountable officer with a formal proposal coming to the CCG Governing Body in the summer. The full governance implications for CCGs and how this would relate to the Sustainability and Transformation Plan (STP) governance was not at this stage clear. There were potential risks in that whilst the CCGs remained as statutory organisations with statutory responsibilities to account for their financial allocation, a North East London-wide governance construct could

seek to move funding to other parts of the system to address financial pressures.

4.8. It had been acknowledged that there would be three Accountable Care Systems (ACS) in North East London, of which City & Hackney would be one. Although at this point there was no shared definition of what an ACS would look like other than the definition in the Five Year Forward View delivery plan. ICB Members had been invited to a session on ACS with Chris Ham from the Kings Fund, in June.

4.9. Jake Ferguson observed that the Mayor of London was currently working on a health inequality plan, the consultation draft of which was due to be published in the autumn.

4.10. It is important that Local Authorities are given a voice and opportunities to engage with the STP and shape plans.

4.11. The Hackney Integrated Commissioning Board **APPROVED** the recommendations of the report as follows:

- Update of the 2017/18 integrated commissioning section 75 and financial framework documents to reflect interim arrangement to reduce scope of the pooled budget to the pre-existing integrated services below:

  a) Learning Disability Service (joint commissioning & delivery team).
  b) Integrated Independence Team to support care in the community.
  c) Better Care Fund (BCF) services
  Note: (a) and (b) above are between the CCG and London Borough of Hackney only. (c) BCF arrangements are between the CCG and each of LBH and, CoLC.

- Update of the schedule of integrated commissioning services to reflect the change in 'Pooled' and 'Aligned' split.

- Services within pre-existing pooled arrangements per above in the 'Pool', and all other service budgets to be moved to an 'Aligned' pot. Commissioned services in the 'Aligned' pot are still to be categorised under the relevant workstream thus aligned to one of:

  Aligned –Planned care
  Aligned –Unplanned care
  Aligned – Prevention
  Aligned – Children's & Young Peoples services

Aligned –Other (for corporate budgets and support budgets)

The ICB to make recommendations on aligned budgets but with delegated decision making for the pooled funds.

- Include the iBCF new budget allocations for 2017/18 into the integrated commissioning 'Pool'.
- Update record of delegated authority to the Integrated Commissioning Boards and, authority reserved by the statutory organisations to reflect the above changes to come back to the ICB.

5. Care Workstream Update

5.1. Devora Wolfson presented the strategic framework which set out the aims and objectives for integrated commissioning, and the 'asks' of the first three care workstreams (the ask for the Children and Young People's workstream would be brought to the ICB in August). The asks had been through a long process of consultation and had been endorsed by the Transformation Board on 12 May. Once approved by the ICBs, they would be finalised in discussion with the Workstream Directors and Senior Responsible Officers.

5.2. It was noted that the workstream ask was one the building blocks for the ACS in that it outlined what outcomes and deliverables the system needed to work together to take collective responsibility for along with the associated contracts.

5.3. The Chair queried the extent to which the public were aware of the upcoming changes, and noted that a realistic communications plan was needed. Jon Williams (Communications & Engagement Enabler Group lead) observed that it had been difficult to put out clear messages in such a rapidly changing context. Members noted that the ACS could provide a good opportunity to boost engagement, and suggested that consideration could be given to public membership of an ACS (based, for example, on lists of registered GP patients) and a members' forum.

5.4. Jake Ferguson stated that the aims and objectives of the workstreams were entirely appropriate, but noted that it would be useful to consider the impact of

poverty and housing on health outcomes, and the ACS could look to work with organisations such as Job Centre Plus and housing associations.

5.5. Wider consideration was needed around how to reduce inequalities and to embed the principles of the Marmot public health review into health and social care procurement to as to address wider social determinants of health.

ACTION HICB1705-1: To give consideration to how to procure to achieve social value, and to come back to a future ICB meeting with a discussion paper. (Devora Wolfson to coordinate)

5.6. Members noted that current changes to commissioning may have implications for the role and membership of the Health and Wellbeing Boards.

5.7. Honor Rhodes noted that it was essential that the impact of the workstreams in terms of their outcomes should be closely monitored and clearly demonstrated. It was noted that the 'Big Ticket' items, which were key opportunities to take a transformative, system wide approach, would produce significant impacts and outcomes.

5.8. The Hackney Integrated Commissioning Board:

- **APPROVED** the strategic framework for workstreams;
- **APPROVED** in principle the draft 'Asks' for the Unplanned Care, Planned Care and Prevention workstreams and the associated dashboard;
- **APPROVED** the Big Ticket Items and recommend them to the Health and Wellbeing Board.

6. Care Workstream Assurance Process

6.1. Devora Wolfson presented a report setting out proposals for an assurance review process through which all workstreams would be required to pass in order to take on increasing responsibility and to reduce dual running of the partners' governance arrangements. The process was similar to that used during the establishment of CCGs, to provide assurance to the Primary Care Trusts.

6.2. The Hackney Integrated Commissioning Board **APPROVED** the overall care workstream assurance process including the first 4 review points, noting that further developments and progress would be reported back to the ICB.

7. Further Developments on Smoking Cessation and Making Every Contact Count

7.1. Jayne Taylor and Gareth Wall presented the report, which set out areas of work relating to smoking cessation and tobacco control, and current services and spending levels for each area. This followed on from the discussion about smoking at the ICB development and engagement session in March 2017. The paper proposed some areas which could benefit from an integrated commissioning approach, and sought steer on the balance of prioritisation between cessation and prevention.

7.2. Clare Highton observed that prevention made intuitive sense, but it would be useful to receive assurance about the evidence base for interventions. It was noted that there were challenges in demonstrating value for money from avoidance work, since the results were difficult to demonstrate.

7.3. The Board discussed other interventions, such as encouraging smoke-free business and looking at licensing options to curb outdoor smoking in return for discounts on premises rent (along with the current work within the NHS on encouraging smoke-free sites and referral to stop-smoking services). Links with wider social determinants such as housing quality were also noted. Jayne Taylor reported that there was a fixed term post embedded in the LBH private housing team, working to help housing officers identify health and wellbeing needs and signpost into services. It was noted that it would be good to move towards an aspiration for all staff doing home visits (regardless of their areas of work) to receive training to incorporate this into their roles.

7.4. Members noted that the Homerton University Hospital NHS Foundation Trust (HUHFT) could take a more proactive approach to smoking cessation than it was currently doing, particularly in terms of the current provision of smoking bins outside the hospital gates, which could be seen to legitimise smoking.

7.5. The current service was designed to target specific communities with a high prevalence of smoking, but the rate of success in such outreach schemes has not been markedly different from the universal smoking cessation service

within primary care. There was a particular challenge to engage with young people; very few people under the age of 30 engaged with smoking cessation services.

7.6. Cllr Bramble asked to what extent public heath were working with mental health partners, given the high proportion of people with mental health issues who also smoked. Jayne Taylor reported that the team had been working with the East London Foundation Trust (ELFT) and across the CCGs to address this area.

7.7. Regarding targeting prevention work at specific communities, a pilot was ongoing with Clapton Common Boys Club, working with boys from the Chareidi Jewish community. Funding was also being given to a group called Yo Hackney which worked with young people to raise awareness of the cost of smoking and its impact on, for example, skin.

7.8. Cllr Bramble stated that a specific programme targeting Young Black Men would be welcome, as this was a priority for the London Borough of Hackney.

7.9. Cllr Taylor noted that since the success rate for smoking cessation services was only 9% it would be sensible to shift focus to prevention. Members noted, however that a 9% success rate was still cost effective due to the high impact of smoking-related illnesses on health budgets.

7.10. The Integrated Commissioning Board :

- **NOTED** plans and timescale for re-commissioning local stop smoking services;
- **NOTED** plans to develop proposals to increase access to cessation support for harder to engage smokers and those in contact with health and care services; and
- **CONSIDERED** current balance of spend between stop smoking services, prevention and wider tobacco control, and provided a steer for developing future plans.

8. Follow-up from 29 March Development Session

8.1. Devora Wolfson reported that, following on from the ICB engagement event on 29 March, a programme of seminars was being arranged, with the first one on 21 June 2017. This seminar would focus on the finance systems of the NHS and of local authorities. Additionally, an Accountable Care System development event was scheduled for 27 June 2017. Lift wording form City notes

8.2. Members were reminded of the offer of one to one support from officers. Anyone interested was advised to contact Devora.

9. Minutes of the Transformation Board

9.1. The Board **NOTED** the minutes of the Transformation Board meeting of 7 April 2017.

10. ICB Forward Plan and ICB Meeting Dates

10.1. The Board **NOTED** the forward plan.

11. Questions from the Public

11.1. There were no questions from the public.

12. Reflection on the ICB Meeting

12.1. The Board commented on the structure of the meeting and the papers received. It was noted that the paper and ensuing discussion on Smoking Cessation was very good and it was important to receive business items which focused in real terms on transforming the health and care outcomes for the local population.

12.2. Devora Wolfson gave a brief update on evaluation. There would be a 6 month internal review of integrated commissioning governance, and a broader, external evaluation of the impact of integrated commissioning on outcomes for local people. The Transformation Board agreed on 12 May that this evaluation should commence in the autumn. In the meantime, an

evaluation steering group was being established, and it was suggested that a member of the ICB should sit on this group.

12.3. Members asked that consideration should be given to the current ICB arrangements of the Hackney and City Boards meeting separately, since this involved a lot of duplication and was time consuming.

12.4. Cllr Bramble asked that future papers should be explicit about how they impacted on areas of priority for the London Borough of Hackney. It was agreed that the reporting template should ensure that report writers demonstrate links to the priorities of both the CCG and the local authorities.

ACTION HICB1705-2: To consider (and seek appropriate legal advice) whether the Hackney and City Integrated Commissioning Boards are able to conduct joint meetings as standard practice. (DW)

13. Any Other Business

13.1. None.

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

Ref No	Action	Assigned to	Assigned from	Assigned date	Due date	Status	Update	Update provided by
CICB1705-1	To invite the CoLC Social Value Panel to a future meeting of the City ICB to discuss their work, alongside a wider discussion on sustainability.	Matt Hopkinson / Ellie Ward	City Integrated Commissioning Board	23/05/2017	20-Sep-17	Open	In progress. An item has been provisionally placed on the forward plan for the September meeting and discussions are taking place to confirm.	Ellie Ward
CICB1705-2	To review the protocol for meetings in public to add more detail to the definition of confidentiality and to bring a revised version to the ICB in June 2017.	Mat Hopkinson / Ellie Ward	City Integrated Commissioning Board	23/05/2017	28/06/2017	Complete	Please refer to agenda Item 6.	Matt Hopkinson
CICB1705-3	To bring a paper to the City ICB on the possible implications of a retained business rate pilot scheme in London.	Mark Jarvis	City Integrated Commissioning Board	23/05/2017	02/08/2017	Open	In progress. Item added to Forward Plan for August 2017.	Mark Jarvis
CICB1705-4	To bring a paper on joint commissioning intentions, including the local authority procurement plans, to the Integrated Commissioning Board meetings in September 2017.	Paul Haigh / Anne Canning	City Integrated Commissioning Board	23/05/2017	20/09/2017	Open	In progress. Item added to Forward Plan for September 2017.	
HICB1705-1	To give consideration to how to procure to achieve social value, and to come back to a future ICB meeting with a discussion paper.	Devora Wolfson	Hackney Integrated Commissioning Board	24/05/2017	TBC	Open	In progress. Item added to the Forward Plan for November 2017.	Devora Wolfson
HICB1705-2	To consider (and seek appropriate legal advice) whether the Hackney and City Integrated Commissioning Boards are able to conduct joint meetings as standard practice.	Devora Wolfson	Hackney Integrated Commissioning Board	24/05/2017	02/08/2017	Open	Discussions are in progress, and a proposal will be brough back to the ICBs in due course. This has been added to the Forward Plan for August 2017.	Devora Wolfson

Title:	**Update to the Integrated Commissioning Arrangement Scheme of Reservation & Delegation.**
Date:	28th June 2017
Lead Officer:	Anne Canning, London Borough of Hackney (LBH) Paul Haigh, City & Hackney Clinical Commissioning Group (CCG) Neal Hounsell, City of London Corporation (CoLC)
Author:	Amaka Nnadi, Integrated Commissioning Finance Manager
Committee(s):	City Integrated Commissioning Board Hackney Integrated Commissioning Board
Public / Non-public	Public

Executive Summary:

In May, the Integrated Commissioning Board noted updates to the S75 to reflect reduced scope of the pooled budget over the interim pause period, and changes to the ICB scheme of reservation & delegation which saw the CCG Governing Body reserve authority over 'other primary care' services (previously designated as delegated to the ICB when the services were part of the pooled funds).

Following the receipt of legal advice the ICB scheme of reservation and delegation has been further amended and now specifically mentions that the Better Care Fund plan must also be approved by the Health and Wellbeing Board, and NHS England.

The ICB scheme of reservation and delegation is attached with this document and the amendment highlighted in blue font.

Recommendations:

The Integrated Commissioning Board is asked:

- To **NOTE** the amendment presented in this report

Links to Key Priorities:

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

Specific implications for City and Hackney

N/A

Patient and Public Involvement and Impact:

The following consultations on Integrated Commissioning between the CCG and Local authorities have taken place:

Consultations

To date the engagement with external stakeholders including patients, providers and the public includes: -

- Health and Wellbeing Board - 11th January 2017– Statutory
- NHSE Area Team – via the STP & London Devolution Board - Statutory
- Healthwatch – Statutory
  - Four quadrant engagement events in December 2016 facilitated through Healthwatch
  - Consultation via the Transformation Board
  - Articles in the Healthwatch newsletter
- Health & Social Care Scrutiny (CoLC) - Statutory
- Health in Hackney Scrutiny- 15th December 2016 – Statutory
- STP Board – via paper on Integrated Commissioning Plans presented
- Provider organisations – Statutory
  - Consultation via representatives of the Transformation Board
  - Providers engagement events

Clinical/practitioner input and engagement:

Please see above.

Impact on / Overlap with Existing Services:

Please see above.

Main Report

Background and Current Position

The governing bodies of the integrated commissioning partners and, the City of London Corporation ICB and London Borough of Hackney ICB in May approved proposal to update the section 75 and ICB scheme of delegation documents to reflect the reduced scope of the pooled budget and re-designation of 'other primary care services' as Aligned instead of Pooled.

The ICB is asked to note a further amendment to the Board's scheme of reservation and delegation which now specifies that the Better Care Fund Plan, in addition to being approved by the ICBs for the commissioning partners, must also be approved by the Health and Wellbeing Board, and NHS England.

The amendment is in line with legal advice and is highlighted in the supporting paper attached herewith.

Supporting Papers and Evidence:

Paper 5.2 - INTEGRATED COMMISSIONING ARRANGEMENTS SCHEME OF RESERVATION AND DELEGATION

Sign-off:

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

NHS CITY & HACKNEY CLINICAL COMMISSIONING GROUP AND CITY OF LONDON CORPORATION

INTEGRATED COMMISSIONING ARRANGEMENTS

SCHEME OF RESERVATION AND DELEGATION

Introduction

This document defines the authority reserved and delegated within the governance arrangements for the Integrated Commissioning Fund established by NHS City and Hackney CCG (the CCG) and City of London Corporation (CoLC). The authority defined in this document is consistent with (and is referenced to) the Financial Framework (FF).

CoLC has established an Integrated Commissioning Sub-Committee of its Community and Children's Services Committee and the CCG has also established an Integrated Commissioning Committee. The CoLC Sub-Committee and the CCG Committee shall meet in common and shall be known together as the Integrated Commissioning Board ("the Board").

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

The authority of the CoLC Integrated Commissioning Sub-Committee is subject to referral to the Court of Common Council in accordance with the CoLCs constitution. The CCG's Integrated Commissioning Committee is subject to oversight from the CCG's Governing Body and Members such that they are assured that the Board does not breach any requirements.

The integrated commissioning governance arrangements include the Transformation Board (TB). The purpose of the TB is to discuss issues among its members and to support the Board in its role. No authority is delegated to the TB so it does not appear below; its role is limited to making recommendations to the ICB.

This document distinguishes between "core primary care services", which are services commissioned by the CCG under authority delegated from NHS England, and "other primary care services" (such as enhanced services), have been and will continue to be commissioned directly by the CCG. Authority (for commissioning, procurement and other matters) in respect of core primary care services is reserved to the CCG's Primary Care Commissioning Committee; authority in respect of all other primary care services remains with the CCG, with the Board making recommendations to the CCG.

No.	Description of authority reserved or delegated	CCG Governing Body	CCG Local GP Provider Contracts Committee		CCG officers	Community and Children's Services Committee	CoLC Social Value Panel	CoLC Integrated Commissioning Sub-Committee	CCG Integrated Commissioning Committee
	Pooled Budgets and Services								
1.	Determine the budgets (and therefore services) that are pooled (to include Better Care Fund) at any time	Authority to approve				Authority to approve			
2.	Determine the amount of the Integrated Commissioning Fund that is allocated to commissioning management and administration support.	Authority to approve				Authority to approve			
3.	Approve the Integrated Commissioning Strategy (ICS) for services within the pooled budget							Authority to approve	Authority to approve
4.	Approve a commissioning strategy or plan for each service or pathway identified in the ICS and included in the pooled budget (acknowledging that the BCF Plan must also be approved by							Authority to approve	Authority to approve

No.	Description of authority reserved or delegated	CCG Governing Body	CCG Local GP Provider Contracts Committee		CCG officers	Community and Children's Services Committee	CoLC Social Value Panel	CoLC Integrated Commissioning Sub-Committee	CCG Integrated Commissioning Committee
	the Health and Wellbeing Board, and NHS England)								
5.	Approve the design of services identified in the ICS and included in the pooled budget, including pathways, specifications and models of care.							Authority to approve (Refer to FF 34)	Authority to approve (Refer to FF 34)
6.	Approve expenditure from the pooled budget, including Better Care Fund budgets.							Authority to approve (Refer to FF 38.3)	Authority to approve (Refer to FF 38.3)
7.	Approve the procurement process to select providers to deliver services identified in the ICS and within the pooled budget						To be consulted prior to proposals to Integrated Commissioning Sub-Committee	Authority to approve	Authority to approve
8.	Approve the appointment of providers to deliver services identified in the ICS and within the pooled budget						To be consulted prior to proposals to Integrated Commissioning Sub-Committee	Authority to approve for	Authority to approve for
9.	Approve contracts with providers				Authority to	Authority to approve			

No.	Description of authority reserved or delegated	CCG Governing Body	CCG Local GP Provider Contracts Committee		CCG officers	Community and Children's Services Committee	CoLC Social Value Panel	CoLC Integrated Commissioning Sub-Committee	CCG Integrated Commissioning Committee
	selected to deliver services identified in the ICS and within the pooled budget				approve. (Refer to FF 38.3)	(Refer to FF 38.3)			
10.	Approve action to address any variance from targets in respect of the performance of providers.							Authority to approve	Authority to approve
11.	Approve the arrangements for the CCG and LBH to work together, including the role of the Transformation Board and any supporting committees or work programmes.							Authority to approve	Authority to approve
12.	Approve strategies and plans to secure the engagement of patients, the public and other stakeholders.							Authority to approve	Authority to approve
	Aligned Budgets and Services								
13.	Approve the commissioning strategy for aligned budgets and services.	Authority to approve				Authority to approve			

No.	Description of authority reserved or delegated	CCG Governing Body	CCG Local GP Provider Contracts Committee		CCG officers	Community and Children's Services Committee	CoLC Social Value Panel	CoLC Integrated Commissioning Sub-Committee	CCG Integrated Commissioning Committee
14.	Approve a commissioning strategy or plan for each aligned service or pathway.	Authority to approve				Authority to approve			
15.	Approve the design of aligned budget services, including pathways, specifications and models of care.	Authority to approve				Authority to approve			
16.	Approve the procurement process to select providers to deliver aligned budget services.	Authority to approve				Authority to approve	To be consulted prior to proposals to Community and Children's Services Committee		
17.	Approve the appointment of providers to deliver aligned budget services.	Authority to approve				Authority to approve	To be consulted prior to proposals to Community and Children's Services Committee		
18.	Approve contracts with providers selected to deliver aligned budget services.				Authority to approve. (Refer to FF 38.3)	Authority to approve (Refer to FF 38.3)			
	Core Primary Care Services								

No.	Description of authority reserved or delegated	CCG Governing Body	CCG Local GP Provider Contracts Committee		CCG officers	Community and Children's Services Committee	CoLC Social Value Panel	CoLC Integrated Commissioning Sub-Committee	CCG Integrated Commissioning Committee
19.	Approve the commissioning strategy		Authority to approve						
20.	Approve a commissioning strategy or plan for each service		Authority to approve						
21.	Approve the design of services, including pathways, specifications and models of care		Authority to approve						
22.	Approve the procurement process to select providers to deliver services		Authority to approve						
23.	Approve the appointment of providers to deliver services		Authority to approve						
24.	Approve contracts with providers selected to deliver services		Authority to approve						
25.	Approve the establishment or merger of GP practices		Authority to approve						

No.	Description of authority reserved or delegated	CCG Governing Body	CCG Local GP Provider Contracts Committee		CCG officers	Community and Children's Services Committee	CoLC Social Value Panel	CoLC Integrated Commissioning Sub-Committee	CCG Integrated Commissioning Committee
26.	Approve discretionary payments		Authority to approve						
27.	Approve the design of local incentive schemes		Authority to approve						
	Other Primary Care Services								
28.	Approve the commissioning strategy	Authority to approve							
29.	Approve a commissioning strategy or plan for each service	Authority to approve							
30.	Approve the design of services, including pathways, specifications and models of care	Authority to approve							
31.	Approve the procurement process to select providers to deliver services	Authority to approve							
32.	Approve the appointment of providers to deliver services	Authority to approve							
33.	Approve contracts with providers selected to deliver services	Authority to approve							

Title:	**Protocol for Meetings in Public**
Date:	28 June 2017
Lead Officer:	Paul Haigh, City & Hackney Clinical Commissioning Group (CCG) Anne Canning, London Borough of Hackney (LBH) Neal Hounsell, City of London Corporation (CoLC)
Author:	Matt Hopkinson, Integrated Commissioning Governance Manager, City & Hackney CCG
Committee(s):	Hackney Integrated Commissioning Board, 24 May 2017
Public / Non-public	Public

Executive Summary:

The partners (the Clinical Commissioning Group, the City of London Corporation and the London Borough of Hackney) are committed to working in partnership with the citizens and communities of Hackney and the City to improve existing services and develop new services to meet their needs.

In keeping with this, meetings of the Integrated Commissioning Board shall be held in public.

This paper sets out a proposed protocol for meetings in public, covering public involvement and questions, publication of agenda papers and minutes, and the approach to confidential business. The protocol was presented to the Integrated Commissioning Boards on 23 and 24 May 2017, but has has since been revised with additional content to clarify the definition of confidentiality.

Recommendations:

The Integrated Commissioning Board is asked:

- To **APPROVE** the Protocol for Meetings in Public

Protocol for Meetings in Public

In February 2017 the City & Hackney Clinical Commissioning Group Governing Body, the London Borough of Hackney and the City of London Corporation each agreed to establish a collaborative model for the closer integration of commissioning between the three statutory bodies in partnership, commencing in April 2017. Central to this collaboration is the establishment of the Integrated Commissioning Boards (ICBs), which are to function as committees of the statutory bodies with

delegated authority to make decisions and direct commissioning work as defined by the terms of reference. The ICBs meet in common (that is to say, at the same time and place with a shared agenda) on a monthly basis.

The partners are committed to working in partnership with the citizens and communities of Hackney and the City to improve existing services and develop new services to meet their needs.

All citizens living in the London Borough of Hackney and the City of London have the right to:

i) Find out what key decisions are due to be taken by the Integrated Commissioning Boards (ICBs);
ii) Have access to information, agendas and papers relating to ICB meetings and decisions, in accordance with the law and the constitutions of the three commissioning bodies;
iii) Attend and record ICB meetings except where confidential or exempt information is likely to be disclosed and the meeting or part of the meeting is therefore held in private;
iv) See records of decisions taken by the ICBs, and to be given reasons for those decisions, in accordance with the law and the Constitutions of the statutory bodies;

Meetings of the ICB will be held in public and citizens may raise questions relevant to the agenda as set out below.

Public Involvement in Discussions
Meetings of the Integrated Commissioning Boards are held 'in public', but are not 'public meetings'. The public 'right' is to attend and hear the Board discussions but they have no right to join in the discussions unless invited to do so by the Chair.

Questions
Members of the public may pose questions relevant to the agenda at the start of the meeting. Where appropriate and at the discretion of the Chair, members of the public may also be invited to ask questions as part of the discussion of an agenda item. This is to ensure that the Board considers all the business it needs to on its agenda and so that the Chair can manage a well-run and respectful meeting. Members of the public may also submit questions in writing to the Chair or one of the members of staff in attendance. Questions may also be sent by email to matthewhopkinson@nhs.net. Responses will be given during the meeting, or in writing as appropriate.

Agenda Papers and Minutes
Meeting agenda papers and the draft minutes of previous meetings will be published on the websites of the City & Hackney CCG, London Borough of Hackney and the City of London Corporation, five clear working days in advance of each meeting. Once minutes have been approved by the Board, they will be published on the websites separately.

Confidential Business and Meetings in Private

The three statutory bodies are committed to openness and transparency and to proactively make information available to the public as part of their normal business activities. Nevertheless, the Data Protection Act (1998) and the Freedom of Information Act (2000) define a number of potential exceptions relating to information which may not be made public.

These exceptions are either absolute (in which case disclosure is strictly prohibited by law), including:

- Personal data and patient-identifiable data;
- Information the disclosure of which would legally constitute a breach of confidence

Or else they are non-absolute (in which case a public interest test should be applied) including:

- Information the disclosure of which would be prejudicial to the effective conduct of public affairs;
- Draft information intended for future publication
- Information which is subject to legal professional privilege
- Information which is commercially confidential

In such cases the Chair of the Board will determine whether it is in the public interest to publish or discuss such information in public, referring to the following test of public interest:

- Can the information be released without harm?
- If not, do any exemptions or exceptions apply?
- Consider the public interest in having the information released. Consider the harm (actual or potential) to the public interest which would result from disclosure of the information

Members and officers shall refer to the Constitutions and Publication Schemes of the three statutory bodies, in line with the Freedom of Information Act 2000 and the Model Publication Scheme drawn up by the Information Commissioner.

Any items of business which are deemed to be confidential may be considered in a private session at the end of the meeting or in a separate extraordinary meeting. The Chair will make the final decision on whether an In-private session is required.

Papers for confidential discussions will be restricted and will not be made accessible to the public.

Title:	Update on Delegated Commissioning of Primary Care
Date:	28 June 2017
Lead Officer:	Paul Haigh, Chief Officer, City & Hackney CCG
Author:	Richard Bull, Primary Care Programme Director – City & Hackney CCG Dr Mark Rickets, Primary Care Clinical Quality Lead GP – City & Hackney CCG
Committee(s):	Transformation Board – for discussion and endorsement – 9 June 2017
Public / Non-public	Public

Executive Summary:

This report provides an update on primary care activity including decisions taken by the Local GP Provider Contracts Committee (LGPPCC) since 1 April 2017, under delegated authority from NHS England for the commissioning of primary medical services (general practices). The report sets the current headlines of Primary Care delivery, noting that City and Hackney have the highest GP-to-patient ratio in London, some of the best clinical outcomes in the country, and good delivery of value for money per consultation.

The CCG is currently establishing its local operating model and priorities for the Primary Care Commissioning Committee and Primary Care Quality Board. The draft model is presented below.

This paper was discussed at the Transformation Board on 9 June. The Board discussed the importance of ensuring secondary care input into primary care strategy, and noted challenges including the significant cost pressures which would be coming into the primary care system related to the increases in rateable value of primary care premises. The Transformation Board endorsed the draft operating model and the priorities as set out in the report.

Recommendations:

The Integrated Commissioning Board is asked:

- to **NOTE** the update of Primary Care activity; and
- to **COMMENT** on and **ENDORSE** the draft local operating model and priorities for the Primary Care Commissioning Committee and Primary Care Quality Board.

Links to Key Priorities:

The local operating model and priorities for Primary Care are in line with the CCG 2017/18 Operating Plan, and in fulfilment of the statutory duties of the CCG under delegated authority from NHS England for the commissioning of primary care medical services.

The delegation of functions including contract management and commissioning of enhanced primary care services supports local delivery in line with the priorities in the City Joint Health & Wellbeing Strategy including:

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

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

- Improving the health of children and young people
- Controlling the use of tobacco
- Promoting mental health
- Caring for people with dementia

Specific implications for City and Hackney

The CCG approach to delegated functions set out in the draft operating model, particularly a proactive approach to contract management, should help us address the concerns of our primary care providers and will be key to delivering primary care elements of Integrated Commissioning for both City and Hackney.

Patient and Public Involvement and Impact:

While details of the CCG approach to delegated functions set out in the draft operating model in itself will not directly impact patients, the CCG is committed to its statutory responsibilities for patient and public involvement in all key decisions relating to primary care service provision. The operating model gives details of how this will be delivered through the existing CCG PPI structure and wider engagement with City and Hackney Healthwatches.

Clinical/practitioner input and engagement:

Clinicians and practitioners sitting on the CCG PCQB were consulted on this draft operating model at June's meeting. The CCG will continue to engage with the wider GP community through regular updates to both the CCF and City and Hackney LMC.

Impact on / Overlap with Existing Services:

The local approach to commissioning of core primary care services is expected to have a positive impact of existing GP services.

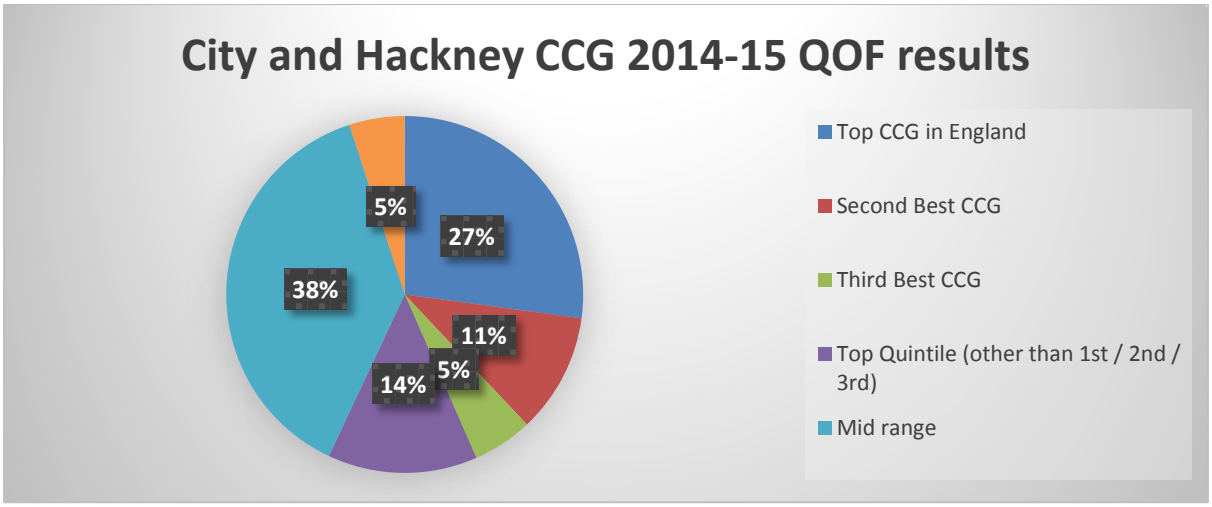
Main Report

Context - Primary Care in City and Hackney – headlines:

- There are 42 GP practices in the London Borough and Hackney and 1 GP practice in the City of London.
    - 37/40 Hackney practices rated by Care Quality Commission (CQC) as GOOD; 2 REQUIRE IMPROVEMENT; 1 rated as INADEQUATE (this practice has been served an improvement notice); City practice rated GOOD
    - C&H % rated GOOD is higher than London average
- The CCG has a quality dashboard; this shows that 33/43 practices are above the national average and 42/43 practices are above the London average based on indicators where there is national data; a Sustainability and Transformation Plan (STP) -wide primary care quality dashboard is being developed (summary slides of local dashboard appended – appendix 1).
- Workforce – City & Hackney is well doctored with the **highest GP to patient ratio in London** at 1 GP to every 1700 patients:
    - City & Hackney 1:1700
    - Highest in our STP 1:2600
    - London 1:2100
    - National 1:2000
- Workforce – City & Hackney is not facing the same ageing workforce challenges as the rest of the London and the STP: % workforce aged 55+
    - City & Hackney (lowest in STP) 18%
    - STP/London (highest) 40%
    - London (lowest) 15%
- The CCG has supported the development of the local GP Confederation to deliver its clinical ambitions. In 2017/8 the value of CCG contracts held with

the Confederation is £9.1m – all Contracts are for services which are over above the core GP Contract.

- In addition to the Contracts held with the Confederation the CCG incentivises GP practices to engage in its commissioning strategy via its Clinical Commissioning and Engagement Contract – GPs adhere to locally agree clinical pathways supported by a continuous pathway- education programme and access to consultant advice – this strategy has enabled GPs to contain demand as evidenced through a low out-patient referral rate but not at the cost of clinical outcomes.
- Clinical outcomes – **C&H practices have some of the best clinical outcomes in the country** which is a tremendous achievement against the context of high levels of deprivation, population churn, and recent under investment in the primary care estates. C&H is best in the country for over a quarter of the clinical outcome measures for Long Term Conditions that feature in the Quality Outcome Framework (QOF), which is extension of the core GP Contract.



- Value for money – based on the national average consultation rate of 6 visits to a GP per year per patient the annual number of consultations in C&H equates to 1.8m at an average cost of £23 per consultation (based on gross medical services budget of £43.3m).

The CCG will present a comprehensive primary care context report at its next Transformation Board update as well as an update on its primary care strategy.

Delegated Commissioning of Primary Care

From 1st April City and Hackney CCG (CCG) is operating as a fully delegated (Level 3) CCG for the commissioning of primary medical services (general practices). This is supported by a template Delegation Agreement between the CCG and NHS England (NHSE) and a side letter dealing with specific City and Hackney matters. Functions that NHSE delegated to the CCG from 1 April 2017:

Level 3 delegated function
Contract management: Actively manage the primary medical services contracts as if the CCG were named in the contract in place of NHSE to ensure: -meets pts' needs -improve quality and outcomes -improve efficiency -value for money e.g. no double payments -PMS and MPIG -incentives, QOF, specifications, activity, finance, information and reporting requirements -information breaches are managed
Enhanced services
Planning the provider landscape: -New practices -Procuring new PMS practices -Closure/dispersal -Variations to catchment areas -List cleansing
Approving mergers and closures: -Includes all necessary consultation -Impact assessment
Premises cost direction
Information sharing with NHSE: -Business plan to NHSE -Annual report to NHSE -Monthly report to NHSE -Ad hoc information to NHSE to ensure it can discharge its statutory duties

These functions are technically delegated to the CCG's extant Local GP Provider Contracts Committee (LGPPCC) (acting as what NHSE calls a Primary Care Commissioning Committee - PCCC), supported by the CCG's Primary Care Quality Board. The Committee's Terms of Reference have been revised, its frequency has been increased to monthly and members have attended a development session to help them understand their new roles and to test some scenarios they might be called upon to take a decision on.

Since 1 April 2017 the PCCC has taken decisions on or considered the following areas:

- 6 month contract extension for The Greenhouse Practice pending a London-wide review of primary care provision for homeless patients

- Approval of the CCG's PMS Premium plan
- Issuing of remedial notice and requirement for an action plan in relation to a GP practice rated as "Inadequate" by the CQC
- NHS England's "Tranche 5" re-procurement programme of APMS practices (relating to three C&H practices: Sandringham; Tollgate and Springfield)
- Implications of practices who routinely close for half a day
- North East London PCCCs: summary of topics discussed and decisions made
- Draft local operating model
- "Strategic Review" of Allerton Road GP Surgery: a framework for setting out future options for an expiring GP Contract (paper available on request)

PCCC forward planner:

1. Sandringham and Springfield/Tollgate Alternative Medical Provider (APMS) Contracts
    - PCCC to sign off contract award
    - Details of preferred provider to be released during public meeting
2. Access
    - Update on reasonable access definition
    - Review of half day closing across the CCG
    - Draft of the CCG's plans for delivering extended access
3. Homeless APMS Contract
    - Update on Homeless APMS contract Task and Finish Group
    - Greenhouse APMS contract strategic review
4. Special Allocation Scheme – Ratification of London-wide service specification
    - This is the service which is provided for patients who are de-registered from a practice due to their violent behaviour
5. Personal Medical Service (PMS) Review Update
6. Relocation of Springfield Health Centre to Adams House
    - Progress report
7. Quality and Outcomes Framework (QOF) and Enhanced Services
    - 2016/17 End of Year Report
8. Quality and Outcomes Framework 2017/18
    - Update following outcome of national review of QOF
9. Revised London Operating Model
    - This document aims to provide a blueprint for the way that NHS England (London) primary care commissioning and contracting teams will support CCGs which have moved to joint or delegated co-commissioning arrangements. PCCC to sign this document off (consultation on this document will probably begin in June 2017)

Workforce capacity to carry out the commissioning of primary medical services

The existing NHSE commissioning and finance team will continue to support the CCG. The five London commissioning teams are physically relocating to their respective STPs. The CCG has agreed to invest up to £90k p.a. to increase its management capacity to take on the delegated functions. This has been deemed to be affordable. The CCG we may need to consider additional sessions for Lay and other GB members, the Independent GP Advisor and additional ad-hoc sessions for members of the CCG Primary Care Board.

Budget

The budget calculated using practices' registered list sizes as recorded on the Exeter system on 1 Apr 2017, weighted according to the Cahill formula:

Description	City & Hackney	NEL	London
	£	£	£
Weighted population - 1st April 2017 list	**310,836**	**2,027,105**	**9,063,818**
GMS	18,938,807	87,881,164	326,223,347
PMS	7,248,253	84,818,284	487,749,082
APMS	4,906,981	27,863,829	71,305,511
Subtotal Core Contract	**31,094,042**	**200,563,277**	**885,277,940**
Demograghic growth reserve (1.3% for C&H)	407,815	3,157,541	11,320,012
QOF (inc reserves)	2,732,360	19,344,117	90,099,934
Enhanced services	703,526	5,399,318	24,489,634
Premises (inc rev consequences of capital projects)	5,633,470	35,133,176	154,198,529
Premises growth @ 2%	112,669	702,664	3,081,965
Administered funds (inc. seniority, maternity, sickness, etc)	521,555	2,735,142	14,052,239
Personally Administered Drugs (PAD) & other	131,971	1,503,047	6,214,225
Subtotal Gross Medical Services	**41,337,407**	**268,538,281**	**1,188,734,480**
Less QIPP	0	**0**	0
Subtotal Medical Services	**41,337,407**	**268,538,281**	**1,188,734,480**
CQC	192,194	1,355,050	6,309,894
Indemnity	160,693	1,097,325	4,869,160
Other (Clinical waste, DV, Occ H)	265,633	1,221,133	1,853,693
Premises - rev consequences of capital projects	19,889	225,441	648,486
Total Medical services	**41,975,815**	**272,437,230**	**1,202,415,713**
2017/18 Allocation	**43,963,000**	**278,564,000**	**1,231,206,000**
1.0% Headroom	439,630	2,785,640	12,312,060
0.5% Contingency	219,815	1,392,820	6,156,030
Net Allocation	**43,303,555**	**274,385,540**	**1,212,737,910**
Surplus	**1,327,740**	**1,948,310**	**10,322,197**

Financial risk

The CCG undertook a thorough analysis of the potential financial risk to allow the CCG's Governing Body (GB) to take an informed view. The GB considered the risk at its 24 Feb 2017 meeting and approved proceeding to full delegation at its 31 Mar 2017 meeting. The most significant financial risks relate to premises, in terms of rent and rates, and historic (pre Apr 2017) issues.

DRAFT local operating model for the CCG's Primary Care Commissioning Committee and Primary Care Quality Board

The CCG is currently establishing its operating model and priorities – a draft is set out below. TB members are invited to comment.

1. ***Critical success factors identified by CCGS that been operating at level for more than a year and have been cited by NHS England as case studies:***

- A clear vision of what you want to achieve
- Good relationships with practices and culture of mutual trust
- A team with the right expertise in primary care commissioning/having a proactive primary care team that works well with NHS England staff
- Good effective working relationship with NHS England
- Effective, open and transparent management of conflicts of interest
- Clinical leaders to be champions for change and innovation
- A credible, assertive chair of the primary care commissioning committee who is not afraid to challenge
- Good performance management data to allow benchmarking to inform service improvement
- Effective, open and transparent management of conflicts of interest

The PCCC may want to use this list as a framework/checklist to establish how it will know that is being effective as a Committee.

2. ***Management of Conflict of Interests***

Conflicts are managed via PCCC which needs to be kept under review.

3. ***Governance***

The CCG's Primary Care Quality Board (PCQB) is one of the Enabler Groups within the Transformation Board. The Board will have a key relationship with the four workstreams (Prevention, Planned Care, Unplanned Care, Children and Young People). This relationship will be predominantly advisory in that it will advise the four workstreams on how best to deliver their plans when thinking about what they need from primary care. The PCQB brought its strategy to the 16 Dec 2016 Transformation Board.

The PCQB is leading in implementation of the eight domains of the national GP Forward View programme:

- Plans to invest primary care growth/headroom
- Delivery of extended access (8-8, 7-days a week)

- Online consultations
- PMS Premium plans
- Estate and Technology Transformation Fund (ETTF)
- Workforce
- Training including care navigators and medical assistants
- Provider development including resilience

The PCQB has a GP IT sub-board and relates to the CCG's strategic estates plans so far as they relate to primary care premises. The GP Confederation Oversight Group remains the key group in the Contract Management of the GPC.

The PCQB will provide quarterly reports to the Transformation Board. The Transformation Board in turn will want to recommend plans about primary care to the Integrated Commissioning Boards.

The LGPPCC/PCCC is an additional governance step to scrutinise (primary care) plans on behalf of the CCG's Governing Body.

4. PCCC/PCQB's tailored approach to core contract management

- GMS
- PMS KPIs
- APMS KPIs

Be proactive to nip problems in the bud!

- Talk to practices now and find out what their problems are (e.g. premises, leases, business plans and practice disputes)
- Sort out payments as that seems to be number one source of frustration for practices, e.g. late rent reimbursements
- Highlight what are going to be problems to the CCG, e.g., regular half-day closing

5. Framework to trigger a review

Triggers:

- Quality concerns on local dashboard
- Quality concerns on STP quality dashboard
- Complaints
- CQC reports
    - Clear process for practices rated as Inadequate; improvement plan overseen by local PCCC
    - Need to establish role of CCG in this process
- Healthwatch concerns

- Local Medical Committee concerns

6. ***How will we ensure that core primary care services are meetings patients' needs?***

- Analysis of national GP Patient Survey results
- Local data collection through the Clinical Commissioning and Engagement Contract
- Complaints self-declaration (K041b complaints data return for general practice)
- Escalated complaints reported to NHS England
- Findings of local disability access report?

7. ***How will we ensure that core primary care services are continually improving on quality and outcomes?***

- Local quality dashboard
- Performance on additional and nationally enhanced services
- Performance on KPIs (only applies to APMS practices)

8. ***How will we ensure that core primary care services are continually improving on efficiency?***

- Engagement by all practices over next two years in locally commissioned Quality Improvement Programme whose main outcomes are:
    - Improvement in staff retention and morale (proxy for efficiency)
    - Improvement in patient satisfaction, particularly the measures of patient satisfaction that are part of the Primary Care Quality Dashboard:
        - Satisfaction with the quality of consultation at the GP practice (aggregate of 7 quality Q's)
        - % patients that would recommend their GP to friends and family needing the same or similar treatment
        - Satisfaction with accessing primary care (aggregate of 3 access Q's)
        - % LTC patients feeling supported to manage own condition
        - % rating overall experience of GP surgery as very good or fairly good
    - Decrease in patient complaints
    - Systems to support provision of continuity of care for those patient groups where this is an important factor in providing good quality care

9. ***How will we ensure that core primary care services show value for money e.g. no double payments?***

- Internal verification of all core payments in addition to NHSE's verification processes
- PCCC post-payment scrutiny of all core-payments (we do not want to introduce delays to any core practice payment)
- LGPPCC scrutiny of all non-core contracts and payments
- FfM analysis of new initiatives e.g. 8-8 7-day working
- Equality of funding between practices…

10. How we will monitor the impact on practices of PMS and MPIG reduction programmes?

- TBC

11. How will we set incentives, manage Quality and Outcomes Framework (QOF), design specifications, monitor activity and finance? What are our reporting requirements?

- No plans to change QOF in 2017/18; national QOF review planned for some time this year; NHSE's advice is don't change QOF until this review has been concluded

12. How will we ensure information breaches are managed?

- TBC

13. Directed enhanced services

- Review current performance and financing
- Commission via the local GP Confederation in order to ensure full population cover and minimum performance standards are met. Is this possible?
- Services could be identical to national spec or with local variations. If the latter then the CCG still needs to offer the national spec

14. Planning the provider landscape

- The CCG commissioned the local GP Confederation (GPC) to provide a baseline estates and workforce report
- Link in the broader strategic estates planning structures/enabler group
- Potentially commission the GPC to help shape the provider landscape

15. Approving mergers and closures

- Procedures set out in NHS England's Policy Book for Primary Medical Services

16. Patient engagement

- Via CCG Patient and Public Involvement structure (e.g. PPI Committee)

- Patient rep/s on CCG primary care board
- Wider engagement via Healthwatches
- Patient and Public Groups – CCG role in monitoring and development?

MR/RB 2/6/2017

Supporting Papers and Evidence:

- "Strategic Review" of Allerton Road GP Surgery: a framework for setting out future options for an expiring GP Contract (available on request from matthewhopkinson@nhs.net)

Sign-off:

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

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

City & Hackney CCG - Paul Haigh, Chief Officer

PCQ Dashboard – Indicator list

Board	No.	Indicator	Data Source
Primary Care Quality	1	Satisfaction with the quality of consultation at the GP practice (aggregate of 7 quality Q's)	GPPS https://gp-patient.co.uk/
	1a	Continuity of care	TBD
	27	% patients that would recommend their GP to friends and family needing the same or similar treatment.	FFT https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/
	3	Satisfaction with accessing primary care (aggregate of 3 access Q's)	GPPS https://gp-patient.co.uk/
	28	% LTC patients feeling supported to manage own condition	GPPS https://gp-patient.co.uk/
	5	% rating overall experience of GP surgery as very good or fairly good	GPPS https://gp-patient.co.uk/
Mental Health	6	Mental health aggregate measure	QOF: MH003-MH008 http://www.content.digital.nhs.uk/catalogue/PUB22266
	7	Women receiving 6 week post-natal check, % of whom are screened for post natal depression	Clinical Effectiveness Group
	33	% SMI patients above threshold level (BMI ≥30; Qrisk ≥20%; alcohol use audit c score of ≥8; non-prescribed drug use; identified as a smoker at review) who have been offered a lifestyle intervention by the practice.	Clinical Effectiveness Group
Planned Care	9	C&H GP referred first OP attendance (rate per 1000 registered population)	HES
	9a	Use of consultant advice lines (rate per 1000 registered population)	CEG
	9b	Peer review of prospective referral carried out (rate per 1000 registered population)	CEG
	10	Number of new cancer cases treated, % of which are two-week referrals	Public Health England https://fingertips.phe.org.uk/profile/cancerservices/
	11	% patients aged from 25 to 64 whose notes record that a cervical smear has been performed in the past five years	QOF: CS002 http://www.content.digital.nhs.uk/catalogue/PUB22266

The list of 23 indicators was determined in consultation with C&H CCG programme boards and a working group of the CCG's Primary Care Quality Board.

Data used in the dashboard is take from a range of sources, some of which are national, allowing national and regional benchmarking. Others use local data, and therefore are only benchmarked against the C&H average.

Indicators appearing in grey are shadow indicators which are being monitored but are yet to be included in the full list.

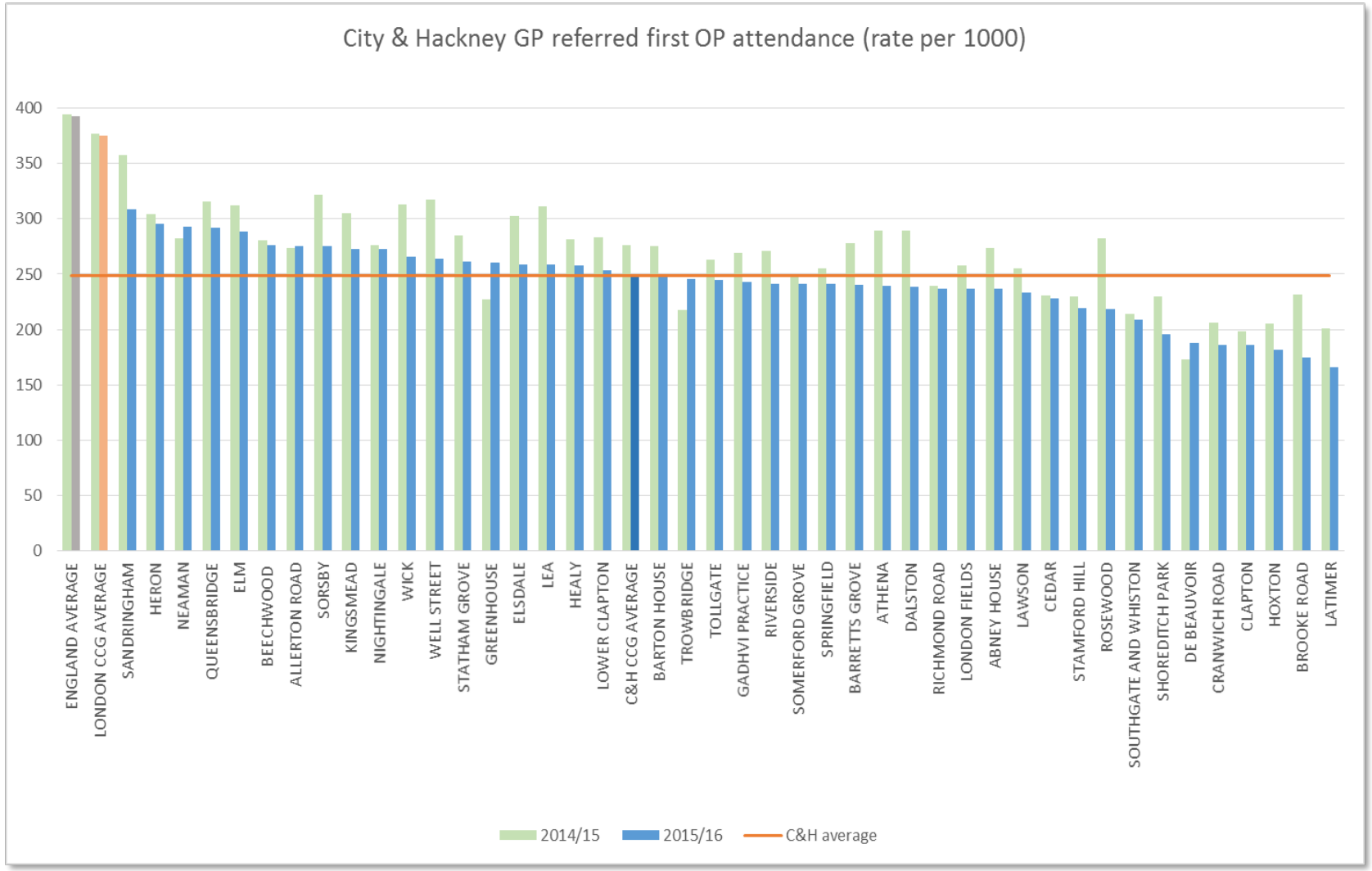
NHS

City and Hackney Clinical Commissioning Group

PCQ Dashboard – Indicator list (Cont.)

Board	No.	Indicator	Data Source
Children	29	% of children on the universal partnership plus (UPP) register who have an action plan	CEG
	29a	% of children on the UPP register who have an action plan/ and have been reviewed	CEG
	34	Immunisations by 24 months aggregate measure	CEG
Long Term Conditions	15	% of patients with hypertension in whom the last BP reading (measured in the preceding 9m) is 150/90 mmHg or less	QOF: HYP006 http://www.content.digital.nhs.uk/catalogue/PUB22266
	15a	% patients <80 with hypertension in whom the last BP reading is 140/90 mmHg or less	CEG
	16	Heart failure aggregate measure	QOF: HF002-HF004 http://www.content.digital.nhs.uk/catalogue/PUB22266
	30	% patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months	QOF: SMOK005 http://www.content.digital.nhs.uk/catalogue/PUB22266
	18	Diabetes aggregate measure	QOF: DM002, DM003, DM004, DM006, DM007, DM008, DM009, DM012, DM014, DM018 http://www.content.digital.nhs.uk/catalogue/PUB22266
Urgent & Integrated Care	19	% of patients attending A&E that are diverted to PUCC	Data Warehouse: Moz / SUS
	20	A&E attendance (rate per 1000 registered population)	HES
	21	Unplanned admission (rate per 1000 registered population) (excluding maternity)	HES
Medicines Management	31	Benzodiazepines (caps & tabs) ADQ per Benzodiazepine caps & tabs (BNF 4.1 sub-set) COST based STAR PU	CCG Medicines Management dashboard
	32	Co-Amoxiclav, Cephalosporins and Quinolones % of all antibacterial items	CCG Medicines Management dashboard
Maternity	35	% women receiving their 16w check who have smoking status recorded	CEG
		Women referred to antenatal care, % of which have social risk recorded	CEG

Indicator level data



Example of practice level data for each indicator is displayed within the dashboard.

The raw data is rebased to an index value of 100 and benchmarked against available comparator data for each indicator.

This allows the CCG to calculate composite scores for all 23 indicators which are averaged to give an overall quality score.

City and Hackney Clinical Commissioning Group

PCQB Dashboard - National Benchmarking

Code	Name	Indicator 1	Indicator 27	Indicator 3	Indicator 28	Indicator 5	Indicator 6	Indicator 9	Indicator 10	Indicator 11	Indicator 15	Indicator 16	Indicator 30	Indicator 18	Indicator 20	Indicator 21	Indicator 31	Indicator 32	Quality Score
F84043	SORSBY	85.2	67.4	68.6	84.3	71.5	105.4	119.4	59.0	97.2	112.3	104.6	103.9	107.5	65.6	97.8	100.1	97.9	91.0
F84632	GREENHOUSE	88.8	113.1	127.8	109.2	112.5	100.9	121.9	#	94.8	86.9	104.6	98.8	93.1	-26.8	84.8	99.7	97.8	94.3
F84080	GADHVI PRACTICE	90.7	74.3	71.7	87.3	85.4	97.3	124.7	103.3	96.9	106.5	104.6	106.0	99.3	86.9	101.7	99.2	94.9	95.9
F84013	STAMFORD HILL	95.8	90.9	80.4	81.5	79.2	85.7	128.6	109.4	79.6	104.7	97.2	104.0	100.8	106.7	104.6	100.4	89.2	96.4
F84624	ABNEY HOUSE	95.8	55.2	106.4	78.6	95.6	111.3	125.8	91.8	89.7	106.7	104.6	104.5	102.9	90.9	102.8	100.5	95.7	97.6
F84063	DALSTON	95.7	96.4	98.4	81.7	80.3	97.3	125.4	103.3	95.7	103.9	97.0	103.3	102.6	82.8	103.0	100.2	98.1	97.9
F84036	CEDAR	87.2	90.2	79.9	108.1	72.4	97.9	127.2	93.9	98.7	111.3	103.3	105.6	104.9	93.2	103.3	100.2	94.1	98.3
F84692	HOXTON	86.8	89.4	102.7	65.5	101.0	109.6	134.9	72.9	93.1	109.8	104.6	103.9	106.0	98.4	104.8	100.0	96.5	98.8
F84038	BEECHWOOD	89.6	103.3	110.5	90.9	85.1	89.7	119.2	103.3	99.8	108.4	104.6	106.0	100.6	73.5	99.2	100.1	98.8	99.0
F84685	ELM	101.5	96.3	100.2	96.1	102.4	76.1	117.3	91.8	89.9	106.7	101.9	106.0	101.3	97.5	104.2	99.3	96.0	99.1
F84711	ROSEWOOD	88.9	103.7	92.6	101.3	87.1	102.8	128.8	68.9	98.2	112.2	104.6	104.4	104.5	84.3	101.9	99.9	101.5	99.2
F84686	CRANWICH ROAD	103.4	87.7	103.9	80.8	107.0	96.6	134.1	68.9	78.2	112.5	104.6	106.0	103.5	111.9	104.9	99.5	84.1	99.3
F84003	LOWER CLAPTON	95.9	94.2	82.7	92.7	88.7	104.0	123.0	97.2	99.0	109.4	104.6	105.8	107.1	82.4	101.6	100.3	99.9	99.3
F84621	SANDRINGHAM	96.1	86.3	104.1	93.3	95.1	87.9	113.9	144.6	96.8	109.8	101.1	104.1	99.3	61.9	97.9	99.8	96.8	99.3
F84008	BARTON HOUSE	100.3	103.9	100.9	77.7	106.6	104.5	124.0	56.3	102.5	108.8	95.5	105.5	110.1	99.8	102.6	100.1	95.4	99.7
F84117	QUEENSBRIDGE	103.6	107.5	108.6	73.8	106.9	90.3	116.7	86.6	97.9	108.1	96.8	106.0	102.7	93.4	102.3	100.3	95.1	99.8
F84119	HERON	97.4	101.0	93.7	89.1	94.7	104.3	116.0	83.9	95.5	111.0	103.7	106.0	107.0	91.8	103.4	100.3	97.9	99.8
	ENGLAND AVERAGE	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
F84636	BARRETTS GROVE	99.0	98.9	108.1	77.6	97.7	89.1	125.1	112.7	88.2	105.2	101.7	103.9	102.6	95.3	102.4	100.1	96.4	100.2
F84620	WICK	97.0	94.6	98.1	115.9	99.8	100.8	120.9	103.3	91.1	110.5	102.6	103.5	100.4	70.5	99.2	98.7	97.5	100.3
F84060	ATHENA	101.7	90.5	105.1	92.7	100.4	109.0	125.3	73.8	102.3	110.7	102.6	105.3	103.4	86.1	103.0	100.4	97.7	100.6
F84694	BROOKE ROAD	90.9	96.5	107.2	91.1	87.6	106.1	136.0	88.5	92.9	107.2	104.6	104.2	106.7	92.9	105.3	100.3	101.6	101.1
F84069	WELL STREET	103.4	100.9	104.1	88.1	105.4	97.6	121.3	114.8	96.4	107.5	100.4	103.8	99.1	81.7	101.4	99.8	96.7	101.3
F84015	KINGSMEAD	97.7	102.6	105.9	111.0	105.2	105.4	119.8	75.1	100.3	109.7	104.6	105.6	105.0	71.5	99.4	100.3	104.1	101.4
F84601	ELSDALE	96.6	94.3	91.2	108.4	92.7	94.0	122.1	144.6	81.1	106.6	102.1	106.0	101.1	80.2	101.5	100.6	101.0	101.4
F84035	RICHMOND ROAD	94.4	107.9	100.5	78.3	93.4	103.6	125.8	103.3	101.4	110.5	104.6	106.0	107.9	89.2	102.3	100.5	98.2	101.6
	C&H CCG AVERAGE	97.2	102.0	101.7	94.4	98.5	100.5	123.9	103.7	97.4	108.7	101.6	104.8	104.5	91.4	102.3	100.0	95.4	101.6
Y00403	TROWBRIDGE	98.2	103.4	114.6	92.7	101.6	99.7	124.3	88.5	100.0	109.2	104.6	105.2	106.4	79.7	103.2	100.3	97.8	101.7
F84720	HEALY	91.8	110.7	104.3	100.1	93.3	107.0	122.3	111.3	98.4	113.5	104.6	105.0	105.8	83.8	100.6	100.2	87.9	102.4
F84635	SHOREDITCH PARK	94.4	87.0	106.5	89.7	106.4	99.3	132.5	114.8	97.4	107.2	91.7	106.0	104.3	103.3	104.2	100.4	97.8	102.5
F84716	ALLERTON ROAD	95.5	89.3	105.2	90.9	91.2	104.2	119.4	129.1	99.9	110.6	102.8	104.8	106.0	101.0	103.0	100.1	95.7	102.9
F84668	CLAPTON	91.4	111.0	101.4	94.1	93.6	103.2	134.2	97.2	100.7	112.8	104.6	104.2	105.6	99.9	104.1	100.1	92.6	103.0
F84096	LAWSON	93.8	99.0	102.4	107.0	97.9	106.0	126.3	93.9	116.8	109.4	99.9	103.4	103.4	95.5	102.8	98.7	97.2	103.1
Y01177	TOLLGATE	99.4	110.5	109.3	99.0	100.0	107.0	124.4	97.9	98.6	105.5	102.9	104.5	104.7	86.7	103.4	99.9	100.2	103.2
F84105	LEA	98.5	102.0	107.8	103.8	98.8	102.7	122.1	129.1	100.5	108.1	102.9	102.5	106.7	75.1	102.2	100.4	91.2	103.2
Y03049	SPRINGFIELD	97.0	100.2	106.2	114.9	98.1	103.6	125.1	95.4	99.8	106.1	104.6	104.5	105.4	101.1	104.0	100.2	98.9	103.8
F84041	SOUTHGATE AND WHISTON	99.8	101.8	109.5	94.8	103.7	92.0	130.4	115.7	98.1	110.3	102.4	106.0	104.7	95.7	102.6	100.1	98.4	103.9
F84619	RIVERSIDE	96.2	111.1	111.0	117.1	109.6	110.4	125.0	93.9	99.5	109.3	100.3	106.0	106.6	86.5	102.0	100.5	81.8	103.9
F84072	DE BEAUVOIR	97.4	103.2	113.3	83.2	104.7	103.6	133.9	91.8	94.8	110.0	104.6	106.0	108.2	109.8	106.3	100.1	104.1	104.4
F84640	NEAMAN	102.0	102.7	106.4	107.4	103.5	101.5	116.6	135.1	85.7	106.1	99.7	106.0	103.0	109.5	104.2	99.9	93.7	104.9
F84018	NIGHTINGALE	92.4	108.7	111.6	98.9	106.9	106.8	119.9	141.4	98.7	107.8	98.4	106.0	104.7	85.8	101.5	100.4	94.4	105.0
F84021	LONDON FIELDS	102.8	103.8	105.7	116.4	108.8	97.2	125.8	125.8	98.2	105.2	103.8	106.0	105.1	97.7	103.3	99.5	98.5	106.1
F84719	LATIMER	100.8	104.2	120.3	125.3	106.9	109.6	137.5	68.9	101.0	109.5	102.9	105.0	109.3	98.3	103.5	100.2	103.4	106.3
F84033	SOMERFORD GROVE	103.0	102.5	101.9	91.0	104.0	101.3	125.1	160.0	102.8	109.5	103.8	105.3	108.9	93.5	103.1	100.3	98.0	106.7
F84115	STATHAM GROVE	98.9	106.0	108.2	114.8	111.8	104.3	121.7	125.8	100.7	108.8	103.3	102.3	107.2	107.6	103.6	100.4	95.3	107.1

PCQB Dashboard - C&H Benchmarking

Indicator weighting		0.9	0.65	0.8	0.55	0.9	0.65	0.6	0.6	0.65	0.75	0.9	0.7	0.95	0.8	0.85	0.6	1	0.85	0.75	0.85	0.75	0.85	0.6	
Code	Name	Indicator 1	Indicator 27	Indicator 3	Indicator 28	Indicator 5	Indicator 6	Indicator 7	Indicator 33	Indicator 9	Indicator 10	Indicator 11	Indicator 29	Indicator 34	Indicator 15	Indicator 16	Indicator 30	Indicator 18	Indicator 19	Indicator 20	Indicator 21	Indicator 31	Indicator 32	Indicator 35	Quality Score
F84711	ROSEWOOD	82.3	66.1	72.8	59.0	79.6	66.4	61.5	0.0	67.6	49.8	90.7	71.9	85.7	82.6	87.6	59.8	100.1	84.3	69.2	84.7	74.9	90.5	0.0	69.0
F84063	DALSTON	88.7	57.7	77.4	47.6	73.4	62.9	59.7	66.0	65.8	74.7	88.4	71.9	5.6	76.5	81.1	59.1	98.2	78.5	73.5	85.6	75.1	87.4	29.9	68.9
F84624	ABNEY HOUSE	88.7	55.0	83.7	45.7	87.4	71.9	61.5	44.0	66.0	66.4	82.9	#	25.6	78.6	87.6	59.8	98.5	82.7	74.6	85.4	75.3	85.3	42.1	70.4
F84080	GADHVI PRACTICE	84.0	65.8	56.4	50.8	78.0	62.9	56.9	44.0	65.4	74.7	89.6	71.9	102.6	78.4	87.6	60.7	95.1	74.3	71.3	84.5	74.4	84.5	21.8	71.1
F84036	CEDAR	80.8	68.8	62.9	63.0	66.2	63.3	60.7	61.6	66.7	67.9	91.2	71.9	59.0	81.9	86.5	60.4	100.4	89.4	76.5	85.8	75.1	83.8	27.7	71.8
F84686	CRANWICH ROAD	95.7	55.9	81.7	47.1	97.8	62.5	59.1	#	70.4	49.8	72.3	#	67.9	82.8	87.6	60.7	99.0	98.9	91.9	87.1	74.6	75.0	0.0	72.3
F84632	GREENHOUSE	82.3	72.1	100.5	63.6	102.8	65.2	#	58.7	64.0	#	87.6	#	#	64.0	87.6	56.6	89.1	91.6	-7.5	70.4	74.8	87.2	63.1	72.3
F84621	SANDRINGHAM	89.0	60.3	81.9	54.3	86.9	56.9	61.5	44.0	59.8	104.6	89.5	71.9	106.0	80.8	84.6	59.6	95.1	82.3	58.0	81.3	74.8	86.2	0.0	72.6
F84720	HEALY	85.0	70.6	82.1	58.3	85.3	69.2	61.5	35.2	64.2	80.5	90.9	71.9	93.5	83.5	87.6	60.1	101.3	82.3	68.8	83.5	75.1	78.3	9.2	72.9
F84043	SORSBY	78.9	64.9	53.9	49.1	65.3	68.1	61.5	41.1	62.6	42.7	89.8	71.9	115.1	82.7	87.6	59.5	102.9	81.1	60.7	81.2	75.1	87.2	96.6	73.0
Y01177	TOLLGATE	92.1	70.5	86.0	57.7	91.3	69.2	61.5	40.0	65.3	70.8	91.1	71.9	94.5	77.7	86.2	59.8	100.2	80.3	71.2	85.9	74.9	89.3	0.0	73.4
F84060	ATHENA	94.2	43.0	82.6	54.0	91.7	70.5	61.5	44.0	65.8	53.4	94.5	71.9	95.6	81.5	85.8	60.3	99.0	73.0	75.9	85.6	75.2	87.0	61.0	74.2
Y00403	TROWBRIDGE	91.0	65.9	90.2	54.0	92.9	64.4	54.5	52.8	65.2	64.0	92.4	55.1	101.7	80.4	87.6	60.2	101.8	81.0	71.2	85.7	75.2	87.1	39.4	74.5
F84685	ELM	94.0	61.4	78.8	55.9	93.6	49.2	60.2	88.0	61.5	66.4	83.1	71.9	91.7	78.5	85.3	60.7	96.9	82.6	80.0	86.5	74.5	85.6	30.7	74.7
F84635	SHOREDITCH PARK	87.4	55.5	83.8	52.3	97.3	64.2	61.5	44.0	69.5	83.0	90.0	63.3	105.0	78.9	76.8	60.7	99.8	98.3	84.7	86.6	75.3	87.2	12.6	74.7
F84636	BARRETTS GROVE	91.7	63.1	85.0	45.2	89.3	57.6	61.5	88.0	65.7	81.5	81.5	71.9	91.6	77.5	85.1	59.4	98.2	86.2	78.2	85.0	75.1	85.9	15.1	74.8
F84069	WELL STREET	95.8	61.4	81.9	51.3	96.3	63.1	56.5	58.7	63.6	83.0	89.1	70.6	105.8	79.2	84.0	59.4	94.8	87.5	72.7	84.3	74.8	86.2	20.8	74.8
F84601	ELSDALE	89.4	64.4	71.7	63.1	84.7	60.8	61.5	88.0	64.1	104.6	74.9	71.9	93.9	78.5	85.5	60.7	96.8	82.6	71.6	84.3	75.4	90.0	15.1	75.4
F84013	STAMFORD HILL	88.7	66.2	63.2	47.5	72.3	55.4	60.3	75.4	67.5	79.1	73.6	71.9	79.5	77.1	81.3	59.5	96.5	95.4	87.6	86.9	75.3	79.4	93.9	75.4
F84694	BROOKE ROAD	84.2	61.5	84.3	53.0	80.1	68.6	61.5	88.0	71.4	64.0	85.8	71.9	110.0	78.9	87.6	59.6	102.1	70.9	76.3	87.5	75.2	90.5	23.7	75.5
F84008	BARTON HOUSE	92.9	60.0	79.4	45.2	97.4	67.6	61.2	44.0	65.1	40.7	94.8	71.9	111.2	80.1	79.9	60.4	105.4	94.0	81.9	85.3	75.1	85.0	58.5	75.5
F84119	HERON	90.3	68.5	73.7	51.9	86.6	67.4	60.9	58.7	60.9	60.7	88.2	71.9	95.3	81.7	86.8	60.7	102.4	87.6	75.3	85.9	75.2	87.2	63.9	75.7
F84003	LOWER CLAPTON	88.8	35.2	65.0	54.0	81.0	67.3	60.5	58.7	64.6	70.3	91.5	71.9	104.4	80.5	87.6	60.6	102.5	83.2	73.2	84.4	75.2	89.0	95.5	75.9
F84620	WICK	89.9	70.8	77.2	67.5	91.2	65.2	61.5	50.8	63.5	74.7	84.2	67.1	110.4	81.3	85.9	59.2	96.1	78.9	64.4	82.4	74.0	86.9	65.8	76.0
	C&H CCG AVERAGE	90.0	65.0	80.0	55.0	90.0	65.0	60.0	60.0	65.0	75.0	90.0	70.0	95.0	80.0	85.0	60.0	100.0	85.0	75.0	85.0	75.0	85.0	60.0	76.1
F84716	ALLERTON ROAD	88.5	56.9	82.7	52.9	83.3	67.4	60.7	58.7	62.6	93.4	92.3	71.9	82.9	81.4	86.0	60.0	101.5	90.4	82.8	85.5	75.0	85.3	50.5	76.2
F84117	QUEENSBRIDGE	96.0	67.6	85.4	43.0	97.7	58.4	61.5	73.3	61.2	62.7	90.5	71.9	118.2	79.6	81.1	60.7	98.3	91.3	76.6	85.0	75.2	84.7	40.3	76.5
Y03049	SPRINGFIELD	89.9	63.9	83.5	66.9	89.6	67.0	61.5	50.3	65.6	69.0	92.2	59.9	93.7	78.1	87.6	59.8	100.9	90.5	82.9	86.4	75.2	88.1	60.2	76.6
F84072	DE BEAUVOIR	90.2	64.3	89.1	48.4	95.7	67.0	59.3	#	70.3	66.4	87.6	71.9	97.2	81.0	87.6	60.7	103.5	88.1	90.1	88.3	75.1	92.7	14.0	76.7
F84105	LEA	91.2	63.1	84.8	60.5	90.3	66.4	60.5	61.2	64.1	93.4	92.9	71.9	110.0	79.6	86.2	58.7	102.2	74.6	67.8	84.9	75.2	81.3	45.4	76.8
F84021	LONDON FIELDS	95.2	69.3	83.1	67.8	99.5	62.9	61.1	52.8	66.0	90.9	90.7	71.9	104.5	77.4	86.9	60.7	100.6	88.3	80.2	85.8	74.6	87.8	11.3	76.9
F84668	CLAPTON	84.6	70.8	79.8	54.8	85.6	66.7	59.7	57.4	70.4	70.3	93.1	71.9	85.2	83.1	87.6	59.6	101.0	86.7	86.1	86.5	75.0	82.5	73.8	77.1
F84692	HOXTON	80.4	57.0	80.8	38.1	92.3	70.9	58.6	75.4	70.8	52.7	86.0	56.5	103.1	80.9	87.6	59.5	101.5	88.8	80.7	87.0	74.9	85.9	104.2	77.1
F84038	BEECHWOOD	83.0	57.5	86.9	52.9	77.7	58.0	53.1	88.0	62.6	74.7	92.2	71.9	91.9	79.8	87.6	60.7	96.3	78.2	60.3	82.4	75.1	88.0	116.5	77.2
F84640	NEAMAN	94.4	65.5	83.7	62.5	94.5	65.6	55.1	44.0	61.2	97.7	79.2	71.9	114.9	78.2	83.4	60.7	98.6	104.7	89.8	86.6	74.9	83.5	29.1	77.4
F84018	NIGHTINGALE	85.6	65.4	87.8	57.6	97.7	69.0	60.8	88.0	62.9	102.2	91.2	71.9	109.5	79.4	82.4	60.7	100.2	88.9	75.7	84.3	75.2	84.1	9.0	77.8
F84096	LAWSON	86.9	47.3	80.6	62.3	89.4	68.5	61.5	56.3	66.3	67.9	107.9	71.9	111.0	80.6	83.6	59.2	99.0	91.2	78.3	85.4	74.0	86.6	78.6	78.0
F84041	SOUTHGATE AND WHISTON	92.4	65.8	86.1	55.2	94.7	59.5	54.5	88.0	68.4	83.7	90.6	71.9	84.4	81.2	85.7	60.7	100.2	87.4	78.5	85.2	75.0	87.6	65.3	78.4
F84035	RICHMOND ROAD	87.5	65.3	79.1	45.6	85.3	67.0	61.5	88.0	66.0	74.7	93.7	71.9	111.3	81.3	87.6	60.7	103.2	81.5	78.2	84.9	75.3	87.5	96.8	79.7
F84115	STATHAM GROVE	91.6	65.0	85.1	66.9	102.2	67.4	61.5	88.0	63.9	90.9	93.1	71.9	111.1	80.1	86.5	58.6	102.7	97.8	88.2	86.1	75.2	84.9	36.9	80.7
F84033	SOMERFORD GROVE	95.4	66.2	80.2	53.0	95.1	65.5	59.2	88.0	65.6	115.7	95.0	71.9	109.5	80.7	86.9	60.3	104.2	85.5	76.7	85.6	75.2	87.3	102.1	82.8
F84015	KINGSMEAD	90.5	57.9	83.3	64.6	96.1	68.1	57.7	61.6	62.9	54.3	92.7	71.9	92.4	80.7	87.6	60.4	100.5	79.2	65.1	82.5	75.2	92.8	227.1	82.8
F84619	RIVERSIDE	89.1	60.1	87.3	68.2	100.1	71.4	61.5	88.0	65.6	67.9	91.9	71.9	111.1	80.5	84.0	60.7	102.0	88.5	76.2	84.7	75.4	72.8	147.7	82.9
F84719	LATIMER	93.4	66.4	94.6	73.0	97.7	70.9	60.5	88.0	72.1	49.8	93.4	71.9	114.7	80.6	86.1	60.1	104.6	91.6	84.9	85.9	75.1	92.1	277.6	90.7

For data relating just to City & Hackney, we were able to moderate against skewing effects of individual indicators. An indicator weighting co-efficient (highlighted above) was determined according to three criteria: Quality (0.4); Workload (0.4); and reliability of the data (0.2).

Quality vs Core Contract Price

Chart shows the overall quality score from the table on the previous page plotted against the core contract price per weighted patient for each C&H practice.

Data source for financial information:
NHS Payments to General Practice, England, 2015/16
Publication date: September 21, 2016
http://content.digital.nhs.uk/catalogue/PUB21318

City and Hackney Clinical Commissioning Group

Title:	**Consolidated Finance (income & expenditure) report as at May 2017 - Month 2**
Date:	28th June 2017
Lead Officer:	Anne Canning, London Borough of Hackney (LBH) Paul Haigh, City & Hackney Clinical Commissioning Group (CCG) Neal Hounsell, City of London Corporation (CoLC)
Author:	Integrated Finance Task & Finish Group CCG: Dilani Russell, Deputy Chief Finance Officer CoLC: Mark Jarvis, Head of Finance, Citizens' Services LBH: Jackie Moylan, Director – Children's, Adults' and Community Health Finance
Committee(s):	City Integrated Commissioning Board Hackney Integrated Commissioning Board
Public / Non-public	Public

Executive Summary:

This reports on finance (income & expenditure) performance for the period from April to May 2017 across the CoLC and CCG Integrated Commissioning Funds.
LBH figures at the time of reporting were in production and will be included in the next report to the ICB.

Year to date or cumulative finance performance as at month 2 (May) is broadly in line with plan. Pooled funds are in line with budget while combined spend for CoLC & CCG on aligned funds is slightly under budget by £29k.

Forecast as at month 2 is expected to be in line with the annual plan however, some potential risks have been flagged in the risk schedule which will be updated and reported on monthly.

Recommendations:

The Integrated Commissioning Board is asked:

- To **NOTE** the report

Links to Key Priorities:

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

Specific implications for City and Hackney

Reported consolidated performance as at May specifically relates to the CCG and City of London Corporation.

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A.

Impact on / Overlap with Existing Services:

N/A

Main Report

See Exec summary

Supporting Papers and Evidence:

Sign-off:

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

City and Hackney Clinical Commissioning Group

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

Integrated Commissioning Fund
Financial Performance Report

Month 02 Year to date cumulative position

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Consolidated summary of Integrated Commissioning Budgets

	Organisation	Annual Budget £000's	YTD Performance Budget £000's	YTD Performance Spend £000's	YTD Performance Variance £000's	Forecast Fcast Spend £000's	Forecast Fcast Variance £000's
Pooled Budgets	City and Hackney CCG	24,947	4,158	4,158	-	24,947	-
	London Borough of Hackney Council				-		
	City of London Corporation	462	-		-	462	-
Total		25,409	4,158	4,158	-	25,409	-
Aligned	City and Hackney CCG	363,121	60,520	60,559	(39)	363,121	-
	London Borough of Hackney Council						-
	City of London Corporation	5,773	953	886	68	5,773	-
Total		368,894	61,474	61,445	29	368,894	-
ICF	City and Hackney CCG	388,068	64,678	64,717	(39)	388,068	-
	London Borough of Hackney Council		-	-	-	-	-
	City of London Corporation	6,235	953	886	68	6,235	-
Total		394,303	65,631	65,603	29	394,303	-

In Collab	Organisation	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Fcast Spend £000's	Fcast Variance £000's
	CCG Primary Care co-commissioning	43,963	7,327	7,327	-	43,963	-
Total		43,963	7,327	7,327	-	43,963	-

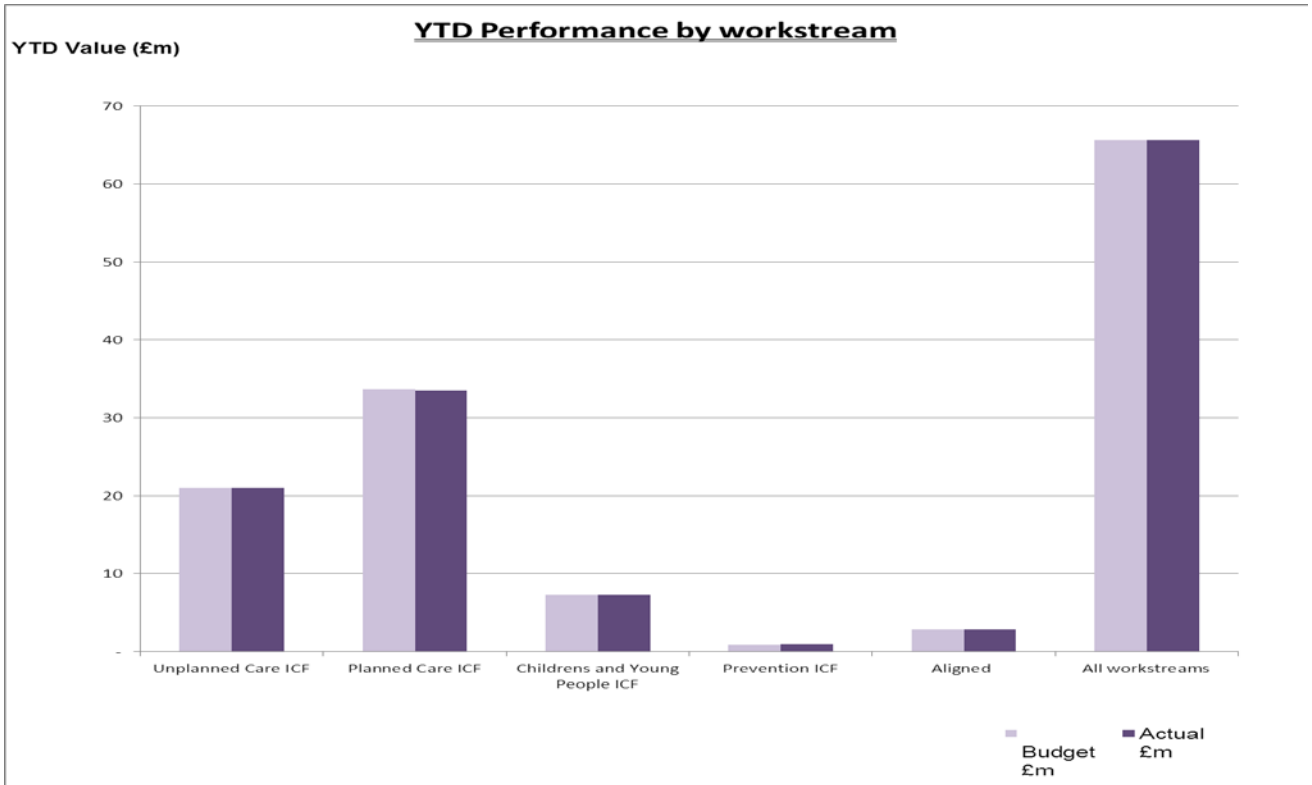
Notes:

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

- The reported position does not include figures for LBH which were not available at the time of reporting.
- The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF) including the Integrated Independence Team (IIT) and Learning Disabilities.
- Pooled budget performance as at month 2 (May) for the CCG-CoLC Integrated commissioning fund is £3k adverse from plan or over-spent. However, forecast is in line with the annual plan.
- Combined aligned budgets for the CCG & CoLC is £29k under budget. The net under spend is driven by CoLC.
- In Collaboration budgets are for CCG core Primary Care services. Performance is to plan and not within the ICF.

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

Integrated Commissioning Budgets – Performance by workstream



WORKSTREAM	Annual Budget £m	Budget £m	Actual £m	Variance £m	Fcast Spend £000's	Fcast Variance £m
Unplanned Care ICF	126	21	21	-	126	-
Planned Care ICF	201	34	34	0	201	-
Childrens and Young People ICF	44	7	7	-	44	-
Prevention ICF	6	1	1	(0)	6	-
Aligned	17	3	3	(0)	17	-
All workstreams	**394**	**66**	**66**	**0**	**394**	**-**

Excludes aligned budgets and IBCF

- The reported position does not include figures for LBH which were not available at the time of reporting.
- The report includes workstream performance only and does not include 'Aligned' budget performance.

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 2

	ORG	WORKSTREAM	Annual Budget	YTD Performance Budget £000's	YTD Performance Spend £000's	YTD Performance Variance £000's	Forecast Fcast Spend	Forecast Variance £000's
Pooled Budgets	LBH	Unplanned Care	18,332	3,055	3,055	0	18,332	0
		Planned Care	5,844	974	974	0	5,844	0
		Prevention	0	0	0	0	0	0
		LBH Sub-total	24,176	4,029	4,029	0	24,176	0
	CoLC	Unplanned Care	406	68	68	0	406	0
		Planned Care	345	57	57	0	345	0
		Prevention	20	3	3	0	20	0
		CoL Sub-total	771	129	129	0	771	0
	Pooled Budgets Grand total		24,947	4,158	4,158	0	24,947	0
Aligned	LBH	Unplanned Care	103,999	17,333	17,333	0	103,999	0
		Planned Care	185,437	30,906	30,906	0	185,437	0
		Prevention	3,632	605	605	0	3,632	0
		Childrens and Young People	42,600	7,100	7,100	0	42,600	0
		LBH Sub-total	335,667	55,945	55,945	0	335,667	0
	CoLC	Unplanned Care	3,216	536	536	0	3,216	0
		Planned Care	5,735	956	956	0	5,735	0
		Prevention	112	19	19	0	112	0
		Childrens and Young People	1,318	220	220	0	1,318	0
		CoL Sub-total	10,381	1,730	1,730	0	10,381	0
		Corporate and Reserves	17,072	2,845	2,884	(39)	17,072	0
	Aligned Budgets Grand total		363,121	60,520	60,559	(39)	363,121	0
In Collab		Primary Care Co-commissioning	43,963	7,327	7,327	0	43,963	0
Grand Total			432,031	72,005	72,044	(39)	432,031	0

- At Month 02 the CCG shows a small over spend of £39k. This relates to a late VAT adjustment by NHS Shared Business Services and will be addressed accordingly in month 3.
- Primary Care Co-commissioning services passed on to the CCG on 1 April 2017 with a budget value of £43.9m. At month 2, GP Medical Services budgets have been reported as break even.
- The CCG begins the new financial year being well placed to deliver its strategic objectives and the challenges ahead.
- Quality Innovation Prevention & Productivity (QIPP) target is included in the above figures (£5m for 2017/18).
- QIPP delivery for month 2 was £833k actual against plan of same value, thus GREEN RAG rating.

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

City of London Corporation – Position Summary at Month 2

				YTD Performance			Forecast	
	ORG Split	WORKSTREAM	Annual Budget	Budget £000's	Spend £000's	Variance £000's	Fcast Spend	Variance £000's
Pooled Budgets	Commissioned & *DD	Unplanned Care	65	-	-	-	65	-
		Planned Care	208	-	-	-	208	-
		Prevention	10	-	-		10	
		IBCF funding	179	-	-	-	179	-
Pooled Budgets Grand total			462	-	-	-	462	-

	ORG Split	WORKSTREAM	Annual Budget	Budget £000's	Spend £000's	Variance £000's	Fcast Spend	Variance £000's
Aligned Budgets	Commissioned & *DD	Unplanned Care	29			-	29	-
		Planned Care	3,850	782	638	143	3,850	-
		Prevention	2,165	194	264	(69)	2,165	-
		Childrens and Young People				-	-	-
		Non - exisable social care services	(271)	(22)	(16)	(6)	(271)	-
Aligned Budgets Grand total			5,773	954	886	68	5,773	-
Grand total			**6,235**	**954**	**886**	**68**	**6,235**	**-**

* DD denotes services which are Directly delivered .

- At Month 02 the CoLC reports a small under spend of £68k.
- This is mainly being driven by under spends on the Supported Living (ages18-64) service line and Home Help (Older People 65+) which have a combined under spend of £137k.
- This is being off set by an over spend on Square Mile Health – over spend £62k..
- The CoLC are forecasting a break even position at year end.

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

London Borough of Hackney – Position Summary at Month 2

				YTD Performance			Forecast	
	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Fcast Spend £000's	Variance £000's
Pooled Budgets	Commissioned & *DD	Unplanned Care		-		-		
		Planned Care		-	-	-		
		Prevention						
		IBCF funding		-	-	-		
Pooled Budgets Grand total			-	-	-	-	-	-

	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Fcast Spend £000's	Variance £000's
Aligned Budgets	Commissioned & *DD	Unplanned Care				-		
		Planned Care				-		
		Prevention				-		
		Childrens and Young People				-		
		Power to charge income				-		
Aligned Budgets Grand total			-	-	-	-	-	-
Grand total			**-**	**-**	**-**	**-**	**-**	**-**

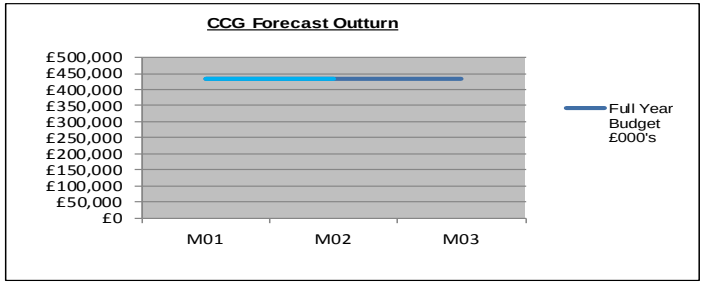
* DD denotes services which are Directly delivered .

- The reported position does not include YTD performance information for LBH which was not available at the time of reporting.
- LBH performance information will be available at the next report.

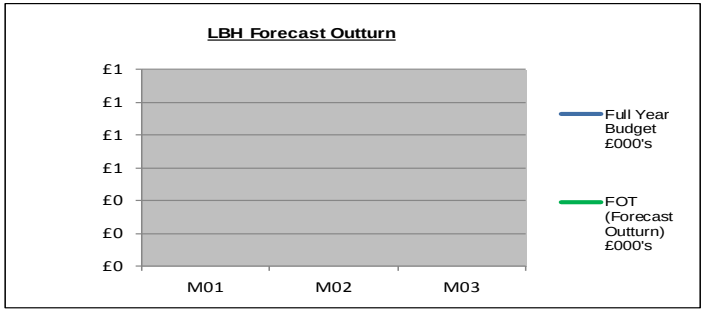
Accruals are included in the CCG YTD and forecast position , however they are only included in the forecast position of LBH and CoLC.

Forecast Run Rate by Month

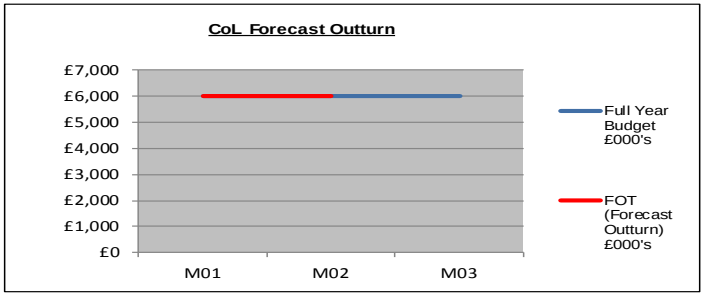
City and Hackney CCG Forecast Summary			
Month	Full Year Budget £000's	FOT (Forecast Outturn) £000's	FOT Variance £000's
M01	432,031	432,031	-
M02	432,031	432,031	-
M03	432,031		432,031
Grand Total	1,296,093	864,062	432,031



London Borough of Hackney Forecast Summary			
Month	Full Year Budget £000's	FOT (Forecast Outturn) £000's	FOT Variance £000's
M01			-
M02			-
M03			-
Grand Total	-	-	-



City of London Forecast Summary			
Month	Full Year Budget £000's	FOT (Forecast Outturn) £000's	FOT Variance £000's
M01	6,011	6,011	-
M02	6,011	6,011	-
M03	6,011		6,011
Grand Total	18,033	12,022	6,011



- At Month 02 the CCG and CoLC are forecasting a break even position at year end
- The forecast for LBH was not available at the time of writing this report.

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

Risks and Mitigations - City and Hackney CCG

City and Hackney CCG

Risks	Full Risk Value £'000	Probability of risk being realised %	Potential Risk Value £'000	Proportion of Total %
Acute (PbR) over performance and NCA - position reflects historic activity trends, outer sector performance, and uncertainty of costs including mental health choice.	TBC	TBC	TBC	TBC
Continuing Health Care (CHC), Learning Disabilities (LD) & End of Life (EOL) - risk relating to activity increase above plan, high cost patients packages and increased Funded Nursing Care (FNC) tariff pressure.	TBC	TBC	TBC	TBC
QIPP under delivery – particularly against the £5m stretch target	TBC	TBC	TBC	TBC
Primary care estates costs – re: rent and rates potential as consequence of retrospective rent increases and increased rateable value on properties in 2017/18	TBC	TBC	TBC	TBC
TOTAL RISKS	**0**	**0**	**0**	**0**

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

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

Risks and Mitigations - City of London Corporation

City of London Corporation

Risks	Full Risk Value £'000	Probability of risk being realised %	Potential Risk Value £'000	Proportion of Total %
TOTAL RISKS	0	0	0	0
Mitigations	**Full Mitigation Value £'000**	**Probability of success of mitigating action %**	**Expected Mitigation Value £'000**	**Proportion of Total %**
Uncommitted Funds Sub-Total	0	0	0	0
Actions to Implement				
Actions to Implement Sub-Total	0	0	0	0
TOTAL MITIGATION	0	0	0	0

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

Risks and Mitigations - London Borough of Hackney

London Borough of Hackney

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

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

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

Integrated Commissioning Fund – Savings Performance

City and Hackney CCG

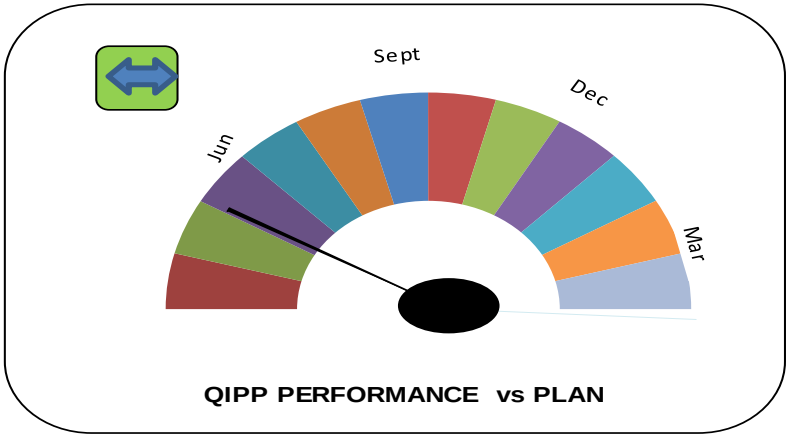
- The savings dial represents the QIPP delivery against the profiled annual plan. At Month 02 the CCG has achieved its year to date QIPP target of £833k.
- Delivery of the annual QIPP totalling £5.0m is on plan to be met for the full year basis.
- There is some risk around the achievement of the £5m stretch target (see mitigations table).

City Of London

- The CoLC does not have any in year savings targets for the 2017/18 financial year.
- The is a 2% savings target 2018/19, however it has not yet been agreed where these savings will be delivered. There is also likely to be no inflation uplift, meaning a 4-5% budget reduction in real terms.

London Borough of Hackney

CCG QIPP Savings Dial



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

Title:	Quality, Innovation, Productivity and Prevention Report
Date:	28 June 2017
Lead Officer:	Philippa Lowe, Chief Finance Officer, City & Hackney CCG
Author:	Dilani Russell, Deputy Chief Finance Officer, City & Hackney CCG
Committee(s):	Transformation Board – for discussion – 9 June 2017
Public / Non-public	Public

Executive Summary:

This paper provides a high level introduction to Quality, Innovation, Productivity and Prevention (QIPP), explaining the context and the challenges.

It outlines the links with the Capped Expenditure Programme (CEP) and the Sustainability and Transformation Partnership (STP), and details the current QIPP savings portfolio in terms of savings already included in the CCG's 2017/18 operating plan, additional schemes developed, and the pipeline of further opportunities. The report also sets out principles and gateway processes for further development of QIPP, and its implementation via the four care workstreams.

The Integrated Commissioning Boards (ICBs) will periodically be asked to review plans for new QIPP schemes and to make recommendations on them to the CCG Governing Body.

The pipeline of schemes in development is a living document, which will reflect the outcomes of work carried out by the four care workstreams to identify opportunities and to develop new QIPP schemes. In line with the gateway process, these schemes will be developed by the workstreams with regular oversight and input from the Transformation Board, which will make recommendations to the ICBs for approval. In order to ensure timely input by ICBs into the development stage of the process, any changes to the pipeline will be brought to the ICBs for an early view. The outcomes of discussions at the ICBs will be fed back to the Transformation Board to inform and steer their deliberations.

Recommendations:

The Integrated Commissioning Board is asked:

- To **NOTE** the report;
- To **DISCUSS** challenges, risks and opportunities outlined in the report;
- To **NOTE** and **ENDORSE** the gateway process for developing new QIPP opportunities; and
- To **NOTE** and **ENDORSE** the principles for future system spending.

Links to Key Priorities:

Quality, Innovation, Productivity and Prevention (QIPP) work will identify areas of working which can be improved to produce better care outcomes and cost savings, which are necessary for the City & Hackney CCG meet its statutory financial duties.

Specific implications for City and Hackney

This report gives an overview of the position across both Hackney and the City of London. Individual QIPP schemes will be developed which will have specific impacts and outcomes relating to communities, and these will be developed separately.

Patient and Public Involvement and Impact:

The development of each QIPP scheme will include Project Initiation Documentation (PID) and business cases, which will be developed in consultation with, and scrutinised according to established patient and public engagement procedures, as indicated in the gateway process set out in the report.

Clinical/practitioner input and engagement:

Clinical and practitioner input is embedded in QIPP schemes from the outset, as QIPP opportunities are first identified. This input will continue through the development of PIDs and business cases, and scrutiny by workstreams, the CCG Clinical Executive Committee and the Prioritisation and Investment Committee.

Impact on / Overlap with Existing Services:

This paper focuses on the overall QIPP plans for the whole of Hackney and the City. Any impact of QIPP schemes on existing service provisions will be considered in the process of inter-relations between NHS and Local Authority, acute, GP and community services.

Supporting Papers and Evidence:

Paper 9.2 - 2017/18 QIPP Update

Sign-off:

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

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

City & Hackney CCG - Paul Haigh, Chief Officer

2017/18 QIPP update

28 June 2017

City and Hackney Clinical Commissioning Group

Contents

Purpose of paper:

This paper is designed to:

1) Provide a high level introduction to QIPP for the board to explain context and challenge

2) Outline the links between this work and the capped expenditure programme (CEP) and wider STP work

3) Provide an overview of the current QIPP savings portfolio and how these map to care workstreams:
   a) For 2017/18 that are included within the operating plan
   b) The additional schemes developed
   c) The pipeline of further opportunities

4) Outline the monitoring and reporting mechanisms for schemes

5) Share a set of principles for system focus on non-recurrent spend in the future

6) Share a proposed process for development of further QIPP schemes

Overview of QIPP

QIPP is an acronym for Quality, Innovation, Productivity and Prevention and was an integral part of the NHS planning process prior to the 2012 NHS Act. In 2017, it has become a term meaning commissioner savings.

The NHS Five Year Forward View identified the NHS needing £30bn to meet its financial challenges.

- The Government would meet £8bn through investment;
- Non-NHS providers and CCG running costs would deliver £1bn
- The balance would be met from moderating activity growth through redesign and interventions such as RightCare and SelfCare, improving Acute productivity of 2% pa, and other efficiencies

Some observers consider £30bn to be an underestimate, making the NHS's challenge higher.

Each year the CCG aims to improve quality and reduce costs to improve the system and ensure financial balance. This takes place as part of contractual planning and contract negotiations.

The QIPP challenge for the CCG is derived from the gap between its allocated funding and the cost of contractual commitments.

The CCG is deemed over target against the national allocation formula. Acting prudently, it invested any sums above its target allocation, non-recurrently, to improve quality, improve productivity and manage demand. The impact of this has produced a net gap of c£5m pa to be found from additional savings measures.

The challenge and alignment with STP work

In 2017/18 the CCG developed plans to deliver £5m of recurrent QIPP savings as in its operating plan and agreement of contracts. This enabled the CCG to meet its statutory financial duty for the year.

Since then, City and Hackney (and North East London) has been part of a nationally driven process, the capped expenditure programme (CEP), designed to ensure STPs as a whole are able to deliver a financial control total. The financial gap across the STP as a whole is £130.1m (see Appendix 1 for a breakdown of the gap by partners). This reflects gaps where North East London organisations cannot reach financial balance or have no identified plans to do so. A '10 Point Plan' was issued by NHSE/I to monitor progress towards the STPs meeting their control totals (see Appendix 2).

As a result of this process, City and Hackney has been asked to generate further savings – to offset financial under performance across the wider area. This has meant that the guide target for City and Hackney has been revised to £11.5 million pounds of savings (net of investment). This equates to savings levels of 3%, which is much higher than what the CCG requires to balance its plan. The reason for this higher figure is to support the wider health economy and balance the STP wide control total.

If the total STP area cannot create the financial efficiencies required, then there may be a need to consider 'difficult choices' and look at decommissioning services to ensure financial balance. This will be subject to equality impact assessment and public consultation and re-negotiating contracts that have already been signed with providers.

There are 3 risks to the CCG from this ask:

- It has come far too late to be deliverable;
- It may compromise the statutory duty relating to the C&H registered population (under discussion with external auditors, who review this as part of their Value for Money review) as to how the conflict of generating additional savings for the wider benefit of the NHS, is managed;
- The Homerton has a significant savings programme of its own and CCG savings will add to their challenge, if provider costs are not reduced at the same time.

Current position and key messages:

Savings already agreed in the Operating Plan = £5m. These have been aligned with the care workstreams. (see Appendix 3 for details)

In addition, further schemes to the value of £1.434m have been identified. (see Appendix 4 for details)

Pipeline opportunities that are in development for 2017/18 are estimated at around £2.5 million (see Appendix 5 or details). *N.B. These are ideas that are yet to validated by clinical leads have not been assured via the governance process.*

Gateway process being in place to manage the development of further schemes (see slide 9).

Schemes in development for 2018/19 can be found in Appendix 5. This pipeline continues to be a working document with opportunities added to.

Workstreams are expected to:

- Deliver the QIPP already in the operating plan (£5m)
- Work-up the delivery plans for the additional QIPP (£1.4m)
- Work-up the plans for the pipeline opportunities by end of June 2017
- Have a delivery plan in place for the 2018/19 opportunities by end of September 2017

How savings will be monitored/reported

Depending on the type of scheme, there will be different monitoring and tracking in place.

Scheme type	Activity reduction/improved efficiency (PBR)	Activity reduction/improved efficiency (non-PBR)	Pharmacy	Transactional (price change)	Transactional (block contract)
Tracking	Tracking of activity against planned reduction of through coded activity (HRG)	Locally agreed tracking/clinical audit during year	Progress against practice action plans and pharmacy billing info	Agreement via contract tracking of activity against planned reduction through coded activity (HRG	No tracking required – ongoing engagement with provider to understand progress in delivering efficiencies throughout year.
Example scheme	Anticoagulation	CHC process review	Prescribing	Ambulatory care	Mental health efficiencies

These schemes will be monitored/reported via the Finance Performance Committee and then to Transformation Board.

A regular round table review of QIPP schemes will need to happen at a programme board/workstream level in year. This group will need to both track progress and put in place actions to ensure delivery against plan.

Identifying further QIPP

We are actively working to identify further QIPP through commissioners looking at Right Care/ Better Care Better Value and Menu of Opportunities, together with key themes described in the theoretical diagram below. This is driven by local clinical insights, benchmarking analysis and national and international best practice and represents a medium to long term approach.

Strong link: pathway improvements may lead to a better secondary prevention

1. Pathway inefficiencies

Addressing the condition through less complex procedures or providing care in a non-acute setting could have a significant financial and quality benefit. This may include a careful evaluation of how effective new technologies can reduce acute activity.

2. Improved prevention

Demand for acute services often constitutes the end of the disease pathway. Investment in primary and secondary prevention could have a significant effect on improving financial sustainability.

3. Operational inefficiencies

There is a substantial variation in efficiency and cost for the same services and procedures across London providers. Standardisation and sharing of best practice to bring all providers to the top quartile in efficiency can greatly reduce costs.

4. Fragmented non-recurrent investment landscape

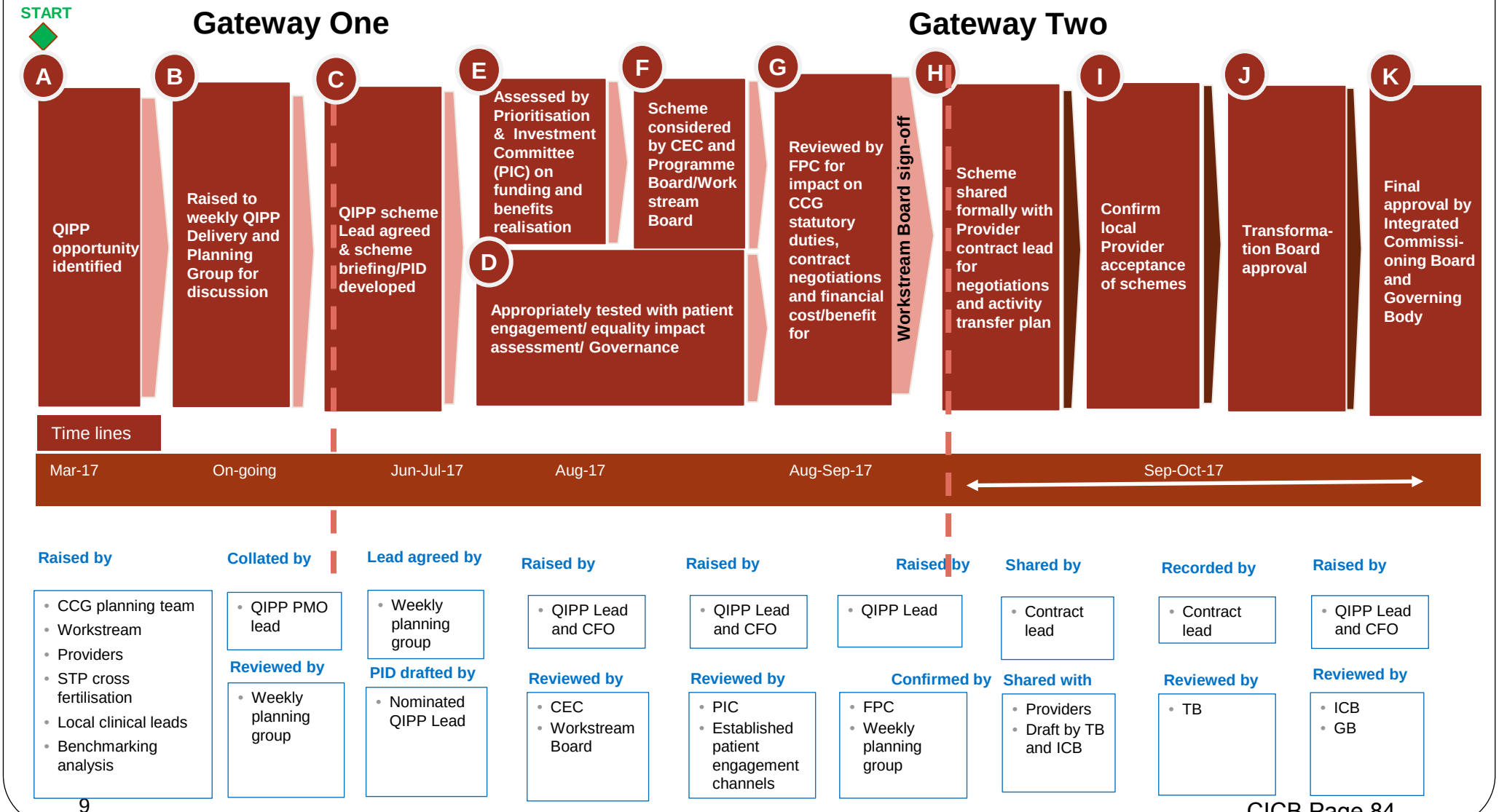
Money is spent on different initiatives which sometimes targets the same groups of patients, not benefiting from economies of scale or a single approach. Looking at joining up the investments in improving pathways in a systematic manner could drive further efficiencies and pathway transformation.

KEY

- High financial impact (potential)
- Medium financial impact (potential)

Proposed gateway process for developing new QIPP opportunities

This gateway process defines the ways of working to determine and agree further QIPP opportunities to be included the existing portfolio for 2017/18



Future development of QIPP as well as implementation of schemes will take place via workstreams

- ✓ Implementation of signed off schemes will take place through care workstreams.
- ✓ Delivery plans will need to form part of the assurance submission as part of the workstreams work plan for 2017/18.
- ✓ Future generation of QIPP schemes and management of pipeline opportunities will need to form part of the work plan for 2018/19.
- ✓ Reduction in cost base at provider level to achieve the QIPP for the workstream as a whole system efficiency saving
- ✓ Full involvement of providers to manage the overall system challenge and any resultant risks and implementation costs.

Principles for future system spending

There is a need to ensure that system spending is done in such a way that it contributes to the sustainability of the health and social care system. To ensure this, the following principles are proposed:

- Investment should be in line with strategic direction and in the best interests of the people of City and Hackney
- Decisions should be clinically driven and evidence based with the endorsement of care workstreams
- A whole pathway approach must be taken to prevent ‘deficit shifting’ between organisations
- Organisations should take an open book approach to understand the true cost of delivering services and allow system savings to be made
- QIPP plans should align with provider cost improvement plans (CIPs) to align incentives and share risks
- All spending should be able to demonstrate quality and improved value for money
- Newly commissioned services should result in a decrease in activity somewhere else – and not a net increase overall
- Regular reviews and tracking should take place to maximise delivery and actively manage risk

Appendix 1.

NEL STP reported system risk £130.1m for 2017/18
Breakdown

City and Hackney
Clinical Commissioning Group

NEL STP gap by partner

North East London Commissioners	Total System Risk £'000
Barking and Dagenham CCG	£5,111
Havering CCG	£5,900
Redbridge CCG	£6,834
Waltham Forest CCG	£1,800
Newham CCG	£1,760
Tower Hamlets CCG	£3,000
City and Hackney CCG	£0
Total Commissioner Risk	**£24,405**
Specialist Commissioning	£0
East London NHS FT	£7,886
Homerton University Hospital NHS Foundation Trust	£5,117
North East London NHS FT	£7,400
Barking, Havering and Redbridge Hospital NFT	£12,700
Barts Health NHS Trust	£72,600
	£105,703
Total NEL Risk as at 2nd June 2017	**£130,108**

- Barts risk mainly relates to a planned land sale worth £30m where trust is expecting profit from the sale and a risk of £7m Service development for Cardiac that the trust assumes.
- There is unidentified CIP of £9.4m, made up of £3.4m Homerton unidentified CIP and £6m unidentified CIP in NELFT.
- ELFT are showing a £7.9m control total gap with commissioners where there is no agreement between the parties for this value.
- BHR CCG have a £16.1m delivery risk relating to high risk QIPP schemes.
- There is a £26.8m gap in income that Barts assume of additional income to contribute towards CIP requirements.

Appendix 2.

Capped Expenditure Process (CEP) - Requirement to produce affordable Operating Plans by 30 April 2018

City and Hackney Clinical Commissioning Group

Assurance of additional measures (10-point efficiency plan)

No	Efficiency Opportunity	Existing QIPP (£000)	Additional measures QIPP (£000)	Total QIPP (£000)
1	Assess impact of social care funding			0
2	Reduce medical locum expenditure			0
3	Use NHS' procurement clout (Carter)			0
4C	Get best value out of medicines and pharmacy (CCGs)			0
4P	Get best value out of medicines and pharmacy (Provider)			0
5	Maximise Demand Management opportunities (RightCare)			0
6	Reduce unwarranted variance in clinical quality and efficiency (GIRFT)			0
7a	Clinical Support Services – diagnostics laboratories and imaging services			0
7b	Estates and facilities (Naylor)	368	92	460
8C	Reduce admin costs (Commissioner)		600	600
8P	Reduce admin costs (Provider)	0		0
9	Income recovery from non-UK residents (£500m national)	0		0
10	Financial accountability and discipline	0		0
	Medicines Optimisation	420	80	500
	MSK / POLCE / CHC	915	106	1,021
	GP referrals / Demand Management (RightCare)	1,452	0	1,452
	Other *	1,845	556	2,401
		5,000	**1,434**	**6,434**

Other = Escalation Ward (£202k) and Maximising use of PUCC (£353k)*

City and Hackney CCG have badged their current £5m QIPP plans against the 10 Point Plan as existing QIPP.

The CCG has also identified a further £1.4m as additional measures to help reduce the overall STP reported system risk of £131.7m

Appendix 3.

Current QIPP schemes in operating plan - aligned to workstreams

City and Hackney Clinical Commissioning Group

Workstream	Name of scheme	Description	Value	Total
Aligned	Estates	On-going challenges with NHS property services and CHS to ensure value for money re: disputes	£368,000	£368,000
Planned Care	Anticoagulation	It is more efficient to deliver anticoagulation clinics in the community. This is a reduction in thee number being treated at the hospital.	£180,000	£3,713,780
	CHC Processes Review	As part of a review of the continuing healthcare processes it is expected that improved processes will improve the quality of placements and reduce system costs	£424,780	
	Contract Management	Ongoing challenges to ensure activity is within commissioned guidelines.	£482,400	
	GP Contracts	The services which are commissioned in the community are inherently more integrated and efficient than acute services. This QIPP scheme captures the financial saving realised within the GP Confederation service budgets.	£160,000	
	Prescribing	Reductions in drugs spend through active engagement with practices to ensure quality within prescribing and best value for money	£420,000	
	Primary Care Psychology Service (HUH IAPT)	Increase in productivity agreed with provider to ensure value for money	£406,800	
	ENT	Reduction in ear nose and through outpatient activity agreed with provider	£119,600	
	Mental Health efficiencies	Agreed efficiencies through better coordination of a variety of mental health teams	£600,000	
	Outpatient - Policy review	Reduction in consultant to consultant referrals through tighter implementation of C2C policy.	£210,000	
	Procedures of Low Clinical Value (PoLCV)	Planned reduction in procedures of limited clinical value through clinically led programme of work	£490,200	
	Right Care T&O	Reduction in baseline through increased integration of T&O and MSK pathways, providing quality local offer to increase Homerton as hospital of choice and repatriate NCL activity	£220,000	
Unplanned Care	Ambulatory Care	Opening of the ambulatory care unit will reduce the number of patients requiring admission to hospital. This saving is reflective of the lower cost paid to subsequent next day follow ups.	£380,000	£918,500
	Homerton CHS Review	Efficiencies derived from improved processes with HUH continuing healthcare review	£115,700	
	Improved Discharge	Reduction in excess bed days across HUH though more effective discharge management	£342,800	
	OOH Re-procurement	Pathway redesign- Integrated Urgent Care/NHS111	£80,000	
				£5,000,280

Appendix 4.

Additional QIPP schemes identified for 2017/18

City and Hackney Clinical Commissioning Group

The following additional schemes have been identified as part of the £5 million additional savings required. Work is underway to develop detailed implementation and tracking for these schemes. These total £1.434m.

Workstream	Name	Lead	Description	Value	Total
Aligned	Estates additional	Sunil Thakker	Additional savings from on-going challenges with NHSP and CHP to ensure	£92,000	£692,000
	Reduction in commissioner costs	Sunil Thakker	Reduction in commissioner running costs	£600,000	
Planned Care	Prescribing	Rozalia Enti	Improved delivery of pharmacy savings plan based on revision to action plans	£80,000	
	CHC additional	Cindy Fischer	Additional savings associated with the CCG to be appropriately represented in making panel decisions and package reviews to ensure clinical appropriateness of placements and timely review.	£106,028	£186,028
Unplanned Care	Escalation ward	Leah Herridge/Siobhan Harper	Stopping parallel PBR and winter pressure funding of Escalation Ward	£203,000	£556,000
	Maximising use of PUCC	Leah Herridge/Siobhan Harper	Low Acuity Activity Shift: ED to PUCC	£353,000	
					£1,434,028

19 Additional schemes for 2017/18 yet to be agreed with providers/fully quantified are in Appendix 5 slide 21/22.

Appendix 5.

Pipeline: Future schemes for 2017/18 and 2018/19

City and Hackney Clinical Commissioning Group

Pipeline of further opportunities for 2017/18

N.B. These are initial ideas that are yet to validated by clinical leads have not been assured via the governance process.

	Care workstream	Name	Description	Gateway	Potential opportunity *	Lead	Commentary/key actions
1	Planned Care	Outpatient transformation	Programme of work to radically transform outpatient provision across HUH. Based on benchmarking analysis that shows large opportunity area.	1	Up to £2m	River Calveley/ Siobhan Harper	•Work ongoing with provider to agree model of transformation and detailed implementation plan
2	Planned Care	Insourced activity to HUH	Some elective activity currently being done at UCLH could be more efficiently take place at HUH	1	£250k	Catherine Edozie	•Scheme developed by provider – awaiting data and clinical input on proposed specialities and phasing •Will need to ensure patient choice is maintained
3	Planned Care	Repatriation of mental health	Current activity sitting with CANDI and BHRUT. This could be more efficiently managed thought ELFT contract	1	TBC (review available Q2)	Dan Burningham/ David Maher	•Currently up to £1.6m worth of activity sits within CANDI and BHRUT and could be repatriated to ELFT to increase productivity and value within provider contract
4	Planned Care	Time to talk budget and Understanding demand of service	Potential to consider revision of budget in line with pervious years FOT (i.e. limited growth)	1D	£198,000	Charlotte Painter	•Previous years FOT was approx £500k budget this year £698k could look at growth allowance given uptake •Work to understand likely growth and if full increase to budget is needed
5	Planned Care	Continual positive airways pressure review	Continual positive airway pressure (CPAP) tariff review Current CPAP tariff £150 each month, need to review costs of ongoing charges and review process of patients to understand opportunity.	1B	TBC (value end of Q1)	Charlotte Painter	•Proposal to be costed and lead allocated for clinical and patient review
6	Planned Care	Hypertension testing (Renin and Aldo)	Renin and Aldo tests for hypertension being carried out under short stay admission, could be conducted under enhanced outpatient or day case in ambulatory setting	1B	TBC (value end of Q1)	Charlotte Painter	•Proposal to be costed and lead allocated for clinical and patient review
7	Unplanned Care	Night sitters	Review of overnight palliative care and night sitters to refresh block and ensure maximum take up and aligned capacity	1	TBC (end of Q1)	Anna Garner	•Current contracting methods for night sitters results in unfulfilled need. Increase in capacity could yield further savings through admissions avoidance and improvements to quality of care •Initial estimates put unmet need at 25% of current service provision

*Potential opportunity estimate is based on gateway status of scheme. **Gateway 1 uses high level benchmarking that is yet to be validated by local baselines.** See next slide for details.

Pipeline opportunities 2018/19

	Contract Area/care workstream	Name	Description	Gate way	Potential opportunity *	Lead	Commentary/key actions
1	Unplanned Care	PUCC improvement 2018/19	Options to improve efficiency of PUCC pathway. Considering: • Redirection away from HUH • Enhanced PUC offer • Links to ambulatory care	1	TBC	Leah Herridge	• Being raised at urgent care board and review meetings following audit for 17/18 QIPP
2	Unplanned Care	Ambulatory care phase 2	Stretch on ambulatory care pathway	1	TBC	Leah Herridge	• Being raised at urgent care board and review meetings following audit for 17/18 QIPP
3	Unplanned Care	Unplanned care at Barts Health	Tackling rising unplanned attendances at Royal London Hospital (RLH) and UCLH (9.6% rise in unplanned attendance from C&H residents at RLH compared to 6% generally)	1	TBC	Catherine Edozie	• Being raised at urgent care board and review meetings following audit for 17/18 QIPP
4	Unplanned Care	Children's acute pathway improvement	Options for acute paediatric pathway including: • Enhanced community provision • Enhanced ambulatory care	1	TBC	Pauline Frost	• To feed into children's care workstream ask for consideration in 18/19 workplan
5	Planned Care	Mental Health contracting 2018/19	Review of NCA and spot purchase arrangements to improve quality and drive efficiency	1	TBC	Dan Burningham / David Maher	• To feed into care workstream ask for consideration in 18/19 workplan
6	Unplanned Care	CHC phase 2	Further review and efficiencies to be found from ongoing work to improve CHC process	1	TBC	Cindy Fisher	• To feed into care workstream ask for consideration in 18/19 workplan

Pipeline opportunities 2018/19

	Care workstream	Name	Description	Gateway	Potential opportunity *	Lead	Commentary/key actions
7	Planned care	Community IV service	Provision and implementation of the Community IV service to ensure that system flow is not affected by patients waiting for IV Therapy in an acute setting. Also to provide GPs with a referral route into the service from primary care and avoiding secondary care activity.	1	TBC	Anna Hanbury	• To feed into care workstream ask for consideration in 18/19 workplan
8	Planned care	Hospice at Home	Consider establishment of a Hospice at Home service to minimise the number of deaths in acute and community settings.	1	TBC	Anna Garner/ Cindy Fisher	• This opportunity needs to be linked to CHC and worked through as a whole. To feed into care workstream ask for consideration in 18/19 workplan
9	Planned care	Neuro-rehabilitation Outreach	A community multi-disciplinary neuro-rehabilitation service delivered as an outreach into patients homes. Aims to assist people to become independent in the community quickly following neurological injury or prevent exacerbation in a long term condition. Treatment and advice will be offered regarding areas such as mobility, communication and cognition.	1	TBC	Cindy Fisher	• To feed into care workstream ask for consideration in 18/19 workplan
10	Urgent care	Surgical ambulatory care service	Emergency Surgical Ambulatory Care service to offer same day emergency care for surgical patients. The service will offer consultant led emergency assessment, diagnostics and treatment without an overnight stay in hospital (consultant triage for post surgical patients).	1	Already Implemented	Leah Herridge	• To feed into care workstream ask for consideration in 18/19 workplan
11	Planned care	High Cost Drugs	High Cost Drugs (HCD) Tool e.g. Blueteq which enables the CCG to monitor compliance with the NICE and commissioned criteria.	1	Already Implemented	Rozalia Enti	• To feed into care workstream ask for consideration in 18/19 workplan
12	Planned care	Non-Consultant Led Services	Nurse led services are paid using appropriate local tariffs - default should not be mandatory tariff.	1	TBC	River Calveley	• To feed into care workstream ask for consideration in 18/19 workplan

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

Meeting of 12 May 2017

ATTENDEES

Tim Shields - Chief Executive, London Borough of Hackney (Chair)
Philippa Lowe – Chief Finance Officer, City & Hackney CCG (C&HCCG)
Tracey Fletcher – Homerton University Hospital NHS Foundation Trust Chief Officer
Martin Kuper - Homerton University Hospital NHS Foundation Trust Medical Director
Deborah Colvin - City & Hackney GP Confederation Medical Director
Victoria Holt – CHUHSE Medical Director
Paul Haigh – Chief Officer, C&HCCG
Devora Wolfson – Integrated Commissioning Programme Manager
John Williams – Hackney Healthwatch
Richard Fradgley - East London NHS Foundation Trust Director of Integration
Clare Highton – Chair, City & Hackney CCG
Raj Radia - Local Pharmaceutical Committee Chair
Catherine Macadam - CCG Lay member for PPI
Anne Canning – Group Director, Children, Adults and Community Health, London Borough of Hackney
Angela Scattergood - Head of Early Years- London Borough of Hackney
Jackie Brett – Community & Voluntary Services Representative
Kim Wright - Group Director of Neighbourhoods and Housing- London Borough of Hackney
Chris Pelham - Assistant Director People – City of London Corporation
Laura Sharpe - City & Hackney GP Confederation Chief Officer
Janine Aldridge - City of London Healthwatch
Penny Bevan, Director of Public Health, LBH and CoLC
Clara Rutter, NELCSU Programme Management Office
Stephanie Coughlin, GP Confederation (Observer)
Matt Hopkinson – Integrated Commissioning Governance Manager, City & Hackney CCG

APOLOGIES

Nigel Wylie - CHUHSE Chief Officer
Mark Jarvis - Chief Finance Officer, City of London Corporation
Neal Hounsell - Assistant Director Commissioning & Partnerships, City of London

Corporation

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

Paul Calaminus - East London NHS Foundation Trust Chief Officer

Ian Williams - Chief Finance Officer, London Borough of Hackney

Jake Ferguson - Representative nominated by Hackney Community and Voluntary sector

1. Introduction

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

2. Register of Interests

2.1. The Board **NOTED** the Register of Interests.

2.2. Deborah Colvin, Laura Sharpe and Stephanie Coughlin declared a conflict of interest in relation to Item 8 and Item 10, and agreed to withdraw from the room for the duration of those items.

3. Minutes of Transformation Board Meeting, 10 March 2017

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

4. Action Log

4.1. Action TB10/2-2: Tracey Fletcher reported that £2m of Higher Education money was currently aligned in the STP budget with central PMO costs. The Transformation Board noted that whilst it was acceptable for Higher Education funding to be within the STP budget if it was used for workforce development, but should not be used for PMO costs.

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

5. Care Workstream 'Asks' and Assurance Review

5.1. Paul Haigh presented the strategic framework for the care workstreams, covering its broad aims, objectives and principles. This framework reflects a vision for Hackney and the City and attempts to describe an Accountable Care System (ACS), which would function within the STP. Clare Highton commented that the partners are in a relatively advanced position with regards the development of an ACS, and that the care workstreams will

continue to develop this momentum.

5.2. It was noted that the 'asks' still need to go through a process of discussion of finer details and timescales with the workstream SROs and directors and the senior commissioners, but they had been brought here to seek agreement on the overall direction and principles contained within them. They would subsequently be taken to the Integrated Commissioning Boards for approval (subject to discussions with workstream leads).

5.3. Laura Sharpe noted the importance partners' explicitly affirming their commitment to the strategic framework, and suggested that service-transformation work in the Unplanned Care workstream should be brought into the current year. TB Members noted that the workstream has limited capacity at this point, and that business-as-usual and transition work need to be secure before focus can be shifted onto longer-term transformation.

5.4. The Transformation Board received a paper setting out the proposed process for providing assurance that the workstreams are fit to take on responsibility for delivery, based on key lines of enquiry through four assurance review points between July 2017 and February 2018.

5.5. Deborah Colvin noted that the workstream asks did not currently make it explicit enough how important it will be for the workstreams to work together, and that the asks should be explicit on the need for coherence between workstreams. Anne Canning agreed that workstream cooperation is a core principle of the work on integrated commissioning.

5.6. Given the ongoing rapid rate of change in the NHS and social care landscape, it was suggested that the Key Lines of Enquiry should be updated to include a focus on overall resilience.

5.7. **ACTION TB1705-1:** To emphasise the need for coherence and coordination between workstreams in the asks, and to include overall resilience in the KLOEs of the assurance process. (DW)

5.8. **ACTION TB1705-2:** To incorporate co-production in the first assurance review, with progress on this included within engagement under each subsequent review point. (DW)

5.9. Richard Fradgley noted that the assurance process would necessitate a lot of the same people having to meet up at different times, and suggested that consideration should be given to ways of avoiding duplication where possible.

5.10. It was noted that the timescales for delivery set out in the papers are ambitious and that workstreams will require effective support and resources to enable delivery.

5.11. The Transformation Board **NOTED** the Strategic Framework and **ENDORSED**

the draft workstream asks and the assurance process in principle, noting that the details would continue to be worked-up through consultation with the workstream directors and senior responsible officers.

6. Communications & Engagement – Co-Production Principles

6.1. Catherine Macadam presented the report on emerging principles of co-production and proposals to further develop these principles through a co-production conference in July 2017, in order to translate the principles into attitudes, behaviours and expectations going forward.

6.2. It was noted that the proposals were currently quite high-level and placed significant emphasis on Patient and Public Involvement (PPI) at a board-level, but that the next steps included more detailed engagement at a workstream level.

6.3. Kim Wright noted that the co-production workshops are not decision-making bodies, and that we need to clearly manage expectations. It was agreed that the outputs in the paper should link to the aims and objectives in the Strategic Framework.

6.4. **ACTION TB1705-3:** – To make clear in the report the links between the Co-Production Outputs and the system aims and objectives set out in the Strategic Framework. (CM/JW)

6.5. It was noted that the Communications and Engagement leads would be setting up meetings with the workstream leads to work though opportunities to build-in co-production in service and pathway redesign, and that the form this would take would vary between the workstreams.

6.6. The paper put forward an in-principle proposal to enable certain benefits or remuneration for public representatives. It was noted that careful consideration was needed around the implications of paying PPI representatives, and while covering out of pocket expenses or providing lunches at meetings was acceptable, the Board was reluctant to endorse direct remuneration.

6.7. It was noted that the Homerton Hospital has a broad demographic in terms of engagement without remunerating public representatives, and consideration could be given to any lessons that may be learned from their approach.

6.8. The Board **NOTED** the emerging co-production principles and proposals for a conference to be funded from the 2017/18 Comms and Engagement budget.

6.9. The Board **AGREED** that the work on co-production continue to be led at Transformation Board level as part of the work on system leadership and

AGREED to the approach to engaging with workstreams.

7. Draft Deloitte WELC QIPP Report

7.1. The Board agreed to defer discussion about the Quality, Innovation, Productivity and Prevention report until the following meeting.

8. Expansion of the Primary Care Anticoagulation Service

Deborah Colvin, Laura Sharpe and Stephanie Coughlin declared a conflict of interest in this item, as members of the GP Confederation seeking to contract with commissioners to provide the expanded anticoagulation service, and left the room for the duration of the item.

During this itemTracey Fletcher and Martin Kuper also declared a potential conflict of interest as the Homerton Hospital is a provider of anticoagulation services and the proposals would have an impact on this provision.

8.1. Jan Tomes presented a report on plans for an expanded primary care anticoagulation service in line with proposals which were agreed by the Local GP Contracts Committee in November 2016. The proposals were aimed at improving service coverage across the two boroughs and to enable initiation of anti-coagulation treatment in a primary care setting (while complex patients remained in secondary care).

8.2. Victoria Holt sought assurance that GPs have capacity to take on the extra patient volume that this service expansion would involve. Jan Tomes reassured members that the GP Confederation were confident of GP capacity in this regard.

8.3. Members noted that the changes to service would impact on the Homerton by reducing anticoagulation activity by approximately 21%.

8.4. Members noted that the proposals would have clear benefits for patients, since access to treatment would be easier and more equitable, and use of NOACs rather than Warfarin was in line with current best practice and NICE guidelines on anticoagulation treatments.

8.5. The Transformation Board **NOTED** the report and **ENDORSED** the approach set out in the report.

9. Integrated Care Evaluation Specification

9.1. Devora Wolfson reported on the partners' intention to commission a detailed process and impact evaluation of the integrated commissioning programme, and presented a draft specification for this piece of work. A steering group

was currently being set up, which would not conduct the evaluation itself, but would oversee the commissioning process and the direction of the evaluation. It was suggested that this group would consist of Devora Wolfson, Anna Garner, a member of each of the Integrated Commissioning Boards, a commissioner representative, and a PPI representative. The Board agreed that the steering group should also include a voluntary and community sector representative.

9.2. The Board noted the challenge of conducting an evaluation through a period of system-wide change (with regards to the introduction of the Accountable Care Systems model, and in light of lessons learnt from One Hackney) and there was concern that if carried out too soon, the evaluation would not produce meaningful results.

9.3. It was agreed that the evaluation steering group should have its first meeting in June 2017 in order to further discuss the approach and the timing of the evaluation, but that the procurement itself should be delayed and that a revised specification would be brought to the Transformation Board for discussion in Autumn 2017.

9.4. **ACTION TB1705-4:** To provide comments on the current version of the evaluation specification to Devora Wolfson by 18 May, for consideration and discussion at the first meeting of the Evaluation Steering Group in June. (All)

9.5. **ACTION TB1705-5:** To bring a revised evaluation specification to the Transformation Board for discussion in October 2017. (DW)

10. Expansion of the Salaried GP Scheme

Deborah Colvin, Laura Sharpe and Stephanie Colughlin declared a conflict of interest in this item as members of the GP Confederation and left the room for the duration of the item.

10.1. Martin Kuper presented the report which set out proposals for the next phase of building GP capacity in City & Hackney, through the attraction of experienced GPs into City & Hackney. This was a development on an existing scheme focused on newly qualified GPs. The proposal sought the release of £200k from the total £1.5m of tranche 2 workforce funding. The Board was advised that although the workstreams were not yet in a position to fully identify their workforce development needs (which will draw from the £1.5m), the workforce enabler group were confident that this was an appropriate use of funds and that the money should be allocated as soon as possible.

10.2. Members noted that this is a non-recurrent solution, and that clarity is needed on the ongoing requirements so as not to create problems in the future. It

was noted that GPs are not likely to immediately relocate away from City and Hackney after a year once the additional funding is gone, and that the non-recurrent use of funds will build capacity beyond the single year of funding.

10.3. The Transformation Board **APPROVED** the proposal and release of £192,348 from Tranche 2 workforce resource to the City & Hackney GP Confederation.

11. Any Other Business

11.1. Members raised the issue of conflicts of interest in the meeting, in light of the fact that GP Confederation members left the room for Item 8, while HUHFT members stayed. It was agreed that the Board's approach to managing conflicts should be consistent. The Board agreed that it is more productive in principle for members who declare conflicts of interests to continue to take part in discussions, although this may not always be appropriate.

ACTION TB1705-6: To bring the Integrated Commissioning Policy Statement on Conflicts of Interest to the next meeting for discussion. (MH)

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

Meeting of 9 June 2017

ATTENDENCE

Members

Clare Highton – Governing Body Chair, City & Hackney CCG (Acting Chair)
Tracey Fletcher – Homerton University Hospital NHS Foundation Trust Chief Officer
Martin Kuper - Homerton University Hospital NHS Foundation Trust Medical Director
Mark Jarvis - Chief Finance Officer, City of London Corporation
Jake Ferguson - Representative nominated by Hackney Community and Voluntary sector
Simon Galczynski - Director of Adult Services- London Borough of Hackney
Paul Calaminus - East London NHS Foundation Trust Chief Operating Officer
Paul Haigh – Chief Officer, C&HCCG
John Williams – Hackney Healthwatch
Richard Fradgley - East London NHS Foundation Trust Director of Integration
Raj Radia - Local Pharmaceutical Committee Chair
Anne Canning – Group Director, Children, Adults and Community Health, London Borough of Hackney
Angela Scattergood - Head of Early Years- London Borough of Hackney
Janine Aldridge - City of London Healthwatch
Penny Bevan, Director of Public Health, LBH and CoLC
Stephanie Coughlin, GP Confederation

In Attendance

Devora Wolfson – Integrated Commissioning Programme Director
Dilani Russell - Deputy Chief Finance Officer, City & Hackney CCG
Sunil Thakker – Joint Chief Finance Officer, City & Hackney CCG
Matt Hopkinson – Integrated Commissioning Governance Manager, City & Hackney CCG

APOLOGIES

Tim Shields - Chief Executive, London Borough of Hackney (Chair)
Philippa Lowe – Chief Finance Officer, City & Hackney CCG (C&HCCG)

Catherine Macadam - CCG Lay member for PPI

Victoria Holt – CHUHSE Medical Director

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

Chris Pelham - Assistant Director People – City of London Corporation

Laura Sharpe - City & Hackney GP Confederation Chief Officer

Deborah Colvin - City & Hackney GP Confederation Medical Director

Nigel Wylie - CHUHSE Chief Officer

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

Ian Williams - Chief Finance Officer, London Borough of Hackney

1. Introduction

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

2. Register of Interests

2.1. The Board **NOTED** the Register of Interests and the Integrated Commissioning Policy Statement on Conflicts of Interest.

2.2. The Board reflected that the nature of the Transformation Board meant that conflicts of interest were unavoidable. Since it was not formally a decision-making body, however, it made sense that members with conflicts should remain present to contribute to discussions, so long as those conflicts were fully acknowledged.

2.3. It was **AGREED** that all conflicts of interest relating to agenda items would be declared at the start of the meeting, in accordance with the policy on conflicts of interest, but that conflicted members would remain present for those items, unless there was a specific reason for them to be excluded. This would be determined at the discretion of the Chair.

3. Minutes of Transformation Board Meeting, 12 May 2017

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

4. Action Log

4.1. Action TB001 / TB002 - The Board noted that enabler groups would be presenting their plans for use of funds at the meeting in July. Workforce Directors needed to be sighted on these plans, and it was **AGREED** that at

this stage enabler groups should not commit more than 30-50% of the total money available. This was to ensure that the care workstream would be able to have significant input into the disposition of funds to support the development of their work. The CCG would write out to confirm this and the governance arrangements for scrutiny of spending plans.

4.2. Action TB0014 – Devora Wolfson reported that the Integrated Commissioning Evaluation Steering Group was due to meet on Tuesday 13 June. Honor Rhodes had agreed to represent the Integrated Commissioning Board (ICB) membership, but the clinical and PPI representatives had not yet been agreed. It was noted that Jayne Taylor, as a public health consultant, would provide sufficient clinical input.

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

5. Feedback from Integrated Commissioning Board Meetings 23 and 24 May 2017

5.1. Paul Haigh reported on the outcomes from the inaugural meetings of the Hackney and City ICBs. There had been useful discussions on smoking cessation, and members had asked for further consideration to be given to the evidence base in support of prevention. The two boards would continue to meet separately for the time being, but given the parallel agenda and elements of shared membership, thought was being given to the possibility of carrying out joint meetings between all three bodies. Members were reminded that the minutes of the ICBs were available at http://www.cityandhackneyccg.nhs.uk/about-us/integrated-commissioning-board.htm but wouldn't be included in TB papers unless specifically requested by members.

5.2. The ICBs had discussed the current position of integrated commissioning governance, in light of the NHS England (NHSE) request at the end of February to pause the Section 75 (s75) agreements for integrated commissioning and the full pooling of budgets. The CCG and two local authorities had agreed that in the absence of being able to establish the original s75 agreement there remained a risk with the previous s75 agreements between the CCG and LA (for the CoLC this related to the Better Care Fund and for LBH the BCF Learning disabilities and the integrated independence team). NHSE had confirmed that they were comfortable for the 3 organisations to use the original s75 documentation to cover the pre-existing pooled budgets and these would be managed through the governance model under the originally agreed model. As a result of this the remaining budgets would be "aligned" meaning that the ICBs would review proposals but make recommendations back to the 3 statutory organisations. Plans for further pooling of budgets were due to be discussed at the next

meeting of the Integrated Commissioning Steering Group, but would be pending the completion of the review currently underway by NHSE.

5.3. Regarding the development of the Accountable Care System (ACS), Clare Highton reported that the Sustainability & Transformation Plan (STP) team was in the process of setting up a number of workstreams and was producing a paper which would be presented to the CCG Governing Body in July. It was proposed that in future the governing bodies of the 7 CCGs of North East London would meet in common and that there would be one Accountable Officer for the 7 NEL CCGs, but the specifics were not yet clear. Signing of the London Devolution deal was currently on hold.

5.4. Members were reminded of the forthcoming event on 27 June with Chris Ham from the Kings Fund, which would focus on Accountable Care Systems, and would contribute to the local development of a vision for an ACS.

6. Primary Care Quality Board Update and Operating Model

6.1. Mark Rickets presented an update on primary care activity including decisions taken by the Local GP Provider Contracts Committee (LGPPCC) since 1 April 2017, under delegated authority from NHS England for the commissioning of primary medical services (general practices). The report set out the current headlines of Primary Care delivery, noting that City and Hackney have the highest GP-to-patient ratio in London, some of the best clinical outcomes in the country, and good delivery of value for money per consultation. It also set out the local operating model and priorities for the Primary Care Commissioning Committee and Primary Care Quality Board.

6.2. The number of telephone contacts was increasing, and this was sometimes additional, rather than an alternative to face-to-face appointments. Some work was being done with the Clinical Effectiveness Group to seek a better understanding of this trend. It was noted that whilst the GP-to-patient ratio was comparatively high, there was recognition on the ground and at meetings of the Local Medical Committee (LMC) that there was still a lot of pressure on primary care capacity, and recruitment to primary care remained difficult.

6.3. Martin Kuper noted that while there was a lot of primary care involvement in secondary care services, it did not often go the other way, and that it would be useful for secondary care consultants to be represented on the PCQB. Wider consideration of cross-working between primary and secondary care (as well as other providers in the system, such as pharmacists), would be enabled by the ACS and Care Workstream model.

ACTION TB1706-1: To invite secondary care representation to sit on the Primary Care Quality Board (MR/RB)

6.4. Janine Aldridge noted the reference in the report to Patient Participation Groups (PPGs) in GP practices, and noted that these were an essential gateway for getting patients involved with the work of the CCG. Mark Rickets observed that some work had been done on promoting PPGs, but results were varied and some practices had found it very difficult to get them up and running.

6.5. The Chair (speaking on behalf of Catherine Macadam, who was unable to attend) noted that the Primary Care Quality Board (PCQB) had not been included in the recruitment drive for workstream public and patient involvement (PPI) leads. A review of PPI currently underway would consider how to work more closely with GPs and in particular to invigorate the PPGs. It would be good to see engagement as a critical success factor.

6.6. Sunil Thakker reported that Hackney had seen a 46% increase in rateable property values in-year, and landlords were making retrospective claims, which would place considerable financial pressure on primary care. NHSE had agreed to cover such cost pressures up to the current financial year but not beyond that point. Other potential pressures on the system related to the current disparity of allocation of budgets per patient across North East London, which could change under the STP.

6.7. The Board noted that the PCQB acted as a potential bridge between the existing Programme Boards and the care workstreams. This work was still at an early stage, though there was a lot of primary care involvement in all of the workstreams. It was noted that it would be important for primary care quality to work with and across all the workstreams in the same way as mental health and that there needed to be good liaison and communication between the primary care board and the . The Board noted that the CCG programme boards had strong clinical leadership, and it was important that in transitioning to workstreams, the value of this input was not lost.

6.8. The Transformation Board **NOTED** the update of Primary Care activity and **ENDORSED** the draft local operating model and priorities for the Primary Care Commissioning Committee and Primary Care Quality Board.

7. Quality, Innovation, Productivity and Prevention (QIPP) Report

7.1. Sunil Thakker presented the report, which gave a high level introduction to QIPP, explaining context and challenges, outlined the links with the Capped Expenditure Programme (CEP) and the STP, and detailed the current QIPP savings portfolio in terms of savings already included in the CCG's 2017/18 operating plan, additional schemes developed, and the pipeline of further opportunities. The report also set out principles and gateway processes for further development of QIPP, and its implementation via the four care

workstreams.

7.2. The CCG currently had £5m of QIPP savings included in its plan for 2017/18, but was being encouraged to deliver in-year savings of £11.5m, and while an additional £1.5m of savings had been identified, there was still a gap of £5m. There was a risk that if this gap persisted, services would have to be decommissioned, and that it would also have a significant impact on community engagement.

7.3. Processes were in place to develop, test and deliver QIPP schemes, but it was essential that the care workstreams engaged in this process, as they were central to delivery.

7.4. It was noted that both East London Foundation Trust and Homerton University Hospital Foundation Trust faced significant financial challenges. However, any QIPP schemes delivered would contribute to wider system sustainability. Members noted that there was a risk that if a system-wide approach was not taken, problems and cost pressures could be shifted but not solved.

ACTION TB1706-2: To include timescales on the gateway process slide of the QIPP presentation and to get more details from HUHFT and ELFT about their financial positions (DR)

7.5. With regards to slide 8 (Identifying Further QIPP), Jake Ferguson asked whether any modelling had been done on how investment in primary and secondary care prevention impacted on the system. Sunil Thakker reported that the Prevention workstream was reviewing this and this would be included in the next iteration of the QIPP report to the Transformation Board in September.

ACTION TB1706-3: To include consideration of the anticipated impact of prevention schemes on the system in the next QIPP report to the TB. (ST/JT/GW)

7.6. It was noted that most staff within the acute care trusts were not well paid, being band 5 or lower and therefore the concept of “shifting care to the community/cheaper settings” may not hold up.

7.7. The Transformation Board **NOTED** the challenges, risks and opportunities outlined in the report; **ENDORSED** the gateway process for developing new QIPP opportunities; and **ENDORSED** the principles for future system spending and the ongoing oversight of the QIPP programme.

8. Integrated Commissioning Programme Costs

Devora Wolfson and Matt Hopkinson left the room for the duration of this item, since it pertained to their employment within the Integrated Commissioning Programme.

8.1. The Board noted the spend on supporting integrated commissioning in 2017/18 and to date this year. Work with the NEL Commissioning Support Unit who were providing PMO support to the workstreams had developed a specification and a proposed additional cost of £500k for the period July to the end of December 2017.

8.2. The TB felt uncomfortable in agreeing the extent of the resource supporting integrated commissioning, particularly given the previous discussion about savings and agreed that:

- As far as possible support should come from existing staff and teams rather than relying on additional support;
- Additional support should only be considered if there was a lack of skills in the existing organisations;
- Devora Wolfson would be asked to work with the workstream directors to review the PMO support requirements and look at how this would be secured;
- Paul Haigh would review the central team.

8.3. The board **AGREED** not to support the PMO function from CSU beyond July, and assuming that by then the Unplanned Care workstream had appointed a workstream director.

8.4. A revised budget would come back to the Transformation Board once this work and discussions had taken place.

9. Care Quality Commission (CQC) – Shared View of Quality Project

9.1. Manpreet Bains and Andy Norfolk made a presentation on an element of the CQC strategy for 2016-2021, which sought to take a more targeted, responsive and collaborative approach to regulation by removing multiple, duplicative requests for information from providers. The project aimed to understand the local picture of requests from regulators and commissioners and to work together to reduce the burden on providers and improve outcomes for patients.

9.2. The Board endorsed the principle of the Shared View of Quality Project. Members suggested that the CQC should engage with patient groups and local Healthwatch organisations, as well as Public Health, the clinical senate and the CCG Head of Outcomes and Evaluation.

ACTION TB1706-4: To share the contact details of key contacts for engagement with Manpreet Bains of the CQC. (MH)

10. Any Other Business

10.1. It was **AGREED** that in light of the volume of business on the forward plan, the duration of future meetings of the Transformation Board should be extended to two hours.

LBH/CCG Integrated Commissioning Board				CoLC/CCG Integrated Commissioning Board			
Business Items	**Item Type (For Info / Monitoring / Decision / Approval - Pooled Budget / Approval - Aligned Budget)**	**Reporting Flow**	**Reporting Lead**	**Business Items**	**Item Type (For Info / Monitoring / Decision / Approval - Pooled Budget / Approval - Aligned Budget)**	**Reporting Flow**	**Reporting Lead**
02-Aug				**02-Aug**			
Transformation Board Update	For Information	Standing Item		**Monthly Finance Report**		Standing Item	
Monthly Finance Report	For discussion	Standing Item		**Transformation Board Update**		Standing Item	
111 procurement, model, local implications / business case	Noting	CEC 11/1, FPC 22/2, CCG Audit 9/3, LGPPCC 31/3, CCGGB 28/7	May Cahill	**111 procurement, model, local implications / business case**	Noting	CEC 11/1, FPC 22/2, CCG Audit 9/3, LGPPCC 31/3, CCGGB 28/7	May Cahill
Right Care - Draft business cases - Respiratory Disease and Falls	Approval	TB 14/7	Anna Garner	**Right Care - Draft business cases - Respiratory Disease and Falls**	Approval	TB 14/7	Anna Garner
Children & Young Peoples Workstream Stage 1 'Ask' - SRO Sign-up to the Ask and Robust Workstream Governance Structure in place	Discussion & agreement		TBC	**Children & Young Peoples Workstream Stage 1 'Ask' - SRO Sign-up to the Ask and Robust Workstream Governance Structure in place**	Discussion & agreement		TBC
Arrangements for Future ICB Meetings (meeting in common)	For discussion & agreement	Requested by May ICB	Devora Wolfson	**Potential Outcomes of a possible business rates retention scheme**	For discussion	Requested by May ICB	Mark Jarvis
Reflection on Progress	For discussion	Standing Item May to October		**Arrangements for Future ICB Meetings (meeting in common)**	For discussion & agreement	Requested by May ICB	Devora Wolfson
				Reflection on Progress	For discussion	Standing Item May to October	

Joint Session with CoLC ICB				Joint Session with LBH ICB			
Workstream Assurance Point 1	Approval	TB July	Devora Wolfson	**Workstream Assurance Point 1**	Approval	TB July	Devora Wolfson
Anticoagulation Service Extension	Approval	PPI 27/04; LMC 05/06; CCG Contracts Committee 30/6; ICBs 02/08	Rozalia Enti / Jan Tomes	**Anticoagulation Service Extension**	Approval	PPI 27/04; LMC 05/06; CCG Contracts Committee 30/6; ICBs 02/08	Rozalia Enti / Jan Tomes
20-Sep				**20-Sep**			
Transformation Board Update	For Information			**Monthly Finance Report**		Standing Item	
Monthly Finance Report	For discussion	Standing Item		**Transformation Board Update**			
Commissioning Intentions 2018/19	Approval	GB 27-10		**Commissioning Intentions 2018/19**	Approval	GB 27-10	
Right Care - Draft business cases - Circulation & Mental Health	For Approval	TB 11/8 TB8/9	Anna Garner	**Right Care - Draft business cases - Circulation & Mental Health**	For Approval	TB 11/8 TB8/9	Anna Garner
Workstream Assurance Review Point 2 - Assurance of 17/18 workplans, financial plans and capability, manamgement of risk, competence and capacity for delivery	Discussion & Agreement	ICBs		**Workstream Assurance Review Point 2 - Assurance of 17/18 workplans, financial plans and capability, manamgement of risk, competence and capacity for delivery**	Discussion & Agreement	ICBs	
Joint Commissioning Intentions (including Local Authority Procurement Plans)	For discussion and endorsement		Paul Haigh / Anne Canning / Andrew Carter	**Joint Commissioning Intentions (including Local Authority Procurement Plans)**	For discussion and endorsement	Paul Haigh / Anne Canning / Andrew Carter	

Reflection on Progress	For discussion	Standing Item May to October		**CoLC Social Value Panel and Sustainability**	For discussion	Requested by May ICB	Natalie Evans, Responsible Procurmenet Manager
Forward Plan	For noting	Standing Item		**Reflection on Progress**	For discussion	Standing Item May to October	
				Forward Plan	For noting	Standing Item	
18-Oct				**18-Oct**			
Quality & Performance Report 2017/18 Q1	Monitoring	GB 27-10	CCG Fwd Plan	**Quality & Performance Report 2017/18 Q1**	Monitoring	GB 27-10	CCG Fwd Plan
Integrated Commissioning Risk Register	For discussion and agreement			**Integrated Commissioning Risk Register**	For discussion and agreement		
Monthly Finance Report	For discussion	Standing Item		**Monthly Finance Report**		Standing Item	
Transformation Board Update	For Information	Standing Item		**Transformation Board Update**		Standing Item	

Integrated Commissioning Governance - 6 Month Review	Evaluation	n/a		**Integrated Commissioning Governance- 6 Month Review**	Evaluation	n/a	
RightCare - Evidence of Quick Wins/High Priority project Implementation	Noting	TB 13/10	Anna Garner	**RightCare - Evidence of Quick Wins/High Priority project Implementation**	Noting	TB 13/10	Anna Garner
Workstream Assurance Review Point 3 - 18/19 worksplans, financial plans and capability, manamgement of risk, competence and capacity for delivery	For approval			**Workstream Assurance Review Point 3 - 18/19 worksplans, financial plans and capability, manamgement of risk, competence and capacity for delivery**	For approval		
15-Nov				**15-Nov**			
Risk	For discussion	Standing Item		**Risk**		Standing Item	
Transformation Board Update	For Information	n/a		**Monthly Finance Report**		Standing Item	
Monthly Finance Report	For discussion	Standing Item		**Transformation Board Update**		Standing Item	
Procuring for Social Value	For discussion	Requested by May ICB	Devora Wolfson to coordinate	**Procuring for Social Value**	For discussion	Requested by May ICB	Devora Wolfson to coordinate
Contract Award for Evaluation of Integrated care	For approval		Devora Wolfson	**Contract Award for Evaluation of Integrated care**	For approval		Devora Wolfson
13-Dec				**13-Dec**			
Transformation Board Update	For Information	n/a		**Monthly Finance Report**		Standing Item	
Monthly Finance Report	For discussion	Standing Item		**Transformation Board Update**		Standing Item	
Joint Session with CoLC ICB				**Joint Session with LBH ICB**			
31-Jan				**31-Jan**			
Quality & Performance Report 2017/18 Q2	Monitoring	GB 26-01	CCG Fwd Plan	**Quality & Performance Report 2017/18 Q2**			

Transformation Board Update	For Information	n/a		**Monthly Finance Report**		Standing Item	
Monthly Finance Report	For discussion	Standing Item		**Transformation Board Update**		Standing Item	
28-Feb				**28-Feb**			
Integrated Commissioning Risk Register	For discussion	Standing Item		**Integrated Commissioning Risk Register**		Standing Item	
Transformation Board Update	For Information	n/a		**Monthly Finance Report**		Standing Item	
Monthly Finance Report	For discussion	Standing Item		**Transformation Board Update**		Standing Item	
Joint Session with CoLC ICB				**Joint Session with LBH ICB**			
Assurance Review Point 4 - Assure Transformation Capability & Capacity	For approval		Devora Wolfson	**Assurance Review Point 4 - Assure Transformation Capability & Capacity**			Devira Wolfson
21-Mar				**21-Mar**			
Transformation Board Update	For Information	Standing Item		**Monthly Finance Report**		Standing Item	
Monthly Finance Report	For discussion	Standing Item		**Transformation Board Update**		Standing Item	