



Integrated Commissioning Sub Committee

Date: THURSDAY, 8 APRIL 2021

Time: 10.00 am

Venue: MICROSOFT TEAMS

Members: Randall Anderson
Marianne Fredericks

Ruby Sayed

John Barradell
Town Clerk and Chief Executive

AGENDA

1. INTEGRATED COMMISSIONING BOARDS

For Information
(Pages 1 - 52)

Agenda Item 1

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

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

Joint Meeting in public of the two Integrated Commissioning Boards on Thursday 08 April 2021, 10.00 – 11.30 Microsoft Teams

[Click here to join the meeting](#)

Item no.	Item	Lead and purpose	Documentation type	Time	Page No.
1.	Welcome, introductions and apologies	Chair	Verbal	10.00	-
2.	Declarations of Interests	Chair <i>For noting</i>	Paper		2-6
3.	Questions from the Public	Chair	None		-
4.	Minutes of the Previous Meeting & Action Log	Chair <i>For approval</i>	Paper		7-14
5.	Update on the ICPB Terms of Reference	Jonathan McShane <i>For noting</i>	Paper to follow	10.10	-
6.	Update on Transitional arrangements	Tracey Fletcher/ Siobhan Harper <i>For noting</i>	Paper	10.40	15-21
7.	Monthly Finance Update	Sunil Thakker <i>For noting</i>	Paper	11.10	22-33
8.	Workstream and Programme Risk Registers	Matthew Knell <i>For noting</i>	Paper	11.20	34-41
<i>Items for Information</i>					
-	Summary of the City and Hackney ICP Development	<i>For information</i>	Paper	-	43-45

	Session Held on March 16th 2021				
-	Integrated Commissioning Glossary	<i>For information</i>	Paper	-	46-51

Date of next meeting: 13th May 2021 – Microsoft Teams

Integrated Commissioning
2021 Register of Interests

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
Simon	Cribbens	12/08/2019	City ICB advisor/ regular attendee Accountable Officers Group member	City of London Corporation	Assistant Director - Commissioning & Partnerships, Community & Children's Services	Pecuniary Interest
				City of London Corporation Providence Row	Attendee at meetings	Pecuniary Interest
					Trustee	Non-Pecuniary Interest
Sunil	Thakker	11/12/2018	City and Hackney ICB advisor/ regular attendee	City & Hackney CCG	Chief Financial Officer	Non-Pecuniary Interest
Ian	Williams	20/03/2020	Hackney ICB advisor/ regular attendee	London Borough of Hackney	Group Director, Finance and Corporate Resources	Pecuniary Interest
				n/a	Homeowner in Hackney	Pecuniary Interest
				Hackney Schools for the Future Ltd	Director	Pecuniary Interest
				NWLA Partnership Board	Joint Chair	Pecuniary Interest
				London Treasury Ltd	SLT Rep	
				London CIV Board	Observer / SLT Rep	
				Chartered Institute of Public Finance and Accountancy	Member	Non-Pecuniary Interest
				Society of London Treasurers	Member	Non-Pecuniary Interest
				London Finance Advisory Committee	Member	Non-Pecuniary Interest
				Schools and Academy Funding Group	London Representative	Non-Pecuniary Interest
				Society of Municipal Treasurers	SMT Executive	
				London CIV Shareholders Committee	SLT Rep	
London Pensions Investments Advisory Committee	Chair	Non-Pecuniary Interest				
Ruby	Sayed	19/11/2020	City ICB member	City of London Corporate	Member	Pecuniary Interest
				Gaia Re Ltd	Member	Pecuniary Interest
				Thincats (Poland) Ltd	Director	Pecuniary Interest
				Bar of England and Wales	Member	Pecuniary Interest
				Transition Finance (Lavenham) Ltd	Member	Pecuniary Interest
				Nirvana Capital Ltd	Member	Pecuniary Interest
				Honourable Society of the Inner Temple	Governing Bencher	Non-pecuniary interest
				Independent / Temple & Farringdon Together	Member	Non-pecuniary interest
				Worshipful Company of Haberdashers	Member	Non-pecuniary interest
				Guild of Entrepreneurs	Founder Member	Non-pecuniary interest
				Bury St. Edmund's Woman's Aid	Trustee	Non-pecuniary interest
				Housing the Homeless Central Fund	Trustee	Non-Pecuniary Interest
				Asian Women's Resource Centre	Trustee & Chairperson / Director	Non-pecuniary interest
Mark	Jarvis	02/03/2020	City ICB advisor / regular attendee	City of London Corporation	Head of Finance	Pecuniary Interest
Anne	Canning	21/07/2020	Hackney ICB advisor / regular attendee Accountable Officers Group member	London Borough of Hackney	Group Director - Children, Adults & Community Health	Pecuniary Interest
Honor	Rhodes	11/06/2020	Member - City / Hackney Integrated Commissioning Boards	City & Hackney Clinical Commissioning Group	Lay Member	Pecuniary Interest
				Tavistock Relationships (manages the City Wellbeing Centre)	Director	Non-Pecuniary Interest
				HUHFT	Daughter is employed as Assistant Psychologist	Indirect interest
				n/a	Registered with Barton House NHS Practice, N16	Non-Pecuniary Interest
Gary	Marlowe	27/08/2020	GP Member of the City & Hackney CCG Governing Body ICB advisor / regular attendee	City & Hackney CCG Governing Body	GP Member	Pecuniary Interest
				De Beauvoir Surgery	GP Partner	Pecuniary Interest
				City & Hackney CCG	Planned Care Lead	Pecuniary Interest
				Hackney GP Confederation	Member	Pecuniary Interest
				British Medical Association	London Regional Chair	Non-Pecuniary Interest
				n/a	Homeowner - Casimir Road, E5	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of 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 in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
Anntoinette	Bramble	12/08/2020	Member - Hackney Integrated Commissioning Board	Hackney Council	Deputy Mayor	Pecuniary Interest
				Local Government Association	Board - Deputy Chair Company Director Labour Group - Deputy Chair	Pecuniary Interest
				JNC for Teachers in Residential Establishments	Member	Non-Pecuniary Interest
				JNC for Youth & Community Workers	Member	Non-Pecuniary Interest
				Schools Forum	Member	Pecuniary Interest
				SACRE	Member	Pecuniary Interest
				Admission Forum	Member	Pecuniary Interest
				Hackney Schools for the Future (Ltd)	Director	Pecuniary Interest
				St Johns at Hackney	PCC	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				St Johns at Hackney	Church Warden & License Holder	Non-Pecuniary Interest
				Co-Operative Party	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Urswick School	Governor	Non-Pecuniary Interest
				City Academy	Governor	Non-Pecuniary Interest
				National Contextual Safeguarding Panel	Member	Non-Pecuniary Interest
				National Windrush Advisory Panel	Member	Non-Pecuniary Interest
				Hackney Play Bus (Charity)	Board Member	Non-Pecuniary Interest
				Christians on the Left	Member	Non-Pecuniary Interest
Lower Clapton Group Practice	Registered Patient	Non-pecuniary interest				
Marianne	Fredericks	26/02/2020	Member - City Integrated Commissioning Board	City of London	Member	Pecuniary Interest
				Farringdon Ward Club	Member	Non-Pecuniary Interest
				The Worshipful Company of Firefighters	Liveryman	Non-Pecuniary Interest
				Christ's Hospital School Council	Member	Non-Pecuniary Interest
				Aldgate and All Hallows Foundation Charity	Member	Non-Pecuniary Interest
				The Worshipful Company of Bakers	Liveryman	Non-Pecuniary Interest
				Tower Ward Club	Member	Non-Pecuniary Interest
Christopher	Kennedy	09/07/2020	Member - Hackney Integrated Commissioning Board	Hackney Council	Cabinet Member for Health, Adult Social Care and Leisure	Pecuniary Interest
				Lee Valley Regional Park Authority	Member	Non-Pecuniary Interest
				Hackney Empire	Member	Non-Pecuniary Interest
				Hackney Parochial Charity	Member	Non-Pecuniary Interest
				Labour party	Member	Non-Pecuniary Interest
				Local GP practice	Registered patient	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest	
Randall	Anderson	15/07/2019	Member - City Integrated Commissioning Board	City of London Corporation	Chair, Community and Children's Services Committee	Pecuniary Interest	
				n/a	Self-employed Lawyer	Pecuniary Interest	
				n/a	Renter of a flat from the City of London (Breton House, London)	Non-Pecuniary Interest	
				Member	American Bar Association	Non-Pecuniary Interest	
				Masonic Lodge 1745	Member	Non-Pecuniary Interest	
				Worshipful Company of Information Technologists	Freeman	Non-Pecuniary Interest	
				Neaman Practice	Registered Patient	Non-Pecuniary Interest	
Andrew	Carter	12/08/2019	City ICB advisor / regular attendee	City of London Corporation	Director of Community & Children's Services	Pecuniary Interest	
				Petchey Academy & Hackney / Tower Hamlets College	Governing Body Member	Non-pecuniary interest	
				n/a	Spouse works for FCA (fostering agency)	Indirect interest	
David	Maher	19/10/2020	Accountable Officers Group Member ICB regular attendee/ AO deputy	City and Hackney Clinical Commissioning Group	Managing Director	Pecuniary Interest	
				University of Cambridge	Co-opted member, Careers Service Syndicate	Non-Pecuniary Interest	
				NHS England, Sustainable Development Unit	Social Value and Commissioning Ambassador	Non-Pecuniary Interest	
Rebecca	Rennison	26/08/2020	Member - Hackney Integrated Commissioning Board Deputy Mayor and Cabinet Member for Finance, Housing Needs and Supply	Freelance Project Work		Pecuniary Interest	
				Hackney Council	Cabinet Member for Finance and Housing Needs	Pecuniary Interest	
				Cancer52Board	Member	Non-Pecuniary Interest	
				Clapton Park Tenant Management Organisation	Board Member	Non-Pecuniary Interest	
				North London Waste Authority	Board Member	Non-Pecuniary Interest	
				Residential Properties		Non-Pecuniary Interest	
						Non-Pecuniary Interest	
				GMB Union	Member	Non-Pecuniary Interest	
				Co-Operative Party	Member	Non-Pecuniary Interest	
				Labour Party	Member	Non-Pecuniary Interest	
				Fabian Society	Member	Non-Pecuniary Interest	
				English Heritage	Member	Non-Pecuniary Interest	
				Pedro Club	Board Member	Non-Pecuniary Interest	
				Chats Palace	Board Member	Non-Pecuniary Interest	
Henry	Black	03/03/2020	NEL Commissioning Alliance - CFO	Barking, Havering & Redbridge University Hospitals NHS Trust	Wife is Assistant Director of Finance	Indirect interest	
				Tower Hamlets GP Care	Daughter works as social prescriber	Indirect interest	
				NHS Clinical Commissioners Board	Member	Non-financial professional	
Jane	Milligan	07/10/2020	Member - Integrated Commissioning Board	NHS North East London Commissioning Alliance (City & Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)	Accountable Officer	Pecuniary Interest	
				North East London Sustainability and Transformation Partnership	Senior Responsible Officer	Pecuniary Interest	
				NEL Commissioning Support Unit	Partner is employed substantively (to Aug 2020)	Indirect Interest	
				Central London Community Healthcare	Partner is Director of Partnerships and Integration	Indirect Interest	
				NHS England	Partner on secondment as Director of Primary Care Development (to Aug 2020)	Indirect Interest	
				Action for Stammering	Partner is a Trustee	Indirect Interest	
				Stonewall	Ambassador	Non-Pecuniary Interest	
				Peabody Housing Association Board	Non-Executive Director	Non-pecuniary interest	
Mark	Rickets	14/01/2020	Member - City and Hackney Integrated Commissioning Boards	City and Hackney Clinical Commissioning Group	Chair	Pecuniary Interest	
				Homerton University Hospital NHS Foundation Trust	Non-Executive Director	Pecuniary Interest	
				Primary Care Quality Programme Board Chair (GP Lead)	Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow	Non-financial professional interest
				Primary Care Quality Programme Board Chair (GP Lead)	GP Confederation	Nightingale Practice is a Member	Professional financial interest
				CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	Professional financial interest

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	Nightingale Practice (CCG Member Practice)	Salaried GP	Professional financial interest
Jake	Ferguson	30/09/2019	Chief Executive Officer Member	Hackney Council for Voluntary Service Voluntary Sector Transformation Leadership Group which represents the sector across the Transformation / ICS structures.	Organisation holds various grants from the CCG and Council. Full details available on request.	Professional financial interest Non-financial personal interest
Helen	Fentimen	14/02/2020	City of London Member	Member, Labour Party Member, Unite Trade Union Chair, Governors Prior Weston Primary School and Children's Centre		Non-financial personal interest Non-financial personal interest Non-financial personal interest
Tracey	Fletcher	26/08/2020	Chief Executive - Homerton University Hospital	Inspire, Hackney	Trustee	Non-pecuniary interest
Sandra	Husbands	26/08/2020	Director of Public Health	Association of Directors of Public Health Faculty of Public Health Faculty of Medical Leadership and Management	Member Fellow Member	Non-Pecuniary Interest Non-Pecuniary Interest Non-Pecuniary Interest
Jon	Williams	02/03/2020	Attendee - Hackney Integrated Commissioning Board	Healthwatch Hackney	Director - CHCCG Neighbourhood Involvement Contract - CHCCG NHS Community Voice Contract - CHCCG Involvement Alliance Contract - CHCCG Coproduction and Engagement Grant - Hackney Council Core and Signposting Grant Based in St. Leonard's Hospital	Pecuniary Interest

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

and

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

Minutes of meeting held in public on 11 March 2020
Microsoft Teams

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

Cllr Christopher Kennedy	Cabinet Member for Health, Adult Social Care and Leisure (ICB Chair)	London Borough of Hackney
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Cllr Robert Chapman	Cabinet Member for Finance	London Borough of Hackney
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Cllr Caroline Woodley	Cabinet Member for Family, Early Years and Play	London Borough of Hackney
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City & Hackney CCG Integrated Commissioning Committee

Dr. Mark Ricketts	Chair	City & Hackney CCG
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David Maher	Managing Director	City & Hackney CCG
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Honor Rhodes	Governing Body Lay member	City & Hackney CCG
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City Integrated Commissioning Board

City Integrated Commissioning Committee

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

Andrew Carter	Director, Community & Children's Services	City of London Corporation
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Anna Garner	Head of Performance	City & Hackney CCG
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Ann Sanders	Governing Body Lay Member	City & Hackney CCG
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Denise D'Souza	Strategic Director: Adults, Public Health and Integration	London Borough of Hackney
Diana Divajeva	Principal Public Health Analyst	London Borough of Hackney
Haren Patel	Clinical Director	PCN
Helen Fentimen	Member, Community & Childrens' Services Sub-Committee	City of London Corporation
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Jake Ferguson	Chief Executive Officer	Hackney Council for Voluntary Services
Jayne Taylor	Public Health Consultant	London Borough of Hackney
Jenny Darkwah	Clinical Director	PCN
Jonathan McShane	Integrated Care Convenor	City & Hackney CCG
Jon Williams	Executive Director	Healthwatch Hackney
Matthew Knell	Head of Governance and Assurance	City & Hackney CCG
Paul Coles	General Manager	Healthwatch City of London
Philip Glanville	Mayor	London Borough of Hackney
Sandra Husbands	Director of Public Health	London Borough of Hackney
Siobhan Harper	Transition Director	City & Hackney CCG
Stella Okonkwo	IC Programme Manager	City & Hackney CCG
Steve Collins	Acting CFO	NEL Commissioning Alliance

Members of the public were also present on the call, though are not named here for privacy reasons.

Apologies – ICB members

Cllr Rennison

Cllr Bramble

Other apologies

1. Welcome, Introductions and Apologies for Absence

1.1. The Chair, Dr Mark Rickets, opened the meeting.

1.2. Apologies were noted as listed above.

2. Declarations of Interests

2.1. The **City Integrated Commissioning Board**

- **NOTED** the Register of Interests.

2.2. The **Hackney Integrated Commissioning Board**

- **NOTED** the Register of Interests.

3. **Questions from the Public**

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

4. **Minutes of the Previous Meeting & Action Log**

4.1. Cllr Caroline Woodley noted that she was incorrectly listed as being in attendance at the previous meeting.

4.2. The **City Integrated Commissioning Board**

- **APPROVED** the minutes of the previous meeting.
- **NOTED** the action log.

4.3. The **Hackney Integrated Commissioning Board**

- **APPROVED** the minutes of the previous meeting.
- **NOTED** the action log.

5. **CCG Transition Update**

5.1. David Maher introduced the item. As an integrated board, we may wish to focus on 2-3 priority areas in the next year. We would also need to focus on how we as a partnership deliver for residents in the years going forward.

5.2. Enabler groups were key in the new structure, and the Board was due to discuss their funding in a later item. We also had a variety of public engagement fora which were outlined in the pack. There was also a sub-committee structure for the ICPB outlined in the papers.

5.3. Honor Rhodes declared an interest in that she had applied for one of the roles in the new system. She also added that she was keen that we keep everything smoothly running during the transition.

5.4. Jon Williams added he was not sure why public representation was not more prominently included on the slides as this was a crucial part of our discussions – the triumvirate model of engagement with clinicians and the public was the embodiment of this. David Maher responded that this was an omission and was indeed a crucial part of our model.

5.5. Cllr Kennedy also added that quick discharge was highly important however we needed to move from discharging people when they were medically stable to when they were medically fit. He also asked why the current ICB would continue as part of the ICPB. Jonathan McShane responded that there were some decisions which would still fall

within the remit of the Integrated Commissioning Board and so this specific function would still remain.

- 5.6. Randall Anderson added that there was as of yet no new legislation which changed the statutory landscape which required the current ICB model.
- 5.7. David Maher provided an update on the NEL briefing on the white paper. Sandra Husbands noted that there was a call for evidence from the DHSC on the white paper, and David Maher would speak to the comms team regarding previous DHSC submissions to see if they could be re-adapted for this current call.

Recommendations:

5.8. The City Integrated Commissioning Board

- **NOTED** the report.

5.9. The Hackney Integrated Commissioning Board

- **NOTED** the report.

6. Population Health Hub Scoping Paper

- 6.1. Sandra Husbands introduced the item, which was presented as an update to the ICB on how far current discussions had progressed and also an opportunity for ICB feedback. We should view the Hub as a system resource that we all contribute to and that enables a population health approach to be embedded throughout all of our work.
- 6.2. Cllr Kennedy stated that this was an impressive piece of work, particularly the slide around anticipatory care. He asked if the Joint Strategic Needs Assessment (JSNA) could work on data gathering and making sure we were keeping things up-to-date. Sandra Husbands responded that this was an intent but for the past year the data intelligence teams had been working almost entirely on covid. However, we had not just an ambition but intention to increase our capacity. Diana Divajeva responded that there were plans to re-develop the JSNA.
- 6.3. Diana Divajeva also stated that we were aiming to bring together local data from the councils as well as data from the voluntary sector. The population health hub could bring this all together by either partners allocating resource – either monetary or in terms of capacity.
- 6.4. Paul Coles asked the Population Health Hubs role in reporting the long term benefits of Integrating Health and Care services locally. Sandra Husbands responded that this would be a useful thing to do and would be an ambition of the Hub.
- 6.5. David Maher also added that we had identified some enabler resource for the population health hub.
- 6.6. The **City Integrated Commissioning Board**

- **NOTED** the report.

6.7. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

7. **Health Inequalities Steering Group**

- 7.1. Jayne Taylor introduced the item. She noted that there had been four priority areas where it had been felt the steering group could add value: equalities data and insight, developing tools and resources, tackling structural racism and working on community engagement, involvement and empowerment.
- 7.2. Mark Rickets noted the importance of this work and this would be kept under review under the terms of the integrated care partnership.
- 7.3. Cllr Kennedy stated that in 18-24 months we would hopefully not need a health inequalities steering group as we would have a health and wellbeing strategy that would be able to address inequalities and the wider determinants of health.
- 7.4. Ann Sanders added that as we would have an associate lay member with an equalities remit and questioned whether they would need to sit on the steering group. She also noted that there should be an explicit link between this and the new People and Place Group.
 - **Jayne Taylor asked the board to consider the tools that the ICB would need to enable it to make equality impact assessments. This item would be brought back to the ICB in the next few months.**

7.5. The **City Integrated Commissioning Board**

- **NOTED** the report.

7.6. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

8. **Monthly Finance Update**

- 8.1. Sunil Thakker introduced the item. There were a number of things which City & Hackney was leading on in terms of financial governance.
- 8.2. Ian Williams noted that the position had not changed much since the last meeting but a further update on 2021/22 finance was due to be brought back to ICB.
- 8.3. We had ongoing disputes with some NHS organisations that concerned some significant amounts of money. There was a risk-based approach to resolving this dispute and the method by which we would aim to break even.
- 8.4. The **City Integrated Commissioning Board**

- **NOTED** the report.

8.5. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

9. Escalated Risk Register

9.1. The item was introduced by Matthew Knell. Cllr Kennedy noted the increase in risk CYPMF19 was concerning, as was the risk of non-elective acute demand.

- **More detailed update on CAMHS risk to be brought to next ICB.**

9.2. Honor Rhodes stated that she was particularly concerned about children with EHCPs in schools.

9.3. The **City Integrated Commissioning Board**

- **NOTED** the register.

9.4. The **Hackney Integrated Commissioning Board**

- **NOTED** the register.

10. Strategic Enabler Funding 2021/22

10.1. David Maher introduced the item. Sunil Thakker noted that much of the funding for these enablers was as a result of the resolution of the above-mentioned disputes.

10.2. The **City Integrated Commissioning Board**

- **ENDORSED** the non-recurrent investment in the Strategic Enablers.

10.3. The **Hackney Integrated Commissioning Board**

- **ENDORSED** the non-recurrent investment in the Strategic Enablers.

11. S75 Deeds of Variation 2021/22

11.1. Lee Walker introduced the item. He outlined the position in both Hackney and the City of London in relation to the S75 agreements.

11.2. Randall Anderson stated that he was confused how this related to the ICB. Lee Walker responded that the original structure gave the ICB responsibility for monitoring the fund. The ICPB would be a committee in common, and the governance and legal teams in various organisations wanted to make sure there were no unintended consequences.

Randall Anderson responded that as the ICPB was not a statutory body, we may need to retain the ICB as the body with responsibility for the S75. Lee Walker responded that no matter the arrangements the individual organisations would still hold responsibility for the S75 funds.

11.3. Cllr Kennedy responded that the delegation for S75 approval was technically to a no longer existing post. Ian Williams responded that approval would sit with the current Director for Adults' Social Care.

11.4. The **City Integrated Commissioning Board**

- **ENDORSED** the extension of the S75 agreement.

11.5. The **Hackney Integrated Commissioning Board**

- **ENDORSED** the extension of the S75 agreement.

AOB & Reflections

- Mark Rickets noted that this was David Maher's last meeting and thanked him for his contribution towards getting all of the work developing the Integrated Care System in City & Hackney to where it was. Cllr Kennedy also extended his thanks for keeping the system going during the Covid-19 period. Sandra Husbands also extended her thanks.
- Caroline Woodley stated that she would like to see more consideration of the post-16 cohort in our reports to the board.
- Honor Rhodes noted that we would be a new entity when we meet in April and we should keep sight of the ambitions we have outlined in this meeting – particularly in relation to the Population Health Hub and the Strategic Enablers Funding.

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

Ref No	Action	Assigned to	Assigned date	Due date	Status	Update
ICB Feb-1	David Maher stated that he would follow up on the system sponsor detail with Mark Rickets, Sunil Thakker, Jonathan McShane and Jake Ferguson.	David Maher/ Jonathan McShane	11/02/2021	Mar-21	Open	
ICB Feb-2	Ian Williams to bring back a report on the 2021/22 budget to a future ICB	Ian Williams	11/02/2021	Mar-21	Open	Date TBA
ICB Feb-3	Matt Hopkinson to share briefing paper on Risk CYMPF with the ICB	Matt Hopkinson	11/02/2021	Mar-21	Open	
ICB Mar-1	Jayne Taylor asked the board to consider the tools that the ICB would need to enable it to make equality impact assessments. This item would be brought back to the ICB in the next few months.	Jayne Taylor	11/03/2021	TBA	Open	

Title of report:	City and Hackney Integrated Care Partnership: An update to ICB on progress with transition
Date of meeting:	Thursday 8 th April 2020
Lead Officer:	Tracey Fletcher / Siobhan Harper
Author:	Nic Ib
Committee(s):	Integrated Commissioning Board, Thursday 8 April 2020
Public / Non-public	Public

Executive Summary:

From 1st April the existing CCG merger has been completed and our focus is now on establishing, engaging on and delivering against our updated ICP Transition Plan. The plan covers both the establishment of both the local NEL CCG functions and the City and Hackney Integrated Care Partnership over the financial year 2021/2022

The plan will be overseen by both NHCB and the Transition Oversight Group who will act as critical friends on behalf of ICPB. In addition there is ongoing work with the NEL ICS Delivery Group to align our local partnership work with the development of the other two Integrated Care Partnerships and the wider NEL ICS.

The plan has two major phases – a fast mobilisation phase, **Phase 1** and the partnership implementation phase, **Phase 2**.

This paper outlines the progress made since the ICB development session on March 16th; and the proposed major themes & delivery areas of the phase one transition plan.

Recommendations:

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

- To **NOTE** the report;

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

- To **NOTE** the report;

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

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

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

Specific implications for City

There are no specific implications for the City.

Specific implications for Hackney

There are no specific implications for the City.

Patient and Public Involvement and Impact:

Representatives from Healthwatch and from the voluntary and community sector have been involved and have contributed to the ICB development sessions

Clinical/practitioner input and engagement:

A range of clinicians / practitioners have been involved and have contributed to the various ICB development sessions

Communications and engagement:

As part of the process around the governance and structures required to deliver a new integrated care operating model, Comms and engagement colleagues are involved in development of this work which is ongoing.

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

There are no specific safeguarding implications.

Impact on / Overlap with Existing Services:

N/A

Sign-off:

Siobhan Harper, Director of Transition

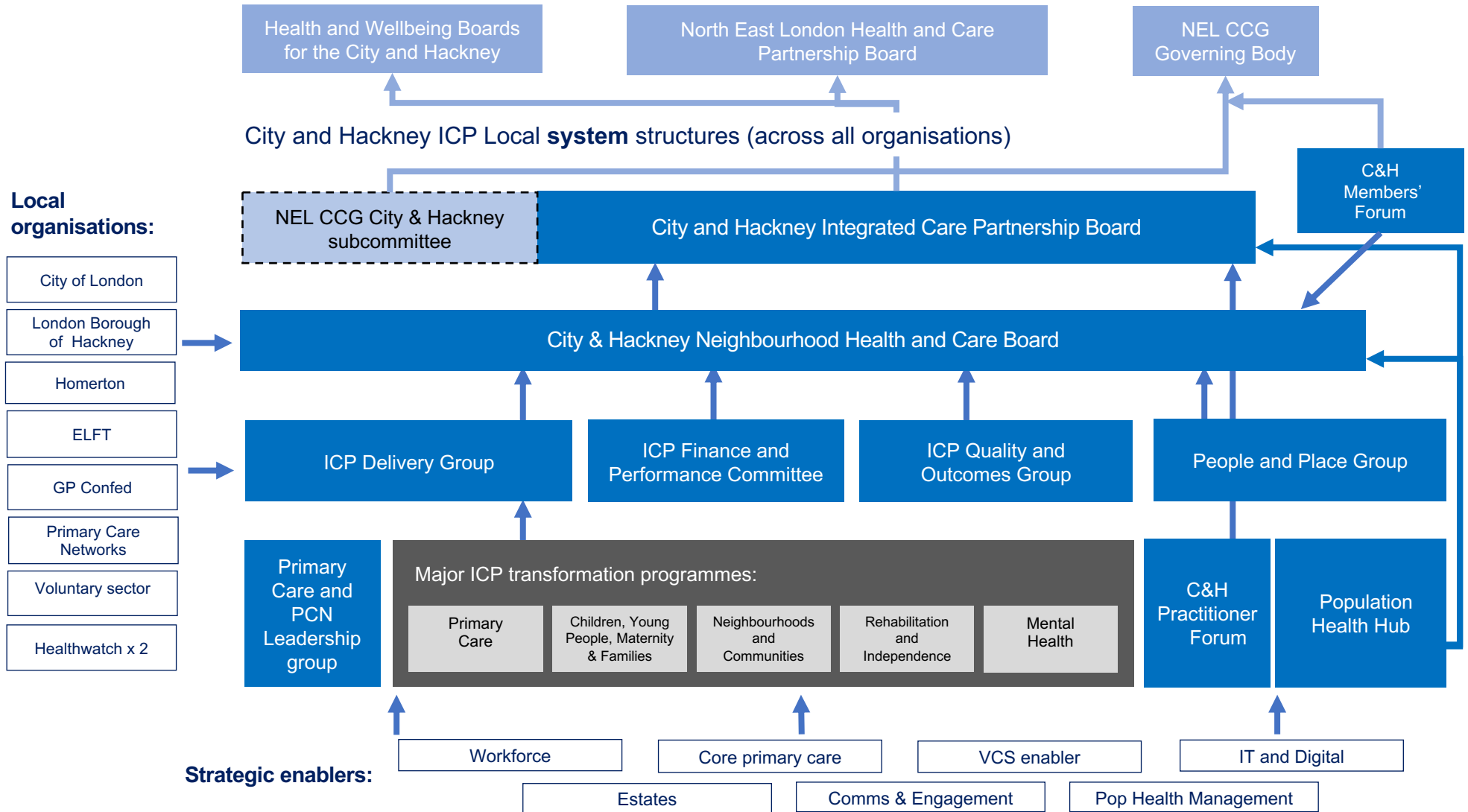
City and Hackney Integrated Care Partnership

An update to ICB on progress with transition

Integrated Commissioning Board, 8th April 2021



A reminder of the ICP operating model



Progress since the ICB development session on March 16th

- From 1st April the existing CCG merger has been completed and our focus is now on establishing, engaging on and delivering against our updated ICP Transition Plan
- The plan covers both the establishment of both the local NEL CCG functions and the City and Hackney Integrated Care Partnership over the financial year 2021/2022
- The plan will be overseen by both NHCB and the Transition Oversight Group who will act as critical friends on behalf of ICPB
- We will work with the NEL ICS Delivery Group to align our local partnership work with the development of the other two Integrated Care Partnerships and the wider NEL ICS
- The plan has two major phases – a fast mobilisation phase, **Phase 1**, in the first 90 days of the financial year, is focused on ensuring successful transition of City and Hackney CCG functions, establishment of new ICP structures and clarifying governance between the ICP and NEL CCG
- The partnership implementation phase, **Phase 2**, will follow this first phase for the rest of the financial year and focus on developing and more deeply embedding ‘whole system’ ways of working with partner organisations across all the delivery areas set out in the Phase 1 plan
- Examples of phase 2 delivery areas include: ongoing organisation development for the partnership, leadership development and talent management, and embedding our QI approach as a partnership

Proposed major themes and delivery areas of the phase one transition plan

- **Establish operating model governance and support structures**
 - Establish the Integrated Care Partnership Board
 - Establish the Neighbourhood Health and Care Board
 - Establish relationship between the ICP and NEL CCG / NEL ICS
 - Risk management arrangements for the ICP and NEL CCG
 - Establish the Finance and Performance Committee
 - Establish the Quality and Outcomes Group
 - Establish the People and Place Group
- **Establish the Office of the ICP**
 - Staffing and programme management for NEL CCG and the Office of the ICP
- **Establish ICP strategy and delivery model**
 - Establish the ICP Delivery Group
 - Develop and establish new approach to workstreams / major improvement programmes
 - Develop and embed clinical leadership approach for ICP delivery and major improvement programmes
 - Embed resident co-production / PPI arrangements for ICP delivery and major improvement programmes
- **Establish relationships to system-wide functions and enabler groups**
 - Review the role and function of strategic enablers to the ICP
 - Develop population health approach to ICP delivery and major improvement programmes
- **OD and communications to establish the ICP**
 - Establish internal and external change communications for staff and partners
 - OD / change management events to engage staff and partners and gain feedback

Place-based principles for planning

1. Improve the health and wellbeing of local people, with consideration of the factors that influence population health:
 - Wider determinants of health (education, housing, environment, employment)
 - Places and communities
 - Healthy behaviours and lifestyles
 - Integrated Health and Care system
2. Address health inequalities and consider equity of access, experience and outcomes; as well as consideration of how interventions might inadvertently widen inequalities
3. Consider the needs of our diverse communities, and provide tailored offers to meet these diverse needs
4. Provide care closer to home, outside institutional settings where appropriate, providing proactive community-based care – using the Neighbourhood / PCN footprint and structures where possible
5. Meeting the aspirations and priorities of the two Health and Wellbeing strategies and the NHS Long Term Plan
6. Ensure we maintain financial balance as a system and can achieve our financial plans
7. Ensure we deliver parity of esteem between physical and mental health, and that we integrated mental health into physical health services
8. Consider the elements of sustainability

Title of report:	Consolidated Finance (income & expenditure) 2020/2021 Month 11
Date of meeting:	
Lead Officer:	Anne Canning, London Borough of Hackney (LBH) Jane Milligan, City & Hackney Clinical Commissioning Group (CCG) Simon Cribbens, City of London Corporation (CoL)
Author:	Fiona Abiade for Integrated Commissioning Finance Economy Group
Presenter:	Sunil Thakker, Executive Director of Finance, City & Hackney CCG Mark Jarvis, Head of Finance, Citizens' Services, City of London Ian Williams, Group Director, Finance and Corporate Resources, LBH
Committee(s):	City Integrated Commissioning Board Hackney Integrated Commissioning Board Transformation Board
Public / Non-public	Public

Executive Summary:

At month 11, the CCG reported a YTD underspend of £1.4m against a YTD allocation of £483.4m. This position includes an allocation top-up of £9.4m to cover M1-M11 Covid-19 and other overspends. The CCG is reporting a full year break even position. This is driven by a number of mitigations identified during M7-M10. The CCG is assured that this position will be maintained at year-end with the full year forecast outturn of £500.6m including £9.6m of Covid-19 spend which is fully compensated.

At Month 11, LBH is forecasting an overspend of £6.84m inclusive of £5.1m in relation to Covid-19 expenditure - this is across both pooled and aligned budgets. Covid-19 related expenditure includes significant investment to support the market through uplifts to care providers, additional staffing and PPE costs. This does not include Covid-19 NHS discharge related spend where there is an agreement to fully recharge the cost to the CCG. The remaining £1.7m overspend is predominantly driven by care package costs in Learning Disabilities (LD), Physical and Sensory Support which are all within the Planned Care workstream.

At Month 11, the City of London Corporation is forecasting a year end adverse position of £0.4m.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report.

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report.

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

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

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

Main Report

Background and Current Position

[This section should include a brief explanation of the context, including reference to previous committee decisions, and an outline of the current situation, key issues and why the report is necessary.]

Options

[This section should present realistic courses of action, with financial implications, proposed beneficial outcomes and assessments of risk.]

Proposals

[This section should explain in more detail and justify the recommended course of action, setting out clearly what beneficial outcomes are expected.]

Conclusion

[This section should draw together and summarise the key points of the report.]

Supporting Papers and Evidence:

[Please list any appendices included with the report. Appendices should be clearly labelled and submitted as separate documents. Any additional references to supporting information or evidence, should be listed here with hyperlinks where possible.]

Sign-off:

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

City of London Corporation: Mark Jarvis, Head of Finance

City & Hackney CCG: Sunil Thakker, Director of Finance



City and Hackney
Clinical Commissioning Group



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

Integrated Commissioning Fund Financial Performance Report

Month 11 - 2020/21

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- 7. Savings Performance**

City and Hackney CCG – Position Summary at Month 11, 2020/21

- In response to COVID-19, a temporary financial regime was put in place to cover the period 1 April 2020 to 31 July 2020. This was then extended for a further two months, to September, whilst the restart plan for NEL was being developed.
- Table 1 summarises the baseline categories and high-level approach to calculating the 2020/21 expected expenditure

Table 1

Baseline service categories	Baseline provider categories	2020/21 expenditure calculation method
- Acute	NHS Trusts	Block contract value covering all NHS services
- Mental health	Independent sector providers included within the scope of national contracts (Appendix 2)	Baseline adjustments to exclude spend on acute services for suppliers included in the national IS contract
- Community health		
- Continuing care	Other providers	Growth assumptions have been applied to adjusted baseline positions to calculate expected 2020/21 spend
- Prescribing		
- Other primary care		
- Other programme services		
- Primary care delegated		
- Running costs		

From M7 onwards the NHSE/I top-up funding mechanism only applies to Hospital Discharge costs. Other Covid and Non-Covid costs over and above the CCG's allocation form part of the overall deficit declared which are to be partly mitigated by NEL STP held Covid and growth funds and partly mitigated by CCG non-recurrent gains. The position

City and Hackney CCG – Position Summary at Month 11, 2020/21

Pooled Budgets	ORG	WORKSTREAM	Annual Budget £000's	YTD Performance			Forecast	
				Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's
Commissioned		Unplanned Care	18,896	17,290	17,290	0	18,887	9
		Planned Care	6,595	6,045	5,893	153	6,428	167
		Prevention	265	243	243	0	265	(0)
		Childrens and Young People	0	0	0	0	0	0
		Pooled Budgets Grand total	25,756	23,578	23,426	153	25,580	176

Aligned	ORG	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's
	Planned Care	209,826	192,471	191,061	1,410	208,252	1,574	
	Prevention	4,422	3,320	3,342	(22)	4,446	(24)	
	Childrens and Young People	56,696	52,392	53,176	(784)	58,436	(1,741)	
	Corporate and Reserves	39,723	28,856	27,008	1,848	30,885	8,839	
	Aligned Budgets Grand total	432,446	388,207	386,946	1,261	424,825	7,621	
Subtotal of Pooled and Aligned			458,202	411,785	410,371	1,414	450,405	7,797
In Collab	Primary Care Co-commissioning	50,189	45,779	45,779	0	50,189	0	
Grand Total			508,391	457,564	455,753	1,811	500,747	7,644
CCG Total Resource Limit			533,183	483,455	483,455	0	533,183	0
SURPLUS/(DEFECIT)			24,792	25,891	27,702	(1,811)	32,436	(7,644)

- Pooled budgets:** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF), Integrated Independence Team (IIT) and Learning Disabilities. These are expected to underspend by £0.2m at M11.
- Non-recurrent schemes and QIPP Transformation schemes that do not form part of business as usual continue to be on-hold, with the savings and the respective investments revisited for future years.

- At month 11, the CCG reported a YTD underspend of £1.4m against a YTD allocation of £483.4m.
- This position includes an allocation top-up of £9.4m to cover M1-M11 Covid-19 and other overspends.
- The CCG is reporting a full year break even position. This is driven by a number of mitigations identified during M7-M10. The CCG is assured that this position will be maintained at year-end with the full year forecast outturn of £500.6m including £9.6m of Covid-19 spend which is fully compensated.
- Acute services continue to remain on block contract and the CCG is reporting all spend in line with the funding values as prescribed by NHSE. From M7, the CCG no longer makes smaller value payments (under £0.5m.) to NHS Providers as required by M1-M7 Contract and Payments Guidance. The remaining Trusts continue to receive payments at the same value, with the exception of the Homerton (who will receive an additional £0.8m per month) in respect of the Covid fund and growth monies.
- Prescribing budget is reporting YTD breakeven position, with an underlying year end forecast overspend of £0.6m-driven by Covid-19 cost pressures (the prescribing budget was set pre Covid). The CCG is mitigating the overspend by utilising prior year accruals. The year-end forecast takes into account the Covid-19 impact and resulting cost pressures which include Concessions & NCSO, increase in Category M prices and also takes into account an expected reimbursement from NHSE/I for Flu & Pneumococcal vaccine.
- Primary Care is forecasting an overspend of £0.5m, which includes Primary Care Co-Commissioning (£0.5m), reinstated due to loss under the Covid-19 temporary financial regime, resulting from reworking the CCG programme budgets. The difference relates to LES forecast underspends.
- Property services is reporting a YTD underspend of £0.8m, and a forecast underspend of £0.8m in line with the previous month. The CCG has now concluded all prior year's as well as current year's NHSP disputes, resulting in further credit of £178k (total received to date £931k
- Additional cost pressures envisaged at year-end from annual leave accruals, work-in-progress adjustments, RTT back log clearance contribute to the Trust movements, whilst the CCGs continue to balance additional 2nd wave Covid-19 cost pressures with underspends elsewhere in the portfolios.

London Borough of Hackney – Position Summary at Month 11, 2020/21

Pooled and Aligned Budgets	ORG Split	WORKSTREAM	Total Annual Budget £000's	Pooled Annual Budget £000's	Aligned Annual Budget £000's	YTD Performance			Forecast		
						Budget £000's	Spend £000's	Variance £000's	Fcast Spend £000's	Variance £000's	Prior Mth Variance £000's
Commissioned & Directly Delivered		LBH Capital BCF (Disabled Facilities Grant)	1,525	1,525	-	1,398	572	826	1,525	-	-
		LBH Capital subtotal	1,525	1,525	-	1,398	572	826	1,525	-	-
		Unplanned Care (including income)	6,697	1,238	5,460	6,139	4,553	1,586	5,979	718	515
		Planned Care (including income)	71,668	35,803	35,864	65,695	74,988	(9,292)	79,246	(7,578)	(7,325)
		CYPM	9,539	-	9,539	8,744	2,582	6,162	9,539	-	-
		Prevention	24,559	-	24,559	22,513	16,323	6,190	24,547	12	13
		LBH Revenue subtotal	112,463	37,041	75,422	103,091	98,446	4,645	119,311	(6,848)	(6,797)
		Grand total	113,989	38,566	75,422	104,490	99,019	5,471	120,837	(6,848)	(6,797)

113,998

At Month 11, LBH is forecasting an overspend of **£6.84m** inclusive of £5.1m in relation to Covid-19 expenditure - this is across both pooled and aligned budgets. Covid-19 related expenditure includes significant investment to support the market through uplifts to care providers, additional staffing and PPE costs. This does not include Covid-19 NHS discharge related spend where there is an agreement to fully recharge the cost to the CCG. The remaining £1.7m overspend is predominantly driven by care package costs in Learning Disabilities (LD), Physical and Sensory Support which are all within the Planned Care workstream.

Government Funding announced to date (£32.349m) to mitigate the impact of Covid-19 falls short of the Council's estimate of total spend and as a result the Council may need to consider the extent to which it ceases expenditure on non-essential work across both the revenue and capital budgets and what resources can be reallocated to fund the Council's response to the COVID-19 crisis as part of the Medium Term Financial Planning process.

In addition, to funding referred to above the Council has been allocated specific funding for care providers and NHS Track and Trace Services:

- For Adult Social Care, £600m was allocated for infection control in care homes to fight COVID-19 of which the council received £0.5m. A further £546m was recently announced, of which the council will receive £0.9m. The Council is required to passport the majority of these funds to care providers to support infection control.
- £3.1m was allocated to Hackney as part of the launch of the wider NHS Test and Trace Service. This funding will enable the local authority to develop and implement tailored local Covid-19 outbreak plans. A City and Hackney Health protection Board has been established and plans are being developed to allocate these funds accordingly.

Forecast positions in relation to the workstreams are as set out below:

CYPM & Prevention Budgets: Public Health constitutes the vast majority of LBH CYPM & Prevention budgets which is forecasting a small underspend. The Public Health grant increased in 2020/21 by £1.569m. This increase included £955k for the Agenda for Change costs, for costs of eligible staff working in organisations such as the NHS that have been commissioned by the local authority. The remaining grant increase has been distributed to Local Authorities using the same percentage growth in allocations from 2019/20.

Unplanned Care: The majority of the forecast underspend of £718k relates to Interim Care, and Substance Misuse (linked to lower than expected demand for rehab placements). The underspend is offsetting the overspend on care package expenditure which sits in the Planned Care work stream.

Planned Care: The Planned Care workstream is driving the LBH overspend. This is primarily due to:

Learning Disabilities (LD) Commissioned care packages within this workstream is the most significant area of pressure, with a £2.65m overspend after a contribution of £2.7m forecasted (actual position currently is £2.56m agreed) from the CCG for joint funded care packages. Remaining cases still to be assessed for JF will be reviewed in 2020/21 to establish the baseline for the following financial year.

Physical & Sensory Support reflects an overspend of £2m, whilst Memory/Cognition & Mental Health ASC (OP) has a further budget pressure of £1.38m. Cost pressures being faced in both service areas have been driven by the significant growth in client numbers as a result of hospital discharges, and these forecasts include Covid-19 related expenditure.

Mental Health is forecasted to overspend by £1.2m and this is due to externally commissioned care packages (£1.6m) which is offset by an underspend on staffing (£0.4m). The Section 75 MH meetings will focus on developing management actions in collaboration with ELFT to reduce this budget pressure going forward.

Management actions to mitigate the cost pressures include *My Life, My Neighbourhood, My Hackney* and increasing the uptake of direct payments. These actions are subject to ongoing review.

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

London Borough of Hackney - Risks and Mitigations Month 11, 2020/21

Risks	Full Risk Value	Probability of risk being realised	Potential Risk Value	Proportion of Total
	£'000	%	£'000	%
Pressures remains within Planned Care	6,848	100%	6,848	100%
TOTAL RISKS	6,848	100%	6,848	100%
Mitigations	Full Mitigation Value	Probability of success of mitigating action	Expected Mitigation Value	Proportion of Total
	£'000	%	£'000	%
Personalisation and DPs - Increasing Uptake	TBC	TBC	TBC	TBC
My Life, My Neighbourhood, My Hackney	TBC	TBC	TBC	TBC
Review one off funding	6,848	100%	6,848	100%
Uncommitted Funds Sub-Total	6,848	100%	6,848	100%
Actions to Implement				
Actions to Implement Sub-Total	0	0	0	0
TOTAL MITIGATION	0	0	0	0

Covid 19 is having a major impact on the operation and financial risk of the Council. To date, the Government has only allocated £32.349m of Emergency Grant Funding to Hackney, however estimates suggest that cost pressures across the Council will be in excess of the funding allocated. Given the recent announcement of a third national lockdown, cost estimates linked to Covid 19 will need to be revisited and will be revised as further information becomes available. It must be stressed that Covid19 expenditure continues to reduce the flexibility and resilience of the council's financial position.

- Over the period 2010/11 to 2019/20 core Government funding has shrunk from £310m to around £170m, a 45% reduction – this leaves the Council with very difficult choices in identifying further savings. While the Government has committed to further financial support in relation to coronavirus for the coming year, overall funding still fails to address the continued growth in demand faced by local authorities and, on a day-to-day basis, the Government continues to pursue its commitment to austerity. This means that even in the midst of a global pandemic, we have had to identify savings of £11m in order to balance the coming year's budget.
- Fair funding review, although delayed due to Covid-19, could redistribute already shrinking resources away from most inner London boroughs including Hackney.
- Additional funding through IBCF, winter funding, and the additional Social Care grant funding announced in the Spending Review 2019 has been confirmed for the lifespan of the current parliament but this additional funding is still insufficient. There has been an additional £300m of Social Care grant funding announced for Local Authorities in the latest Spending Review 2020, and Hackney will receive a further £3.3m of funding.
- We still await a sustainable funding solution for Adult Social Care which was expected in the delayed White Paper.

City of London Corporation – Position Summary at Month 11, 2020/21

				YTD Performance			Forecast Outturn	
Pooled Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Outturn £000's
	Comm'ned & *DD							
Pooled Budgets	Comm'ned & *DD	Unplanned Care	65	65	63	2	65	-
		Planned Care	118	85	23	62	85	33
		Prevention	60	60	60	-	60	-
Pooled Budgets Grand total			243	210	145	65	210	33

Aligned Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Outturn £000's
	Comm'ned & *DD							
Aligned Budgets	Comm'ned & *DD	Unplanned Care	342	235	138	97	342	-
		Planned Care	4,218	3,873	3,620	254	4,257	(39)
		Prevention	1,270	858	554	304	1,270	-
		Childrens and Young People	1,400	1,090	1,389	(299)	1,767	(367)
		Non - exercisable social care services (income)	-	-	-	-	-	-
Aligned Budgets Grand total			7,230	6,056	5,700	356	7,636	(406)
Grand total			7,473	6,266	5,846	420	7,846	(373)

* DD denotes services which are Directly delivered .
 * Aligned Unplanned Care budgets include iBCF funding - £313k
 * Comm'ned = Commissioned

- At Month 11, the City of London Corporation is forecasting a year end adverse position of £0.4m.
- Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF). These budgets are forecast to under spend (£33k) at year end.
- Aligned budgets are forecast to overspend at year end (£373k). This is largely due to the pressures on children's social care.
- No additional savings targets have been set against City budgets for 2020/21.

City and Hackney CCG

- All transformation and QIPP initiatives planned for 2020/21 have been put on hold whilst the providers and commissioners of health and care respond to COVID-19.
- At Month 11, these schemes continue to be on-hold.

London Borough of Hackney

- Savings proposals are currently being reviewed, as to date no savings have been agreed for LBH

City of London Corporation

- The CoLC did not identify a saving target to date for the 2020/21 financial year.

Title of report:	Integrated Commissioning Escalated Risk Registers
Date of meeting:	Thursday 8 April 2020
Lead Officer:	Matthew Knell – Head of Governance & Assurance, CCG Workstream Directors & Programme Managers
Author:	Workstream Directors & Programme Managers
Committee(s):	Integrated Commissioning Board, Thursday 8 April 2020
Public / Non-public	Public

Executive Summary:

This report presents the escalated red rated risks for the three Integrated Care-Workstreams and the IC Operating Model / CCG Merger Programme.

Unplanned Care

- No changes to risk scores since last submission in March 2021.

Planned Care

- No score changes have taken place since the last iteration of this report.

Children, Young People, Maternity and Families.

- CYPMF19 regarding demand for CAMHS support has remained at a red-rated risk from its escalation in March 2021. A note was circulated to ICB members following last month's meeting which set out further detail on this risk, which is reproduced in the following pages.

IC Operating Model / CCG Merger Programme

- No changes to the risks under this programme which all fall into the amber range and are therefore not included in the following pages.

Recommendations:

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

- To **NOTE** the registers;

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

- To **NOTE** the registers;

Strategic Objectives this paper supports

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

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Supporting Papers and Evidence:

Risk register cover sheets in agenda pack.

Sign-off:

Siobhan Harper – Director of Transition
 Amy Wilkinson – Director: Children, Maternity, Young People and Families
 Nina Griffith – Director: Unplanned Care
 Carol Beckford – Transition Director

Integrated Commissioning Board managed risks

Ref#	Description	Inherent Risk Score	Risk Tolerance	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
UC19	Risk that there is an increase in non-elective acute demand - either driven by a return to normal levels of admissions or a further peak in COVID-19 demand.	20	12	N/A	16	12	16	↑	SOC are overseeing a range of plans to strengthen community support including Neighbourhood MDTs and Primary Care Long Term Condition Management Working with 111 to improve usage of admission avoidance pathways through SDEC and ACPs - Pathways put in place, ongoing reporting and monitoring occurring via NHSD and 111 reports	16			✓	✓	
UC20	Risk that we do not understand and/or do not reduce the impact of health inequalities for local populations across the workstream, and this is exacerbated in the context of the pandemic.	20	12	N/A	16	16	16	↔	<p>Partnership arrangements in place through Well Street Common Partnership and scoping work currently underway in Shoreditch Park and the City. Our aim through Neighbourhoods is to have some form of partnership in place across all 8 Neighbourhoods (building on collaboration in PCNs) which brings together statutory, voluntary and community and residents to understand and respond to population health needs. Neighbourhood Conversations being led by HCVS is starting to do this. This will also draw on population health profiles developed in 2020/21.</p> <p>Nationally the Health Inequalities Direct Enhanced Service (DES) which was due to be published in April 2021 as a requirement for PCNs to deliver has been delayed (no date has been confirmed for when it will be published). This will also give an opportunity for system partners to work with PCNs in tackling health inequalities.</p> <p>The Discharge Workstream business case for a Homeless Hospital Discharge Team was approved before Christmas and contractual mechanisms are being reviewed to mobilise the service by the new fiscal year.</p>	16	✓	✓	✓	✓	


Integrated Commissioning Board managed risks

Ref#	COVID/BAU	Description	Inherent Risk Score	Risk Tolerance	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents	Comment
PTBC5	COVID	Acute Alliance Elective Restart Programme - Restore full operation of all cancer services. - Recover the maximum elective activity possible between now and winter	20	9	N/A	N/A	N/A	15	↔	<p>*No significant changes but plans are now advanced in the reopening of hospital based elective services and there will be less reliance on the independent sector going forwards. We are able to keep cancer services running in all areas. Independent sector capacity is still supporting cancer diagnostics and surgery for north east London. *There continues to be more positive news on capacity for cancer treatment across north east London. The team is working to secure sites and good progress has been made. We are able to keep cancer services running in all areas. Local services have undertaken a range of actions to mitigate the impact of COVID for vulnerable groups. GP Confed contract has been regeared to focus on vulnerable</p> <p>We now have independent sector capacity to support cancer diagnostics and surgery for north east London. In summary: Local services have undertaken a range of actions to mitigate the impact of COVID for vulnerable groups. GP Confed contract has been regeared to focus on vulnerable</p> <ul style="list-style-type: none"> • London Independent (located near the Royal London Hospital) is our cancer surgery hub. This will be the location for the following: colorectal, spinal and gynae. Teams are all working together collaboratively. • Other outer London independent sector capacity, including Holly house, Spire London East, Spire Hartwood, the Treatment centre and inhealth will deliver cancer diagnostics, and non-complex cancer surgical treatments • Complex work will take place at The London clinic: complex gynae, HPB, interventional radiology, complex colorectal. • At King Edward VII, we will be able to undertake complex breast surgery. • At Wellington, there will also be complex breast surgery as well as nuclear medicine. • NHS 'green' capacity is in place at St Barts for Lung cancer surgery, and Homerton have maintained day surgery capacity. 	12	/					
PC7	BAU	NCSO - Limited stock availability of some widely prescribed generics significantly drove up costs of otherwise low cost drugs. The price concessions made by DH to help manage stock availability of affected products, were charged to CCGs - this arrangement (referred to as NCSO) presents C&H CCG with an additional cost pressure. As a result of EU exit, there is risk of transport delays of medicines which could lead to limited stock availability of medicines (which could further drive up the cost of commonly prescribed drugs).	20	9	20	20	20	20	↔	<p>The NHS has put measures in place to help ensure stocks continue to be available even if there are transport delays. The national recommendation is that medicines should be prescribed and dispensed as normal and that medicines should not be stockpiled, the MMT has already shared the message regarding appropriate prescribing and ordering of medicines to prescribers and patients (through Healthwatch Hackney) during the first wave of the COVID-19 pandemic – Spring 2020 and again in Nov/ Dec of 2020.</p> <p>For 2020/21, as of January 2021 prescribing data is only available for April - October 2020. Based on the 7 months data, the estimated annual cost pressure for NCSO is £567,214 in addition to a cost pressure of £367,788 for the associated cost pressure of increased Drug Tariff pricing for drugs prescribed. An additional cost pressure from increased costs of category M products as a consequence of DH announcement to claw back £15M per month from CCGs by increasing the cost of these drugs from June 2020. The estimated cost impact for C&H CCG for this clawback is £412,090 over June 2020 to March 2021.</p> <p>Previous low scores was due to it these cost pressures being fully mitigated by QIPP savings delivered, each year to 2019/20, by the Meds Management team in conjunction with practices. So in previous years prescribing budget has always remained break even or underspent. An additional prescription cost factor arising from Covid pandemic is that there appears to be much higher compliance with medicines or at least with having prescriptions being dispensed with upto 30% higher rates of prescriptions dispensed.</p>	20		/				
PC8	BAU	There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners	20	9	20	20	20	20	↔	<p>ILDS is currently £2million overspent this financial year. This is in part as a result of extra support needs around covid (e.g. increased 1:1 support). With the current Pandemic, it's highly unlikely that savings could be made.</p> <p>To note - Following a paper prepared for the ICB, the budget position has improved by several million £s than in previous years; however, as end of year overspend is >£1million risk remains at 20 (red) and will likely rise to 25 by next time when overspend is certain.</p>	20		/				
PC13	BAU	No long term funding is secured for the Housing First programme and there is a risk that the service will finish at the end of the year 1 pilot.	5	9	20	20	20	20	↔	<p>Funding for Years 2 and 3 of the service has been agreed by partner organisations. Working group to be developed to focus on enhanced outcomes monitoring- building on the original proposal.</p>	5		/	/			

Children, Young People, Maternity and Families Workstream Risk Register - March 2021

Cover Sheet

Ref#	Description	Inherent Risk Score	Risk Tolerance	Residual Risk Score					Risk Movement	Monthly progress update	Projected next quarter risk score	Objective				
				Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21				Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse	Empower patients and residents
8	Risk that low levels of childhood immunisations in the borough may lead to outbreaks of preventable disease that can severely impact large numbers of the population	15	4	10	10	15	15	15	↔	Responsibility for commissioning and delivery of all immunisations sits across a wide range of partners. There is no statutory commissioning role for the CCG or for local Public Health, although City and Hackney CCG has continually invested in supporting delivery of immunisations in order to tackle our local challenges. Partnership work was developed through the measles outbreak in 2018 and the ongoing non recurrent investment in the GP Confederation has been built on during the pandemic. Over the course of the recent Covid 19 surge residents/patients have not been accessing routine healthcare to usual levels. A 2 year action plan to improve immunisations across the whole life course has been developed, with a number of pilots and interventions. These were set out in a paper to the ICB in June 2020. Key progress includes: 1. Commissioning of GP confederation catch up programme to support primary care ahead of winter 2020 (agreed July 2020) - good plans are in place and this is being taken forward with the GP Confederation. 2. Proposal being developed for health visitors to deliver immunisations in children's centres and for key 'at risk groups (ie. families in temp accom) 3. The Back to school communications campaign on childhood immunisations finished on 25 September, and communications are now focusing on flu immunisations. 4. New system governance and delivery structures in place, led by public health 5. Specific interventions for the North of the borough continue to be commissioned and delivered, including Sunday clinics, with new models being explored This risk is part of a broader system risk on immunisations, and there is still work to be done to clarify how responsibility for managing the risk is shared between CYPM, Planned Care and Primary Care Workstreams. A specific report on flu immunisations went to the October ICB. Current uptake of flu vaccinations for 2/3 year olds is 29%, significantly higher than this time last year and a new model of flu vaccinations is being tested from children's centres. Work continues to progress toward the target of 75% coverage. Update 01/21 - over winter in the 2nd peak imms coverage continues to deteriorate. GPC funding has focused on the flu campaign with the imms badged funding (£100k) to be accrued to 21/22. Progress has been made in developing the future strategy with a focus on call and recall and vaccine hesitancy. NE Hackney PCNs are developing immunisations champions roles and plan to commission an Imms coordinator to ensure this work is prioritised in the context of the Covid vaccine. Update 25/03/21: The 0.5 wte Imms coordinator funding has been agreed by NHSE/NEL and the post will be recruited to via the lead PCN with start date to be in April. Also agreed 0.5wte NEL resource to be hosted by the same PCN with focus on strengthening call and recall and approach to vaccine hesitancy across NEL. Both posts non-recurrent funding for 12 months.	15		✓		✓	

Ref#	Description	Inherent Risk Score	Risk Tolerance	Residual Risk Score					Risk Movement	Monthly progress update	Projected next quarter risk score	Objective				
				Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21				Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse	Empower patients and residents
19	Potentially significant increased demand for CAMHS support throughout the impending phases of the pandemic, at specialist and universal level for children and families. As the pandemic has continued, we have seen increased pressure on T4 beds, and increasing crisis and ED presentations, which is also reflected across NEL and London. Many services are seeing a large risk in the number of referrals, particularly Tier 3 CAMHS, Eating Disorders and Crisis.	12	9			12	12	15		<p>CAMHS have responded flexibly to support families during the peak of COVID, alongside schools and there are robust contingency plans in place for this to continue. This includes solid governance structures, RAG rating patients, children and families, the introduction of new online support and new services in development.</p> <p>We are now becoming more concerned about ongoing impacts of the pandemic on adolescent and CYP mental health, with T4 beds at capacity and increasing presentations. This is being addressed at NEL, with a new crisis group working with the provider collaborative, and an Integrated discharge planning group has been set up to meet fortnightly (with C&H, Newham and Tower Hamlets) with reps from health, education and social care to strengthen the community offer. Several new services are supporting families online (Kooth, Helios) and we are developing plans for an integrated T3.5 service.</p> <p>Through WAMHS we are writing to schools to encourage them to use their clinician for consultation in order to secure appropriate and appropriately directed referrals, and to support staff to manage cases in school when a referral not being made, or waiting for assessment and treatment.</p> <p>MHST has extended its offer beyond its original scope of Wave 1 WAMHS schools, to invite all schools to universal parent support and training groups (primary & secondary), as well as groups for secondary age children.</p>	15	✓	✓		✓	✓

Integrated Commissioning Partnership Board Workstream Risk Update – Children ,Young People, Maternity & Families (CYPMF)

Introduction

It was noted at the ICPB meeting in February that following the distribution of papers, the CYPMF Workstream Strategic Oversight Group had agreed to re-assess and escalate the following risk (previously RAG-rated at 12, now rated as 16):

- Potentially significant increased demand for CAMHS support throughout the impending phases of the pandemic, at specialist and universal level for children and families. As the pandemic has continued, we have seen increased pressure on T4 beds, and increasing crisis and ED presentations, which is also reflected across NEL and London.

Update

CAMHS have flexibly supported families during the peak of COVID, alongside schools, and there are robust plans in place for this to continue. Several new services are supporting families online (Kooth, Helios) and we are developing plans for an integrated T3.5 service.

We are now becoming more concerned about ongoing impacts of the pandemic on adolescent and CYP mental health, with T4 beds at capacity and increasing presentations. This is being addressed at NEL, with a new crisis group working with the provider collaborative, and an integrated discharge planning group, which has been set up to meet fortnightly (with C&H, Newham and Tower Hamlets) with representatives from health, education and social care to strengthen the community offer.

LBH CAMHS clinical services are removing (from April 2021) their service offer to CYP that comes under Young Hackney and the gap will need to be picked up by ELFT CAMHS adding to the surge issues. We are currently attempting to establish the impact of this at a system level and associated costs.

A number of actions are planned to manage surges in demand for CAMHS for City & Hackney within the local system:

- Redeployment of CAMHS Alliance Support to coordinate critical response - plan being finalised but will include e.g.
 - First Steps to see lower threshold cases that would normally go to ELFT e.g. low level self-harm
 - Expediate deployment of CAMHS Single Point of Access
 - Utilisation of MHST staff to support with core ops e.g. triage

- HUH CAMHS to receive enhanced funding for additional senior clinician capacity plus enhanced duty system
- Introducing enhanced LBH clinical offer to support surge in CAMHS crisis presentations that relate to social problems (e.g. LAC placement breakdowns).
- Maintain Crisis service operation 9am -9pm 7 days per week beyond April 2021 and introduce additional cover up to midnight (in development)
- Introduction of CAMHS Intensive Community Support Team (Tier 3.5) for CYP with highly complex needs preventing crisis presentations and unnecessary admission
- Embedded LBH social worker to support crisis presentations
- Introduction of Silvercloud online CYP IAPT treatment offer.
- 50% enhancement to clinical capacity at Off-Centre to improve pathway for 16-25 yrs. Working with HUH Adult IAPT to provide support for Young People on Off-Centre's waiting list.
- Expanding existing Eating Disorders Service by 40% to cover increase demand / rapid deployment underway
- CAMHS Disability has implemented a Duty System
- First Steps has created a number of webinars and one off workshops for parents/CYP who are on the waiting list
- First Steps has adapted parenting groups in online format (i.e. First Year and You, Incredible Years, Solihull)
- CAMHS Disability has created a number of online videos + QA sessions for parents of CYP with a recent diagnosis of ASD (instead of Early Bird/Cygnett)

Summary of the City and Hackney ICP Development Session Held on March 16th 2021

City and Hackney partners held a third development session on March 16th. The purpose was to reflect on the experience of the partnership since the last development session in October, to look ahead at the priorities of the partnership for 2021/2 and to review how the new governance arrangements will work post April. There was also discussion of the tests of progress for the partnership as these new arrangements are implemented.

The session was attended by 40 participants including Healthwatch representatives, the voluntary sector, PCN leaders, the City of London Corporation, the London Borough of Hackney, the CCG, local primary care, secondary care and mental health.

This summary captures the discussion under the following headings:

- Reflections on how partners have been working through the Covid pandemic
- The partnership priorities for 2021/2
- How the new arrangements will work post April
- Some success criteria for use in 6-9 months

Reflecting on the last 6 months

The meeting reflected back to last March as the system was entering lock down with an urgent need to ensure the safety of local people and the capacity of the local care system to care for those most critically affected. Examples were offered of how partners had worked with speed and flexibility across the health and social care system and across the statutory, non-statutory and independent sectors. Examples included the distribution of humanitarian aid, the accommodation of local homeless people and the integration of community based social care and community health services as part of rapid discharge from hospital. Innovation was achieved in terms of the use of technology for remote health monitoring leading to more effective care within the home setting supported by clear protocols for escalation for acute hospital care. This “Health made at home” theme will be important in future to enable greater independence and self care for residents along with assisting in freeing up hospital capacity as the hospital begins to catch up with delayed diagnostics and treatments.

Comment was made on how partners worked together; thinking differently, pushing the boundaries and working with flexibility, aided by a reduction in the regulatory burden and financial constraints. These freedoms will inevitably change but there is a strong desire to retain the spirit and style of working built up over the past year in particular. There is also a strong desire to reflect further and learn about what particularly worked; for example, how partners had worked together to access hard to reach groups.

For a further reminder of the reflections of joint working please see the film made last summer accessed using the following link: <https://youtu.be/fA7mULt3STI>

Summary of the ICP Development Session Held on March 16th2021

The health and care priorities for 2021/2

David Maher and Tracey Fletcher summarised the five programmes that will continue as the basis of thinking and action for service transformation. These programmes cover the modernisation of primary care, the development of integrated neighbourhood services, the improvement of physical and mental health for children, young people and families, improvements in home based services for rehabilitation and recovery, and finally, the development of integrated community based mental health services. The development of community based integrated health and social care services will make a major contribution to enabling the hospital to recover its programme of planned diagnostic and treatment services.

The Covid pandemic has impacted on health inequalities and had particular impact on the health and wellbeing of children and younger people with an increasing burden on unpaid carers. It is important that these aspects are reflected in the priorities.

All of this needs to be achieved within the context of increasing effort on prevention, of delivering services that are truly integrated, on ensuring the empowerment of local residents and finally delivering a financially balanced local system.

The full input on priorities has been edited to a short 11 minute film accessed via the following link: <https://youtu.be/mkzx05r-ZwY>

How the new arrangements will work

The details of the new governance arrangements were discussed and it was agreed there are some important aspects of style and culture that are a key part of the new way of working. All partners will need to take the needs of the population as a starting point for planning and be always sighted on their part within the overall system. The arrangements assume a collective responsibility and accountability for overall outcomes and performance, spending the City and Hackney pound wisely.

There are some important collective behaviours to role model. Trust is at the heart of successful collaboration and that comes from really understanding relative positions whilst being committed to the collective endeavour. A test of maturity will be lie in the ability to discuss the difficult issues and to think and act across organisational boundaries, holding a strong collective vision but being flexible as detail is worked.

The full input on how the new system will work has been edited to a short 12 minute film access via the following link: <https://youtu.be/Qy9bk7dylIQ>

Some success criteria for use in 6-9 months

There was a general desire to set some expectations for what can be achieved in the first 6-9 months of the new working arrangements. It was recognised that this is too short an amount of time to see differences in outcomes for patients and residents,

Summary of the ICP Development Session Held on March 16th2021

but we would want to see real change in the way we work and how it feels to work as part of an Integrated Care Partnership.

Category	Outline success criteria
Ways of working	<ul style="list-style-type: none">▪ Clear vision for services that all organisations are signed up to▪ A transparent decision-making process at the two boards with a clear sense of accountability at each for results▪ We have different way of understanding quality of life and we have good examples of co-production of services with patients and residents▪ Demonstrating we base our decisions on good evidence▪ The degree of use of QI methodology in service improvement work▪ The degree of use of personal care stories as well as aggregate data and information▪ Demonstrating how we are making it easier for the public to participate
Ways of feeling	<ul style="list-style-type: none">▪ We are really making progress on the key issues▪ We are spending the City and Hackney £ wisely▪ We have been able to resolve difficult issues/conflict together successfully▪ We can describe to others what the partnership is working on and why▪ Local residents and public representatives can see how they have influenced plans (“you said we did”)▪ Staff feel less exhausted▪ We feel a sense of energy and commitment when together▪ We have reduced the need for some meetings

Closing the meeting

Mark Ricketts thanked all those for attending. He commented on the success of the partnership so far in addressing the urgent humanitarian and safety needs locally on the basis of the ability of partners to be flexible and push the boundaries. The new governance arrangements offer an opportunity to keep the best of commissioning locally and integrate it with strong integrated service delivery. The ICPB will meet for the first time in April and the arrangements will then be shaped and modelled as we learn more about what works with a reflection point later in the year based around the criteria developed during this session.

***Summary prepared by Simon Standish
March 23rd 2021***

Integrated Commissioning Glossary

ACEs	Adverse Childhood Experiences	
ACERS	Adult Cardiorespiratory Enhanced and Responsive Service	
AOG	Accountable Officers Group	A meeting of system leaders from City & Hackney CCG, London Borough of Hackney, City of London Corporation and provider colleagues.
CPA	Care Programme Approach	A package of care for people with mental health problems.
CYP	Children and Young People's Service	
	City, The	City of London geographical area.
CoLC	City of London Corporation	City of London municipal governing body (formerly Corporation of London).
	City and Hackney System	City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation, Homerton University Hospital NHS FT, East London NHS FT, City & Hackney GP Confederation.
CCG	Clinical Commissioning Group	Clinical Commissioning Groups are groups of GPs that are responsible for buying health and care services. All GP practices are part of a CCG.
	Commissioners	City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation
CHS	Community Health Services	Community health services provide care for people with a wide range of conditions, often delivering health care in people's homes. This care can be multidisciplinary, involving teams of nurses and therapists working together with GPs and social care. Community health services also focus on prevention and health improvement, working in partnership with local government and voluntary and community sector enterprises.
COPD	Chronic Obstructive Pulmonary Disease	
CS2020	Community Services 2020	The programme of work to deliver a new community services contract from 2020.
DES	Directed Enhanced Services	
DToC	Delayed Transfer of Care	A delayed transfer of care is when a person is ready to be discharged from hospital to a home or care setting, but this must be delayed. This can be

		for a number of reasons, for example, because there is not a bed available in an intermediate care home.
ELHCP	East London Health and Care Partnership	The East London Health & care Partnership brings together the area's eight Councils (Barking, Havering & Redbridge, City of London, Hackney, Newham, Tower Hamlets and Waltham Forest), 7 Clinical Commissioning Groups and 12 NHS organisations. While East London as a whole faces some common problems, the local make up of and characteristics of the area vary considerably. Work is therefore shaped around three localized areas, bringing the Councils and NHS organisations within them together as local care partnerships to ensure the people living there get the right services for their specific needs.
FYFV	NHS Five Year Forward View	The NHS Five Year Forward View strategy was published in October 2014 in response to financial challenges, health inequalities and poor quality of care. It sets out a shared vision for the future of the NHS based around more integrated, person centred care.
IAPT	Improving Access to Psychological Therapy	Programme to improve access to mental health, particularly around the treatment of adult anxiety disorders and depression.
IC	Integrated Commissioning	Integrated contracting and commissioning takes place across a system (for example, City & Hackney) and is population based. A population based approach refers to the high, macro, level programmes and interventions across a range of different services and sectors. Key features include: population-level data (to understand need across populations and track health outcomes) and population-based budgets (either real or virtual) to align financial incentives with improving population health.
ICB	Integrated Commissioning Board	The Integrated Care Board has delegated decision making for the pooled budget. Each local authority agrees an annual budget and delegation scheme for its respective ICB (Hackney ICB and City ICB). Each ICB makes recommendations to its respective local authority on aligned fund services. Each ICB will receive financial reports from its local authority. The ICB's meet in common to ensure alignment.

ICS	Integrated Care System	An Integrated Care System is the name now given to Accountable Care Systems (ACSs). It is an 'evolved' version of a Sustainability and Transformation Partnership that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners.
IPC	Integrated Personal Commissioning	
ISAP	Integrated Support and Assurance Process	The ISAP refers to a set of activities that begin when a CCG or a commissioning function of NHS England (collectively referred to as commissioners) starts to develop a strategy involving the procurement of a complex contract. It also covers the subsequent contract award and mobilisation of services under the contract. The intention is that NHS England and NHS Improvement provide a 'system view' of the proposals, focusing on what is required to support the successful delivery of complex contracts. Applying the ISAP will help mitigate but not eliminate the risk that is inevitable if a complex contract is to be utilised. It is not about creating barriers to implementation.
LAC	Looked After Children	Term used to refer to a child that has been in the care of a local authority for more than 24 hours.
LARC	Long Acting Reversible Contraception	
LBH	London Borough of Hackney	Local authority for the Hackney region
LD	Learning Difficulties	
LTC	Long Term Condition	
MDT	Multidisciplinary team	Multidisciplinary teams bring together staff from different professional backgrounds (e.g. social worker, community nurse, occupational therapist, GP and any specialist staff) to support the needs of a person who requires more than one type of support or service. Multidisciplinary teams are often discussed in the same context as joint working, interagency work and partnership working.

MECC	Making Every Contact Count	A programme across City & Hackney to improve peoples' experience of the service by ensuring all contacts with staff are geared towards their needs.
MI	Myocardial Infarction	Technical name for a heart attack.
	Neighbourhood Programme (across City and Hackney)	The neighbourhood model will build localised integrated care services across a population of 30,000-50,000 residents. This will include focusing on prevention, as well as the wider social and economic determinants of health. The neighbourhood model will organise City and Hackney health and care services around the patient.
NEL	North East London (NEL) Commissioning Alliance	This is the commissioning arm of the East London Health and Care Partnership comprising 7 clinical commissioning groups in North East London. The 7 CCGs are City and Hackney, Havering, Redbridge, Waltham Forest, Barking and Dagenham, Newham and Tower Hamlets.
NHSE	NHS England	Executive body of the Department of Health and Social Care. Responsible for the budget, planning, delivery and operational sides of NHS Commissioning.
NHSI	NHS Improvement	Oversight body responsible for quality and safety standards.
	Primary Care	Primary care services are the first step to ensure that people are seen by the professional best suited to deliver the right care and in the most appropriate setting. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.
PD	Personality Disorder	
PIN	Prior Information Notice	A method for providing the market place with early notification of intent to award a contract/framework and can lead to early supplier discussions which may help inform the development of the specification.
QIPP	Quality, Innovation, Productivity and Prevention	QIPP is a programme designed to deliver savings within the NHS, predominately through driving up efficiency while also improving the quality of care.
QOF	Quality Outcomes Framework	
	Risk Sharing	Risk sharing is a management method of sharing risks and rewards between health and social care organisations by distributing gains and losses on an agreed basis. Financial gains are calculated as the difference between the expected cost of

		delivering care to a defined population and the actual cost.
	Secondary care	Secondary care services are usually based in a hospital or clinic and are a referral from primary care. rather than the community. Sometimes 'secondary care' is used to mean 'hospital care'.
	Step Down	Step down services are the provision of health and social care outside the acute (hospital) care setting for people who need an intensive period of care or further support to make them well enough to return home.
SOCG	System Operational Command Group	An operational meeting consisting of system leaders from across the City & Hackney health, social care and voluntary sector. Chaired by the Chief Executive of the Homerton Hospital. Set up to deal with the immediate crisis response to the Covid-19 pandemic.
SMI	Severe Mental Illness	
STP	Sustainability and Transformation Partnership	Sustainability and transformation plans were announced in NHS planning guidance published in December 2015. Forty-four areas have been identified as the geographical 'footprints' on which the plans are based, with an average population size of 1.2 million people (the smallest covers a population of 300,000 and the largest 2.8 million). A named individual has led the development of each Sustainability and Transformation Partnership. Most Sustainability and Transformation Partnership leaders come from clinical commissioning groups and NHS trusts or foundation trusts, but a small number come from local government. Each partnership developed a 'place-based plans' for the future of health and care services in their area. Draft plans were produced by June 2016 and 'final' plans were submitted in October 2016.
	Tertiary care	Care for people needing specialist treatments. People may be referred for tertiary care (for example, a specialist stroke unit) from either primary care or secondary care.
	Vanguard	A vanguard is the term for an innovative programme of care based on one of the new care models described in the NHS Five Year Forward View. There are five types of vanguard, and each address a different way of joining up or providing more coordinated services for people. Fifty

		vanguard sites were established and allocated funding to improve care for people in their areas.
VCSE	Voluntary Community and Social Enterprise	

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