

## **Integrated Commissioning:** Children, Young People Maternity and Families Workstream

### **Update to Health and Hackney and CYPs Joint Overview and Scrutiny Committee** October 2020

#### **1.0 Introduction**

The Children, Young People, Maternity and Families (CYPMF) Workstream has been working to deliver an integrated health and care system for children, young people and their families across City and Hackney since October 2017. The overarching aim is to coordinate, optimise and transform the delivery, and subsequently improve the health outcomes of our residents.

During 2020, the workstream has continued to:

- Commission and ensure delivery of CCG children's health business as usual
- Manage and ensure delivery of the health safeguarding system, including designated roles
- Deliver transformative approaches children's health service delivery (i.e. Implementation of new Health of LAC and Speech and Language models)
- Commission and ensure delivery of maternity and families services including a key national maternity transformation programme
- Ensure integration of the CAMHS agenda, and support delivery of core services and transformation, including oversight of the CAMHS alliance
- drive forward an integrated approach for commissioning and delivery across the CCG, Public Health, LBH and COL Children's, early years and families services
- Develop and deliver on innovation i.e. The Adverse Childhood Experiences change programme and CYP neighbourhood test pilots.

The top 3 deliverables linked to our transformation plans have remained:

- to improve emotional and mental health for children and young people;
- improve the health of our vulnerable groups, and
- improve care at maternity and early years.

We have made progress in transformational work cutting across these three priorities specifically on our system wide approach to raising awareness and reducing the impact of Adverse Childhood Experiences that we are calling the 'Childhood Adversity, Trauma and Resilience: a City and Hackney approach', the scoping of the CYPMF neighbourhoods work and the development of the first integrated Emotional Health and Wellbeing strategy for children and young people and accompanying action plan.

This delivery has continued alongside a flexible pandemic response, ensuring children's and maternal health services continue to be open and safe (including inpatient wards), and mobilising quick responses in terms of online mental health services, cross checking of vulnerable groups across CYP system partners, and work to improve uptake of immunisations and vaccinations. We have worked closely with North East London to respond around bereavement and capacity, and on more development work i.e. Developing a social prescribing offer for children and families.

The workstream has ensured children, families and maternity are a key priority in the local NHS System Operational Command response, and the integrated delivery plan. As we move through phase 2 and into winter, we are monitoring contingency plans against the following areas:

- Access to Primary care. Including supporting messaging around the difference between colds / flu and possible COVID
- Increasing uptake of flu vaccines for all residents, targeting 2-3 year olds and pregnant women. Increasing uptake of childhood vaccinations across the borough in order to prevent further outbreaks (ie. Measles)

- Increased mental health and wellbeing for schools (including WAMHS, Mental health support teams in schools, DfE return to school wellbeing programme, and online resources).
- Communications, advice and guidance for schools and settings with possible outbreaks (with public health)
- Capacity in secondary and acute settings ahead of winter (ie. HUFT children's ward).
- Workforce capacity, particularly the maternity workforce

## 2.0 Context and Overview of plans and progress 2019/20

### 2.1 The Covid Pandemic response

In the context of the Pandemic, the workstream has further strengthened our collaborative working with our public, health, social care and education partners; establishing timely and responsive communication regarding national COVID 19 guidance, the impact on the local system and families, and our combined response to identify vulnerability and provision.

Early work included the **mapping of vulnerable cohorts of children and young people**, the professionals involved in their care, the personalised 'rag rating' or **assessment of risk and monitoring** arrangements in place. Regular **virtual MTDs** have continued to monitor impact on our Looked After Children, CAMHS, Continuing Care and Care Education Treatment Review (CETR) Cohorts.

The workstream has supported the **development of pathways for vulnerable groups** and timely referrals to early help services via the **Coronavirus helpline and 'I need help' form** and has contributed to the development of the Snapshot tool for helpline staff, the Community Partnerships Hub, Community Navigation Design Group and Find Support Services work. Ongoing discussions and work to explore how to establish and build on relationships and pathways between the council and **voluntary and community sector** organisations can continue to strengthen pathways of support to families by **bridging gaps between adult and children's services**, as well as between public and voluntary sector services.

As per national guidance, the majority of community services for children and young people were delivered virtually during lockdown, and service updates were available on the City and Hackney Local Offer websites and through the CCG and LA websites. For some cohorts such as Looked After Children, the virtual offer has increased engagement with some young people and learning from this period will inform future service developments. Some of the key areas impacted include:

- The numbers of children coming into care have increased significantly in recent months, including the numbers of asylum-seeking young people, impacting the capacity of the Health of LAC service. The Nurse service has successfully offered a **catch up of face to face review health assessments** although engagement has been low.
- The Health Visiting Service reconfigured to establish a **'rapid response'** service to meet the needs of families who needed an on the day visit / appointment and worked closely with early help services in the context of increasing levels of domestic abuse.
- The CAMHS alliance fast tracked virtual resources including **KOOTH online** counselling service and worked closely with the Local Authorities to publish 'back to school' resources. The CCG commissioned a **bereavement service** for children affected by loss due to COVID from St Joseph's Hospice.
- The HUFT Children's ward briefly closed to **inpatients** for a two week period in April, in order to support the treatment of adult COVID patients. A tested contingency arrangement was put in place where HUFT retained paediatric A&E and a 24hr observation unit, and inpatients would be transferred to the Royal London (Barts). 4

patients transferred (to the Royal London and to GOSH. There have been no issues related to this and no further closures. Closer working with North East London partners has enabled and ensured this arrangement, and will be crucial as we head into winter.

- The Pandemic has resulted in a decrease in our **childhood immunisation coverage**, which has been a priority for the system owing to historic low levels, particularly in NE Hackney. The Partnership has sustained focus on this agenda with the COVID immunisations task group leading a local publicity campaign, and continued GPC commissioned service in NE Hackney. Childhood immunisations and nasal flu immunisations for 2- and 3-year olds are included in a combined children and adults CCG catch up contract commissioned from the GPC over winter 2020. We have supported health visiting to develop a plan for delivering **flu vaccinations in 5 children's centres** intensively for 6 weeks from November 2020, with the expectation of new models for childhood immunisations delivery to follow. Uptake of flu for 2-3 year olds is starting to improve on last year's rates.

In response to the stark inequalities and disproportionate impact of the pandemic on vulnerable groups we have by refreshed and re-shaped key lines of work. Leading work with the **Improving Outcomes for Young Black Men's** programme mental health strand and with voluntary sector partners, we are working to align strategic priorities, approaches and action plans to the refreshed corporate plan and anti-racist work. Using co-produced approaches to build community resilience and tackle the impact of childhood adversity including both adverse experiences and adverse environments as part of the **Childhood Adversity, Trauma and Resilience work** will enable us to continue to strengthen this work. Our refreshed approach to engagement and the launch of an innovative and integrated pilot programme for co-production will ensure we are increasingly informed by the lived experiences of children, families and young people to continue to work to improve outcomes for our most vulnerable and disproportionately affected groups.

During the Pandemic the workstream has submitted regular updates on our system response. Emerging priority areas of work include End of Life, with NEL CCGs commissioning a strengthened end of life and hospice at home service offer from Richard House Hospice and Have House Hospice utilising NHSE's CCG matched funding provision.

## 2.2. Progress against wider workstream priorities

- The NHS Long Term Plan contextualises our work, placing a strong focus on prevention, and on giving our population the 'Best Start in Life' through continued delivery of **maternity and CAMHS transformation**. We are also working closely with **North East London** and the CYP Steering Group. This gained momentum during the COVID response and is now prioritising work to develop social prescribing models for children and families, and reviewing the Children's community nursing offer, alongside peri-natal and CAMHS transformation work.
- Also working closely with ELLMS (East London Maternity System), we have monitored demand and capacity weekly throughout the pandemic and continued to emphasise safety. We would like to pick up work on improving patient experience and inequalities through targeted work for BME **pregnant women** over the next few months.
- Improving transition and strengthening services for those with **SEND remains a priority**. In 2019/20 **Care Education Treatment Review (CETR) processes** were established for CYP with a Learning Disability and / or Autism and who display challenging behaviour who may be at risk of a hospital placement. Following consent, there is regular review and monitoring of the child or young person with the family across the professional network to assess whether all support necessary to maintain

safe and sustained placement in the community is in place. During the pandemic thresholds have been lowered as per national guidance and proposals for a strengthened CAMHS and wider partnership offer for this cohort are in development.

- Having joined us in June 2020, our new **CYPMF Neighbourhoods** Project Manager has been working with system partners across health, education and social care and the Neighbourhoods Programme team to develop pilots to test **enhancing neighbourhoods working for children, families and young** people to intervene early to prevent the need for statutory and specialist care and interventions in a number of key areas. Working to strengthen multi-agency working by building on the strong **Multi-Agency Team (MAT)** meetings and **universal early years** offer for 0-5 year olds and their families; exploring how we might build on strengths and use the **Children and Young People's Partnership Panel** to develop stronger multi-disciplinary working for 6-19 year olds with strengthened relationships between primary care and schools, and families and enabling a 'think family' approach for vulnerable families by strengthening pathways between services and multi-agency team meetings for vulnerable adults and children and families services (in cases where those adults have dependent children aged 18 or under).
- A system wide approach to **Childhood Adversity, Trauma and Resilience (ChATR)** aimed at preventing, intervening earlier and mitigating the impact of **Adverse Childhood Experiences (ACEs)** was refreshed and has been endorsed by the Integrated Care Partnership Board. The system-wide approach to ACE's is now ready to drive a programme of work linking with the other workstreams and other strategic work in the system to intervene at all levels by strengthening knowledge, relationships and confidence in the workforce in applying trauma-informed approaches, using experiential training supported by the a digital resource portal.
- The ChATR project team are working with **Hackney Council's Change Support Team** on a pilot due to start this week to kick-start the development of this work and develop frameworks for evaluating the work. Example interventions being explored as part of this work include a pilot with Hackney Children and Families Service of a trauma-informed approach to Child Protection Conferences and a resilience-building film project with young people, HCVS and Young Hackney with a focus on resilience to be used in training and public facing awareness-raising initiatives that document and celebrate activities in City and Hackney that build individual, family and community resilience.
- Following successful transfer of the Health of **Looked After Children's** Service in September 2019, service capacity is under review as numbers coming into care are increasing.
- Closer alignment with the other workstreams is a priority in 20/21 and we will continue to focus on our prevention priorities, including a robust programme to **improve uptake of immunisations**
- Work has resumed on delivering a jointly commissioned **Speech and Language Therapy service** (with consolidation of pooled resources) to inform our strategy of early identification of need and youth justice integrated commissioning
- The workstream and CAMHS Alliance partners are working on the integration of our complex **CAMHS** services, with a view to having an integrated service from 2022, in line with our new strategy. Earlier preventative work is expanding through WAMHS

now in most City and Hackney schools, Mental health support teams in half of schools and early work with Orthodox Jewish schools around mental health.

- Taking account recommendations and insight from the **Hackney Young Futures Commission** and insight from work with young people from partners in participation and engagement across the integrated system including the **Young Black Men's Programme**, the workstream has developed an engagement and co-production plan starting with a pilot of its **CYPMF 'System Influencers' programme** this month. The programme aims to develop a sustainable engagement model with young people for our workstream, building on the existing engagement forums across agencies and empowering young people with an experience that provides them with knowledge and support to develop their capacity to understand and influence the system from the inside. For the first phase, 10 young people aged 16-25 will be rewarded and recognised for their time as public patient reps receiving payment above the **London Living wage** and **accreditation**. They will work with system mentors (professionals from across the CCG, LBH and VCS) to help co-produce our engagement model with support from paid peer mentors, a coordinator and their system mentors and young people will be supported to access onward opportunities within our system.

### 3.0 Impact

While we are seeing improved health outcomes across a number of measures for children and families, and some improvements in measured quality of services, we are consciously looking at how we demonstrate impact more tangibly through our workstream Outcomes Framework, Logic Model and ongoing evaluation with Cordis Bright partners. We are aware of ongoing challenges in specific areas including uptake of immunisations, childhood obesity (linked to Prevention workstream), women's experience of maternity services, health outcomes for our more vulnerable groups (ie. Looked After Children, those with SEND) and experience of transition between services. COVID has impacted:

- Take up of routine childhood and flu immunisations (decreased up to 25%)
- Timely access to health services (ie. Late presentations to A&E)
- Emotional health and wellbeing of children and families. This is largely unquantified but we are starting to see increases in referrals to CAMHS
- The visibility of children and families due to the amount of time spent face to face with children and families has been reduced. We are expecting longer term impacts to emerge, specifically around safeguarding.

### 4.0 Alignment with London and the East London Health and Care Partnership ('the North East London STP')

We are working closely with the East London Health and Care Partnership, and our close neighbours, across maternity, vulnerable children at risk of sexual exploitation and assault, CAMHS transformation and asthma. We are also working with NEL on urgent care for children and young people throughout 2020. City and Hackney is a key player in the North East London Children and Young People's Steering Group, and we are now a member of the London Children and Young People Clinical and Leadership.

Learning from the Pandemic and collaboration across NEL are also informing the workstream's social prescribing plans for children and young people. The plan is to build on the existing adult's model with an enhanced family approach and review the opportunities for some of our target vulnerable groups, linking our transformation priorities.

## 5.0 Delivering Transformation: Highlight Report

This demonstrates delivery across our three identified priority areas, and incorporates elements of business as usual grouped into priority area:

Deliverables:	Outcome ambitions:	Highlights
<b>Priority 1: Improving Children and Young People’s Emotional Health and Wellbeing across the system</b>		
<p>Ensure the development of a clear prevention offer, with an emphasis on wellbeing, and young people getting support where needed. Includes:</p> <ul style="list-style-type: none"> <li>● Implementation of the CAMHS transformation plan, including schools work</li> <li>● Re-design of service delivery/ CAMHS integration</li> <li>● Improving access to support for children and young people in the City of London</li> <li>● Deliver intensive community support for CYP who have had a crisis episode or those that need intensive support who come under CETR cohort (Autism and LD) – this includes 24/7 home treatment teams with better links to adult services.</li> <li>● Extend our digital offer</li> <li>● Address digital exclusion</li> <li>● Address health inequalities in line with our reach and resilience workstream: ACH, Charedi, Turkish speaking, LGBTQ+, Muslim community</li> </ul>	<p>Improved offer of, and access to CAMHS, demonstrated through:</p> <ul style="list-style-type: none"> <li>● Increased access (linked to increased investment)</li> <li>● Clearer pathways for residents and non-residents – CAMHS integration</li> <li>● Improved access to support for crisis – 24/7 Home Treatment teams</li> <li>● CAMHS support in all schools by 2020 now achieved. We aim to have full WAMHS / MHST in place by end of 2021 to all state-maintained schools and start of pilot in Charedi schools</li> <li>● Improved outcomes for those transitioning to adult mental health services through a pilot 18-25 yr. service</li> <li>● Enhanced eating disorders service in line with expanding NICE guidance</li> <li>● Improved neurodevelopmental pathways including increase funding for Autism diagnosis and aftercare</li> </ul>	<ul style="list-style-type: none"> <li>● <b>CAMHS Transformation</b> plan is fully operational with a recurring investment addressing gaps identified and in alignment with Future in Mind. The plan is now finishing phase 3 and entering phase 4 in April 2021. City and Hackney CAMHS Alliance is due to publish its implementation plan for 2021-22</li> <li>● CYP MH <b>access rate</b> was 38% - one of the highest performing CCGs in the region.</li> <li>● Implementation of KOOOTH, <b>online support and counselling</b> for CYP was expedited during the early stages of the Pandemic</li> <li>● <b>Implementation of Mental Health Support Teams</b> in Schools plus universal roll-out of WAHMS to state-maintained schools</li> <li>● Development of Tier 3.5 intensive <b>community support for LD and Autistic CYP</b> with significant needs to prevent MH admission to hospital.</li> <li>● Successful completion of the 16-25 Off-Centre <b>transition service</b> is now being put forward for recurrent funding.</li> <li>● A <b>bereavement counselling service</b> has been set up with St Joseph’s Hospice to provide support for CYP who have lost a relative, caregiver or significant other due to Covid-19</li> <li>● The draft <b>Integrated Emotional Health and Wellbeing Strategy (2020-2025)</b> has been refreshed taking account the impact of the pandemic and will be out for consultation by December 2020.</li> <li>● The workstream has developed an <b>integrated CYPMF engagement plan</b> with system partners taking account and responding to the Hackney Young Futures Commission recommendations and working with stakeholders across the system involved in participation and engagement. The CYPMF ‘<b>system influencers</b>’ pilot programme has a number of key objectives, including building resilience and improving outcomes, while ensuring our services are co-produced by meaningful and earlier engagement with children, young people, and parents with lived experiences.</li> <li>● The system-wide approach to <b>Childhood Adversity, Trauma and Resilience</b> (mentioned below), is a key transformational project for the workstream due to</li> </ul>

		<p>launch in 20/21 and aims to strengthen multi-disciplinary approaches to the prevention, early intervention and mitigation of adversity by building resilience and improving the emotional health and wellbeing of children and young people.</p>
<p><b>Priority 2: Strengthening our health and wellbeing offer for vulnerable groups</b></p>		
<p>Improve the health offer for Looked After Children: Re-design and procure integrated HLAC provision</p> <p>Oversight of the health elements of the SEND offer and targeted joint work. Includes:</p> <ul style="list-style-type: none"> <li>● Pathway development, particularly around the offer at early years</li> <li>● Early health input mechanisms embedded into EHCPs (Education, Health and Care Plans)</li> <li>● Support at key transition points</li> <li>● Further development / use of personal health budgets</li> <li>● work with partners including the OJ community to support access to provision</li> <li>● explore improving the health and wellbeing of boys with autism specifically for City of London</li> </ul> <p>Support work with children to manage Long Term conditions. Includes:</p> <ul style="list-style-type: none"> <li>● STP Integrated Asthma provision work</li> </ul>	<p>More effective pathways for LAC through health, particularly for those CYP with complex health needs, mental health needs and challenging behaviour needs through newly commissioned service</p> <ul style="list-style-type: none"> <li>● Increased early health support for children with SEND, as evidenced through input to EHCPs</li> <li>● Increased numbers of children and their families utilising Personal Health budgets and making effective transitions to adult services</li> <li>● Increased representation of specific communities accessing SEND health support</li> </ul> <p>More families supported to manage long term conditions in the community, and</p>	<ul style="list-style-type: none"> <li>● A system wide approach to raising awareness and reducing the impact of <b>Adverse Childhood Experiences</b> has been completed and endorsed by the Integrated Care Partnership Board. The City and Hackney approach, renamed 'Childhood Adversity, Trauma and Resilience' to include adverse experiences not considered by the original research and to reflect the need to tackle the root causes of ACEs by building resilience in individuals, workforce and communities aims to strengthen workforce, improve the offer of early support and parenting and to develop of a digital resource portal to support professionals and carers. <b>The Change Support team</b> is due to start work with the project team for a 6 week pilot working with a group of practitioners working across the integrated health and care system including voluntary sector organisations to develop a community of practice.</li> <li>● The collaborative re-design and commissioning process for the <b>new health of Looked After Children's</b> service successfully delivered a new service, launched on September 1<sup>st</sup> 2019 and. Young people and foster carers were involved in the design of the service. It is now being delivered by HUFT.</li> <li>● The LAC health annual report documents positive early indicators of progress including partnership working, the recruitment of a Named Nurse and the presence of a CAMHS practitioner at the LAC clinic.</li> <li>● An Integrated arrangement for delivery of <b>Speech and Language therapies</b>, including for pooled budgets will be in place in 2021. A similar joint review for Occupational Therapy is planned thereafter</li> <li>● Joint work planned across the workstream and planned care re <b>LD and autism</b> transition pathways to be progressed, linking with the investment proposals for Tier 3.5 CAMHS</li> <li>● The <b>City and Hackney Autism Strategy</b> to be strengthened via focused CYP engagement work</li> <li>● The focus on <b>improving childhood immunisations in NE Hackney</b> continues, with additional weekly clinics held at the weekend commissioned from the GP Confederation and close working with the CCG, GPC, public health and voluntary community leaders</li> </ul>

<ul style="list-style-type: none"> <li>● Epilepsy and Asthma specialist nurses</li> <li>● Develop local offer around allergy and dermatology</li> <li>● Explore increasing access to therapies for groups with barriers to access, and specifically for City of London children</li> <li>● Develop clear Primary Care pathways for children with unexplained medical symptoms (in conjunction with the Paediatric liaison service), and work with CAMHS on the Autism pathway</li> </ul> <p>Scope potential for joint work across the CSE, harmful sexual behaviours and CSA agenda, and deliver on STP proposals for development of CSA hub</p> <p>Support integration and groups with disparities in health outcomes and higher levels of coming into contact with the Youth Justice system, alongside work to Explore links to reducing exclusions</p> <p>Improve the health and wellbeing offer for the most vulnerable groups of City of London children and young people</p>	<p>through a closer relationship with Primary Care</p> <p>Further integration of social care and health, resulting in better identification and support for those at risk of sexual exploitation, and better and faster access to support for those who have experience sexual assault.</p> <p>Less disproportionate representation of specific vulnerable groups accessing health and wellbeing services</p> <p>Closer working across education, health and social care to support the most vulnerable young people to stay in school</p>	<ul style="list-style-type: none"> <li>● All children with continuing healthcare needs have a Personal Health Budget Funding secured for implementation of recommendations arising from the CoL and LBH <b>SEND</b> inspections, and joint commissioning and funding protocols across LAC and SEND are being formalised across agencies.</li> <li>● Establishing a register of young people within the <b>CETR cohort</b> (those with LD and/or ASD and at risk of inpatient admission) and joint work with system partners to embed processes to identify these young people and undertake community CETR. During Covid-19 a fortnightly review of the cohort was undertaken with social care and education colleagues.</li> </ul>
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<p><b>Priority 3: Improving the offer of care at maternity and early years</b></p>		
<p>Support improvement in quality of local maternity services and perinatal care. Includes:</p> <ul style="list-style-type: none"> <li>• Explore and propose work to reduce rates of infant mortality</li> <li>• Explore and evaluate data around re-admissions and identify action plan</li> <li>• Reduce rates of smoking in pregnancy (Embed HUFT maternal smoking pathway and explore UCL pathway)</li> <li>• Support work to improve rates of immunisations (including antenatal flu and pertussis). Explore potential effectiveness of devolved commissioning.</li> <li>• Support work on choice of maternity care and perinatal mental health (with STP partners)</li> <li>• Clarify pathways for women following birth and discharge</li> </ul> <p>Support work to improve rates of immunisations at 1 and 2 years, including exploring options for a devolved commissioning role</p>	<p>Reduction in the rate of stillbirths, neonatal and maternal deaths, supported by:</p> <ul style="list-style-type: none"> <li>• Increased early booking by 10 weeks of pregnancy, and improve continuity of care from their midwife</li> <li>• Improved pregnancy outcomes, specifically for women who have Long Term Conditions (LTCs) or other specific medical needs through our GP Early Years Contract, and targeted pre-conceptual care</li> <li>• An increase in numbers of women taking folic acid, aspirin and healthy start vitamins for a healthy pregnancy and healthy growth and development of the child</li> <li>• Increased numbers of women who receive Pertussis and Flu jabs during their pregnancy</li> <li>• Increased referral of women early to local services when social or psychological risks are identified</li> <li>• Improved pregnancy outcomes for socially vulnerable women targeted support for women who may be socially vulnerable</li> </ul>	<ul style="list-style-type: none"> <li>• Continued focus on delivering key areas in the NHS Long Term Plan, including building on our 71.2% of women booked on <b>Continuity of Carer pathway</b> by end of Q1 2020 – exceeding national ambition of 35%%, and reducing stillbirths and neonatal deaths. Consistently achieving 100% of women with a personalised care plan at booking in 2020.</li> <li>• Implementation of <b>digital solutions</b> for Maternity which are in the planning stage will support better working with patients in antenatal care with a clear focus on improving women’s experiences of antenatal care through responses to input from service users through the Maternity Voices project. The maternity service is exploring end to end digital platforms for maternity following recommendations from 2020 CQC inspection.</li> <li>• Sustaining improvements in quality performance of midwifery services at the Homerton, through a number of <b>Quality improvement initiatives</b>.</li> <li>• Overall CQC inspection in 2020 rated Good, however some improvements to safety required. Action plan has been drafted in response with maternity service working at pace to address issues highlighted.</li> <li>• <b>Peri-natal mental health</b> service being expanded in line with the Long-Term plan to meet the 10% access target by 2022/23</li> <li>• Bid submitted to NHS England to be part of an early wave implementing the <b>Maternity Mental Health Teams</b>, that will provide support relating to psychological trauma in the perinatal period through joint support from midwifery and perinatal teams</li> <li>• <b>Current changes to maternity pathways in place to mitigate risks posed by Covid19 pandemic</b>. Where appropriate low risk women are offered virtual bookings. One partner is permitted to accompany the woman for her scan appointments, labour and elective procedures. The same partner is allowed on the post-natal ward at a predetermined time. Women are swabbed at admission and 3 days before admission for pre-booked appointments.</li> <li>• The <b>Maternity Voices Partnership</b> continues to work closely with Homerton, particularly around communication of changes to maternity care during Covid-19, and now runs as a virtual forum. There is strong midwifery presence in local</li> </ul>

<p>Improve access to breastfeeding support</p> <p>Explore options for development of a 'supporting parents' pathway, linked to substance misuse. This includes exploring work with Fathers.</p> <p>Ensure the needs of families and young children are built into the new 'Neighbourhoods' model (above), and the interface with children's centres is effective</p>	<ul style="list-style-type: none"> <li>• Clearer pathways through services for women with a high Body Mass Index (BMI)</li> <li>• Ensure pregnant women, partners and parents have the opportunity to provide feedback on their experience of using maternity services</li> <li>• Increased identification of, and access to support for women around mental health in the perinatal period (alongside our STP partners)</li> </ul>	<p>and ELLMS MVP patient user forum to gather feedback and answer questions from service users.</p> <ul style="list-style-type: none"> <li>• <b>Smoking in pregnancy pathway in place</b>, however due to Covid 19 Pandemic, CO screening has been suspended. Where safe we continue to support the <b>Making Every Contact Count</b> programme in maternity.</li> <li>• The senior health visiting team continue to work closely with Midwifery to develop the referral pathway for <b>targeted antenatal contact</b>.</li> <li>• Recent review of the vulnerable women's pathway ensures safety measures in place for our most vulnerable women. This pathway will continue to be reviewed on an ongoing basis.</li> <li>• Continued focus on childhood immunisations across City and Hackney with a partnership task group and <b>combined flu and childhood imms</b> contract commissioned from the GPC in 2020</li> </ul>
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## 7.0 Delivering Transformation: Risks and Challenges

Key risks are managed through workstream governance structures, with high level risks reporting through to the Integrated Commissioning Board. Ongoing and upcoming risk and challenges are outlined here:

Issues, risks and challenges:	Progress/ Actions being taken to address:
<p><b>Inequalities and disproportionate impact of Coronavirus</b> and indirect impacts due to lockdown restrictions on vulnerable groups.</p>	<p>The workstream are planning a workshop to reflect on the analysis of the impact of the pandemic on health inequalities in City and Hackney inequalities and focus on short-term priorities to support the development of the long-term population health delivery plan as part of the Strategic Operation Command Phase 2 and 3 delivery plans</p> <p>A new Equality Impact Assessment tool is in development (through the Engagement enabler) that aims to simplify and increase use and accountability of EIA reports as part of decision-making processes will be piloted on new workstream strategies. This process will embed use of the tool in key pieces of work.</p> <p>Training in unconscious bias is being explored for roll-out across health services</p> <p>The workstream are continuing to lead work on Young Black Men’s mental health, and pilot community specific interventions for a range of key groups with discrepancies in health outcomes.</p>
<p><b>Winter paediatric capacity</b> is a concern for winter 20/21. This is likely to affect NEL more widely due to COVID and seasonal increases in paediatric ED attendances and inpatient stays.</p>	<p>This is being raised across NEL, and usual mitigations of arrangements that increase capacity with the Royal London may be stretched, particularly if the HUFT Paediatric ward is re-purposed for COVID patients but this is being closely monitored currently.</p>
<p><b>School exclusion and self-harm</b> remain high. Hackney has higher numbers of children in specialist education provision and demand for CAMHS continues to increase by 15-18% per year. Gaps in 18-25 services remain. Wellbeing and mental health remain high priority areas of concern</p>	<p>The CAMHS transformation plan is tackling some of these. WAHMS and mental health support in schools is being rolled out and increased support for Black African and Caribbean heritage young people and a 16-25 transition service has been piloted. See the COVID response around wellbeing</p>

<p>due to the pandemic.</p>	<p>above.</p>
<p>The <b>Maternity</b> Service was inspected by the CQC in 2020. Overall the service continues to be rated as good, however, a few safety measures were rated as requiring improvement. Key issues were relating to lack of a fully integrated electronic records system between antenatal, intrapartum and postnatal and seamless and fully completed documentation of care provided.</p> <p>Due to offering virtual booking appointments, Sickle Cell and Thalassaemia screening bloods are being taken later than normal practice at the 12 week nuchal scan. Typically these results should be available by the 12 week scan.</p>	<p>The Maternity team have had demonstrations for three possible IT systems. They are convening a Maternity Digital Design Committee. The Head of midwifery is drafting a business case to be presented to the Trust investment committee in November 2020. The plan is to begin the tendering process by January 2021.</p> <p>Installation of K2 monitoring system on antenatal wards by end of September 2020.</p> <p>Staff will be receiving ongoing training and monitoring on completion and documentation of patient notes. Audits of notes.</p> <p>NHSEI has asked that all maternity units identify risks of late blood test results and put in mitigating actions.</p>
<p>Figures from the <b>LAC health</b> annual report for show 83% of IHAs were completed within 20 working days (Q1-4 19/20) and the reasons for breaching the timescales included children placed in other boroughs, and those children who ceased to be LAC in 20 working day timescale.</p> <p>Dental access and immunisation take up has continued to remain low but is being monitored and followed up by the nurses.</p>	<p>The transfer of services from WH to HUFT and implementation of the new service has been completed.</p> <p>A policy/ pathway is in place to address the refusal of reviews with input from young care leavers.</p>
<p>City and Hackney's recent measles outbreak is now over, however risk remains due to <b>low uptake of immunisations</b> in specific areas of Hackney, exacerbated by complications of centralised commissioning arrangements, lack of clarity centrally on outbreak funding arrangements and a range of issues due to COVID.</p>	<p>Building on learning from the measles response, the CCG has commissioned the GP confederation to do an immunisation catch up programme commencing Autumn 2020, incorporating the Flu programme alongside work to improve uptake of childhood immunisations. The 2 year partnership action plan is continuing to be delivered and key partnerships are driving the work forward.</p>
<p>The Long Term plan outlines <b>Care Education and Treatment Review (CETRs)</b> processes that are the</p>	<p>Work across the CYPMF and planned care workstream with LBH, City and education colleagues to establish a dynamic risk</p>

responsibility of the CCG are not yet fully embedded. These cross -agency arrangements are intended to prevent avoidable admissions to long stay specialist hospitals for children and adults with **LD and / or autism** who are displaying challenging behaviour.

The coordination and chairing of children's CETRs, no baseline of activity levels whilst robust dynamic risk register is developed with partners)

register and CETR arrangements is progressing well.

NEL Sector Programme support and learning from STP CCGs and adults' processes.

**7.0 Primary Care: working through and with primary care networks and neighbourhoods**

We have secured funding through CPEN for a CYPMF Neighbourhoods Project manager (1 year fixed term) who has been in post since late June to take forward the development of the approach for enhanced system-wide working for children and families within neighbourhoods, with a particular focus on strengthening links with Primary Care.

Following consultation with stakeholders working with CYPMF around key challenges and opportunities in system-wide working, we are developing pilots that will test enhancing neighbourhoods working for 0-5 year olds and their families, building on the good practice of the Multi-Agency Team (MAT) meetings, and inform how to strengthen the approach for multi-disciplinary working for 6-19 year olds and families. We are also exploring how to enable a 'think family' approach for vulnerable families by strengthening pathways between services and multi-agency team meetings for vulnerable adults and children and families services (in cases where those adults have dependent children aged 18 or under).

Targeted work continues in North East Hackney around childhood immunisations.

There is an opportunity to test the neighbourhoods approach and pathways within Hackney Marshes Neighbourhood in conjunction with the 0-19 years Early Help pilot being led by Hackney Education. A virtual team will be set up that will consider referrals from FAST as well as GPs and Schools and determine the best method of support.

In partnership with the CAMHS Alliance we are looking to develop a Primary Care Liaison pilot. This postholder will accept referrals from GPs for young people that have either medically unexplained symptoms or a long-term condition and who do not meet the threshold for CAMHS and determine the best approach for meeting their needs. The postholder will also help drive forward thinking about service development at the neighbourhood level. We are also reviewing the alignment of CAMHS services across the neighbourhood boundaries.

Scoping work is also underway to explore what a social prescribing programme targeting CYPMF may be able to offer, and how such an offer could add value to and complement existing support services and meet wider strategic priorities across City and Hackney.

## **8.0 Quality and Safeguarding**

Quality and safeguarding continues to be monitored at contract and service level, through a number of KPIs, safeguarding children dashboard and wider indicators, with the support of the CCG quality function. Further detail on Quality at Homerton is available as part of the re-inspection of elderly care, maternity and end of life services, published in July 2020. The hospital was rated as OUTSTANDING OVERALL and maternity retained its overall GOOD rating (from August 2018). However, grading for two maternity elements re-inspected changed, the 'Well Led' area improved to 'Good' and 'Patient Safety' area dropped to 'requires improvement', largely due to outdated ICT systems which are in the process of being re-commissioned. The Trust has developed an Improvement Action plan which is being monitored at the Maternity Quality and Performance meeting and regular meetings between CCG and maternity.

Mental health services for children are rated "good" or "outstanding" at ELFT. All local GP practices are rated "good" or "outstanding".

There are significant concerns around the increased risk to children in terms of Safeguarding, as an indirect impact of the pandemic. Children and families have not been seen face to face routinely in education or health care settings, and while referrals to Children's Social Care are considerably lower than this time last year, we are expecting a surge from September.

Throughout the pandemic, the CHSCP Strategic Leadership Team has maintained oversight of strategic risks and contingency arrangements for individual agencies. Current key areas of discussion include:

- Community engagement and actions for the safeguarding partnership as a whole going forward and focus on the risks and opportunities post lockdown.
- Across the health economy a NEL risk register captures a range of risks which is managed via the local safeguarding governance structures.
- Changes to the Child Death Review process continue to be implemented including the procurement of Family Liaison Service to undertake the keyworker role to support children and their families. The CCG has also secured additional funding for the Homerton to recruit a Child Death Review Nurse to support the Designated Doctor for child deaths.

## **9.0 Co-production & Engagement**

The workstream have been reviewing and developing its approach to engagement and co-production with system partners in light of consolidated insight and best practice in participation and engagement with existing engagement groups. Partners and stakeholders have reflected with us on the recommendations and asks from the Hackney Young Futures Commission and have helped to shape and develop an innovative approach. These partners have included the CAMHS Alliance, HCVS, Pembury 'Cool Down Café' and Pembury community, Healthwatch, Young Hackney and City of London participation leads, LBH Children in Care Council, Hackney Young Futures Commission and the Improving Outcomes for Young Black Men's Programme and Hackney Council Strategic Delivery team.

The workstream intends to launch an 8-week pilot for young people aged 16-25 in the October half term 2020, who will be recruited from existing engagement groups and will work together as 'system influencers' with support from system mentors, and peer mentors. The project will provide a rich learning opportunity for the workstream and system partners and co-produce our integrated approach to engagement, while improving outcomes for young people by

building their resilience. Young people will receive 'reward and recognition' as public patient reps from the IC Comms and Engagement team, to work together and independently with support from mentors working on workstream projects and a paid peer mentor on a number of tasks to develop the engagement plan and take on key roles on priority projects.

Outcomes for participants will include:

- the experience of translating their lived experiences into tangible change
- influencing how decisions are made that impact on them, their families and communities.
- learning more about how health and care services work, and how they can shape the commissioning, design and delivery of these
- developing transferable skills to improve chances of access to employment, training or other onward opportunities.

The programme will be accredited with support from Young Hackney, and young people will be supported to reflect on skills and experience gained to help prepare them for onward opportunities. The system influencers, peer mentors and system/ professional mentors will learn from one another in this process to enable system change and will support young people to build resilience through connection, confidence, a sense of control and developing competence.

A working group and steering group will lead and monitor this work with young people, parents and VCS joining system partners to shape its development in an integrated and responsive way and the project evaluation will be carried out by an independent VCS partner.

Mechanisms for linking with existing engagement groups will be developed and continually reviewed and a mapping document is currently being updated. The initial pilot will be used to co-produce our engagement plan and will be reviewed with a view to establishing a rolling programme to ensure business as usual work and transformation priorities across the integrated system are shaped by the lived experiences of young people, parents and children.

Principles of trust and transparency, inclusivity and true co-production embedded across all workstream in an integrated and trauma-informed way. This approach will enable us to avoid duplication in the system in engagement work and develop a set of agreed principles for co-production, engagement and participation work with young people and approach that could be replicated with parents and in other parts of the system with residents.