City & Hackney Integrated Care Partnership Board

This is also a meeting of the **Integrated Commissioning Board** which is a Committee in-Common meeting of the:

- The London Borough of Hackney Integrated Commissioning Sub-Committee ('The LBH Committee)
- The City of London Corporation Integrated Commissioning Sub-Committee ('The COLC Committee')
- North East London CCG Governing Body City and Hackney ICP Area Committee (The 'CCG Area Committee')

Joint Meeting in public on
Thursday 8 July 2021, 10.00 – 12.00
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 *For noting*	Paper		3-7
3.	**Questions from the Public**	Chair	None		-
4.	**Minutes of the Previous Meeting & Action Log**	Chair *For approval*	Paper		8-15
5.	**Terms of Reference:** • City & Hackney Integrated Care Partnership Board; • City & Hackney Neighbourhood Health and Care Board.	Jonathan McShane *For approval*	Paper	10.05	16-56
6.	**Election of a Chair**	All	Verbal	10.40	-
7.	**City and Hackney Inequalities Steering Group:** **Tools and Resources priority theme**	Anna Garner / Angela Bartley *For noting*	Paper	10.45	57-74

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NHS
North East London
Clinical Commissioning Group

8.	**Update on Child and Adolescent mental health and service response**	Amy Wilkinson *For noting*	Paper	11.15	75-90
9.	**Children & Young People Emotional Health & Wellbeing Strategy**	Amy Wilkinson *For approval*	Paper	11.40	91-120
10.	**NEL ICS Update**	Siobhan Harper *For noting*	Verbal	11.45	-
11.	**Monthly Financial Report**	Sunil Thakker *For noting*	Paper	11.50	121-130
12.	**Register of Escalated Risks**	Matthew Knell *For noting*	Paper	11.55	131-136
Items for Information					
-	**Integrated Commissioning Glossary**	*For information*	Paper	-	137-142

Date of next meeting:

9 September 2021 – Microsoft Teams

ICPB

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	Attendee at meetings	Pecuniary Interest
				Providence Row	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
				Urstwick 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	Freelance Project Work		Pecuniary Interest
			Deputy Mayor and Cabinet Member for Finance, Housing Needs and Supply	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-Pecuinary 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-Pecuinary Interest Non-Pecuinary Interest Non-Pecuniary Interest
Jon	Williams	02/03/2020	Attendee - Hackney Integrated Commisioning 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 NEL CCG City & Hackney Area Committee and the London Borough of Hackney Integrated Commissioning Committee)

And

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

Minutes of meeting held in public on 10 June 2021
Microsoft Teams

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

Cllr Christopher Kennedy	Cabinet Member for Health, Adult Social Care and Leisure	London Borough of Hackney
Cllr Robert Chapman	Cabinet Member for Finance	London Borough of Hackney
Philip Glanville	Mayor	London Borough of Hackney

North East London CCG City & Hackney Integrated Commissioning Committee

Dr. Mark Rickets	Clinical Lead: C&H ICP (ICB Chair)	North East London CCG
Siobhan Harper	Transition Director	North East London CCG
Honor Rhodes	Governing Body Associate Lay member	North East London CCG

City Integrated Commissioning Board

City Integrated Commissioning Committee

Randall Anderson QC	Chairman, Community and Children's Services Committee	City of London Corporation
Helen Fentimen	Member, Community & Children's Services Committee	City of London Corporation
Marianne Fredericks	Member, Community and Children's Services Committee	City of London Corporation

In attendance

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Andrew Carter	Director of Community and Childrens' Services	City of London Corporation
Ann Sanders	Associate Lay Member	NE London CCG
Caroline Millar	Chair	City & Hackney GP Confederation
Chris Lovitt	Deputy Director of Public Health	City of London Corporation
Eileen Taylor	Chair	East London Foundation NHS Trust
Laura Sharpe	CEO	City & Hackney GP Confederation
Haren Patel	Clinical Director	Primary Care Network
Helen Woodland	Group Director: Adults, Health & Integration	London Borough of Hackney
Ida Scoullos	Patient Representative	Healthwatch Hackney
Jake Ferguson	Chief Executive Officer	Hackney Council for Voluntary Services
Jenny Darkwah	Clinical director	Primary Care Network
John Gieve	Chair	Homerton University Hospital NHS Foundation Trust
John Hitchin	CEO	Renaisi
Jonathan McShane	Integrated Care Convenor	North East London CCG
Jon Williams	Executive Director	Healthwatch Hackney
Matthew Knell	Head of Governance & Assurance – City & Hackney ICP	North East London CCG
Sally Beaven	Engagement & Co-Production Manager	Healthwatch Hackney
Steve Collins	CFO	NE London CCG
Tracey Fletcher	Chief Executive	Homerton University Hospital NHS Foundation Trust

ICB Member Apologies
Cllr Anntoinette Bramble, Ruby Sayed

Other Apologies
Sunil Thakker, Sandra Husbands

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 none.

4. Minutes of the Previous Meeting & Action Log

4.1. Jon Williams requested that paragraph 6.7 be amended to read as follows:

4.2. Jon Williams added that we needed to appreciate the importance of effectively involving the public in this work. He reminded the meeting of the ICB ambition of an triumvirate of the public, the clinician/practitioner and a manager working together as equal partners. He explained this is challenging but important to keep focused on if we are to achieve real transformation. He agreed to share this thinking with Charlotte Harpin to aid corporate memory. He also asked where the link to the Nolan principles were in this document. Charlotte Harpin responded that the Nolan principles were part of the NEL CCG governance and they were embedded in everything that occurs across the CCG and was not board-specific.

4.3. The **City Integrated Commissioning Board**

- **APPROVED** the minutes of the previous meeting, noting the above revision.
- **NOTED** the action log.

4.4. The **Hackney Integrated Commissioning Board**

- **APPROVED** the minutes of the previous meeting, noting the above revision.
- **NOTED** the action log.

5. Anchor Alliance Update

5.1. John Hitchin introduced the item. The central idea of the Anchor Collaborative is that City and Hackney's biggest institutions can collaborate to use their resources to tackle inequalities and build an inclusive local economy.The starting point of the exercise was to support individual anchors to work on practical projects with others so that their institutional functions in areas like procurement, workforce, etc can be leveraged for health and economic impacts. There had also been comparative work done on anchor collaboratives overseas.

5.2. The first three to six months of this work had been spent on building relationships, understanding the areas individual organisations were interested in and developing shared ideas around how anchor organisations could collaborate. However, Covid related priorities during the last fifteen to eighteen months had slowed the pace of this work. There is now the need for institutions to progress the initial ambitions of this work.

5.3. He added that one of the areas we were currently working on, was shared apprenticeship schemes and envisioning how multi-organisational roles could exist. Further discussions had been undertaken with regard to having such roles at even a

more senior level. We had also been thinking about ways of getting more local suppliers into the procurement supply chain.

5.4. Cllr Kennedy asked if sustainability and the net zero emissions target was part of this work. He suggested a senior or intermediate manager-level working group and that he would be happy to support this matter within the council.

- **Proposals for a senior / intermediate-level manager working group to be brought to the City & Hackney Health & Wellbeing Boards.**

5.5. Jake Ferguson noted that this was a good opportunity to do things differently. He asked about how we could use this work to engage with young black people more effectively. He highlighted that the HCVS had been looking at the various ways in which major procurement exercises could be utilized for the public benefit and asked if there was a role for the VCS as a significant employer within the borough. He offered to introduce John Hitchin to the social value exchange.

5.6. John Hitchin responded that one of the risks of anchor collaboratives was that conversations could potentially become institutional – as conducted between large organisations and we should not lose sight of the role of smaller community organisations. He also noted that the point about unemployed black men had come up a few times from different anchor organisations and there had been work in the US with anchor organisations supporting younger unemployed black men.

- **JH and JF to discuss working with the social value exchange outside of the meeting.**

5.7. Siobhan Harper noted that as a next step, there is the need for stronger relationships with the Health and Wellbeing Board going forward.

5.8. Andrew Carter highlighted the necessity for a whole-system approach to this. We needed to look at those big, cross-cutting items that we could deal with in collaboration.

5.9. The **City Integrated Commissioning Board**

- **NOTED** the report.

5.10. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

6. PCN Progress in Tackling Health Inequalities

6.1. Jenny Darkwah introduced the item. The specification for inequalities had not been released, however the PCNs were looking at areas of inequalities that were relevant to their areas. In terms of her own PCN area, childhood obesity had been flagged up as a key issue of inequality, and there was ongoing work to address the patient base as a whole.

6.2. A key theme throughout this work was the involvement of patients and residents. A lot of leaflets, surveys and questionnaires had been sent out with this in mind. This had

proven effective in working out what the issues were as well as what inequalities were present from patients' perspectives. Two themes have come out of this work. One was in the area of childhood services and the other was the issue of isolated males who have health needs but do not access services. On this latter point, we were aiming to use our social prescribers to engage in outreach to them.

6.3. She added that, we had also been running clinics to encourage women to attend smear tests. Running these clinics at increased hours had encouraged women to attend clinics when they ordinarily would not have done so.

6.4. Ann Sanders asked how the work was being coordinated across PCNs to ensure that learning was being undertaken. Jenny Darkwah responded that the clinical directorship met once a month to bring forward any learning and discuss initiative pilot ideas.

6.5. Jake Ferguson noted that we had been discussing under the Local Outbreak Board how we could engage with communities during the pandemic. He asked what the PCN perspective was on this – particularly how they could work with the voluntary sector on this. Jenny Darkwah responded that the PCNs engaged with the voluntary sector but there was still room to go further.

6.6. The **City Integrated Commissioning Board**

- **NOTED** the report.

6.7. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

7. Transition Governance Progress Update

7.1. Siobhan Harper introduced the item. She noted that we were aiming for full implementation of our ICP arrangements by April 2022. There had been progress around defining and setting up governance structures that will support the Integrated Care partnership and the wider NEL system. We are also ensuring the voice of residents, patients and the wider community were heard through the People and Place committee.

7.2. Furthermore, progress had been made on on our new improvement programmes as we move from the old workstream structure. She added that the paper included what our new improvement programmes cover as well as specific delivery actions and also summarizes the partnership priorities we have put together in respect to recovery, particularly from the pandemic and thinking ahead into 2022 in line with some of the NHS must do requirements.

7.3. There was also an ongoing process of looking at our strategic objectives and outcomes framework; the next phase will be how we progress as a partnership and build our plans around system ownership.

7.4. Jonathan McShane added that Health and Wellbeing Boards have a strategic role to play around improving health and reducing inequalities for our local communities and represent a key element for our local system partnership arrangements while the Integrated Care Partnership Board (ICPB) have a key role to play in developing the

health and care components and providing that accountability and oversight of delivery against the health care strategy. He stated that in City and Hackney, we were in a good local position in terms of oversight and democratic representation, due to our elected member representation at the ICPB.

7.5. Jon Williams added that the people & place group should be included within the senior management roadshow conversations to enable stronger conversations with residents. He also added that we should strongly include the triumvirate of the patient, clinician and manager within the structure. He was happy to work with people on getting the public more involved.

7.6. Jon Williams also added that the partnership values were quite system-based as they currently stood and we should be aiming to bring the public on board with a coherent and easy-to-read document. We should be involving the people & place and comms & engagement enablers in this discussion.

7.7. Jake Ferguson noted that the priorities listed within the document were more health focused. We had been working collaboratively throughout the pandemic but we needed to also think about how to engage the voluntary sector throughout the next phase of our transformation work. We had originally planned to shift more money into prevention but this appears to have been lost in the current work.

7.8. Cllr Kennedy said that delivering services to people as local as possible was important for prevention, and that community-based work was beneficial to people and this could potentially lead to savings for the health and social care system further down the line. Siobhan Harper added in terms of delivery, we will need to include engaging with the communities and the people themselves and also think about how we use the assets of the system as a whole to make that happen.

7.9. Cllr Kennedy also asked what decisions would be reserved specifically for the area committee. Jonathan McShane clarified that this will depend on the nature of the decision. We were very clear that we want discussions at the broader group level. An instance could be a procurement decision where the decision will need to be formally taken by the Area Committee but ultimately we would still hear the views of wider parts on the system, irrespective of the formal decision-making authority.

7.10. Ann Sanders asked if the People & Place Group should be a formal sub-committee given that we had statutory duties relating to patient and public involvement. Siobhan Harper responded that this was possible and she would take this matter away.

7.11. Laura Sharpe added that, since devolution, we had been talking about our inequalities and prevention responsibilities. She asked what the views of the group were with regard to moving this work forward and making it more tangible; if there needs to be a baseline paper produced for the July ICB meeting, particularly outlining the responsibilities in relation to prevention. Siobhan Harper responded that it was possible to capture this especially in the context of the population health hub, the health inequalities programme of work that's being led by the steering group however July may be too early to deliver this.

7.12. The **City Integrated Commissioning Board**

- **NOTED** the report.

7.13. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

8. Escalated Risk Register

8.1. Matthew Knell introduced the item. Mark Rickets noted that there was work undergoing to re-align the risk reporting with the new work in the ICP.

8.2. The **City Integrated Commissioning Board**

- **NOTED** the report.

8.3. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

AOB & Reflections

- Cllr Kennedy stressed that we need to remember that we are primarily focused on outcomes for our residents.
- Honor Rhodes noted that she was continually impressed with very high quality papers, particularly given how busy people are during the pandemic.
- Chris Lovitt noted that there is a desire and aspiration to get back to the pre-covid agenda. However, we may be on the cusp of a difficult third wave and that could potentially require delaying things in order to prioritise things such as vaccinations.

City and Hackney Integrated Commissioning Programme Action Tracker

Ref No	Action	Assigned to	Assigned date	Due date	Status	Update
ICBMay-2	Jon Williams asked if there were any more resources going into the CAMHS risk and requested an update on this risk be brought to the next meeting.	Matthew Knell	14/05/2021	Jun-21	Complete.	On the agenda for uly
LOBJun-1	Data on homeless vaccinations to be brought as part of the regular reporting to the Local Outbreak Board.	Siobhan Harper	10/06/2021	Jul-21		
LOBJun-2	Evaluation of vaccination program to be brought back to the Local Outbreak Board periodically.	Anna Garner	10/06/2021	Jul-21		
ICBJun-1	Proposals for a senior / intermediate-level manager working group on the anchor alliance to be brought to the City & Hackney Health & Wellbeing Boards.	Jonathan McShane	10/06/2021	Jul-21		
ICBJun-2	JH and JF to discuss working with the social value exchange outside of the meeting.	Jake Ferguson	10/06/2021	Jul-21		

Title of report:	*Terms of Reference for ICPB and NHCB*
Date of meeting:	8th July 2021
Lead Officer:	Jonathan McShane
Author:	Jonathan McShane
Committee(s):	n/a
Public / Non-public	Public

Executive Summary:

Members have discussed Terms of Reference for ICPB at a number of meetings and had asked that Terms of Reference for ICPB and NHCB be considered at the same meeting given the importance of how the two boards work together.

Changes to ICPB Terms of Reference in light of discussions at the last ICB meeting are noted below.

Terms of reference for the City and Hackney ICP Area Committee of North East London CCG were approved by Area Committee members on June 10th.

Partners agreed draft Terms of Reference for NHCB at a meeting last month.

Once the Terms of Reference for ICPB and NHCB are approved, the meeting will reconvene as the first ICPB meeting. From then on, we will aim to hold all meetings of the Area Committee and the two Integrated Commissioning Boards as part of ICPB.

The Terms of Reference for ICPB have been drafted bearing in mind the proposed establishment of statutory Integrated Care Systems across England next year, subject to legislation being passed. Once ICS arrangements are clear we will review governance at ICP level to ensure it is consistent with new rules and guidance. We have also committed as a partnership to review governance arrangements to ensure they are effective in supporting our ambitions for working in a more integrated way so these Terms of Reference should be seen as interim arrangements subject to change.

Recommendations:

e.g. The **City Integrated Commissioning Board** is asked:

- To **APPROVE** the Terms of Reference for ICPB
- To **APPROVE** the Terms of Reference for NHCB

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

- To **APPROVE** the Terms of Reference for ICPB
- To **APPROVE** the Terms of Reference for NHCB

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

Specific implications for City

The ICPB incorporates the City Integrated Commissioning Board.

Specific implications for Hackney

The ICPB incorporates the Hackney Integrated Commissioning Board.

Patient and Public Involvement and Impact:

There has been engagement of the CCG PPI committee in the development of new governance with a focus on the People and Place Group.

Clinical/practitioner input and engagement:

Proposed governance arraangementsv

Communications and engagement:

New governance arrangements are described in the guide being developed for local residents.

Equalities implications and impact on priority groups:

The new governance arrangements f

Safeguarding implications:

[Please set out any safeguarding issues or implications emerging from the report]

Impact on / Overlap with Existing Services:

[Please state how proposals in the report will impact on existing service provision, considering inter-relations between NHS and Local Authority, acute, GP and community services.]

Main Report

Background

The merger of the CCGs across North East London and the planned establishment of a statutory NEL ICS next year have meant there need to be changes to our local governance arrangements. The Integrated Care Partnership Board and Neighbourhood Health and Care Board respond to these changes and build on the joint work done by partners in recent years across City and Hackney.

Roles and Responsibilities Under New Governance Arrangements

With these new boards, the roles and responsibilities of each part of the governance will be as follows:

Health and Wellbeing Boards

The Health and Wellbeing Boards are statutory committees of the London Borough of Hackney and the City of London and their role is to improve the health and wellbeing of local people and reduce health inequalities. The are responsible for overseeing the development of the JSNA and producing a Joint Health and Wellbeing Strategy.

The strategy should be a strategy for the whole local system and have a strategic focus on improving health and reducing health inequalities. Thee boards should lead on the health in all policies agenda across the local system. The Health and Wellbeing Boards will embrace all the factors impacting on local people's health and wellbeing with ICPB leading on the health and care components of the strategy. In practice this should mean the HWBs focus on the wider determinants of health both in terms of developing priorities and checking progress against the strategy. The significant overlap in membership between the Health and Wellbeing Boards and ICPB, in particular the significant representation of elected members on both, should provide assurance that the health and care components of the strategy will be subject to the same level of accountability and scrutiny as other elements.

ICPB

The ICPB is a non-statutory partnership board that sets the vision and strategy for the integrated Care Partnership. The strategy should reflect national, NEL ICS and local priorities and will be the health and care component of the Joint Health and Wellbeing Strategies.

ICPB includes the Integrated Commissioning Boards for the City of London and Hackney and the NEL CCG City and Hackney Area Committee. While these bodies all have their own

specific responsibilities (set out below) the ambition is that ICPB will try to operate as one board wherever possible.

Its responsibilities include:

- Overseeing system delivery of performance against national targets, NEL-level Long Term Plan commitments and ICP strategy including the development of a local outcomes framework.
- Developing a regular mandate between ICPB and NHCB that sets out expectations for the system.
- Overseeing the use of resources within delegated financial allocations and promoting financial sustainability.
- Reporting regularly to the NEL CCG Governing Body.

NHCB

The NHCB is the executive partnership group for the ICP tasked with delivering the strategy agreed by ICPB. This will include joint decision making by partners in relation to operational delivery, use and prioritisation of local system resources and management of local system performance.

NHCB will also be responsible for developing joint proposals for local services or transformation that would then go to ICPB for final approval. This will also be the place that oversees and supports our transition towards becoming a genuine Integrated Care partnership of local organisations.

Area Committee

The Committee has been established in order to devolve resources and responsibilities to the three ICPs in North East London. Most of its functions will be discharged as part of ICPB with a small number of reserved functions that can only be discharged by the Area Committee although these discussions and decisions will still take place within the ICPB meeting.

ICBs

Many of the original functions of the ICBs are now carried out by the wider ICPB. The specific role for the ICBs is now around s.75 pooled funds between the CCG and the two local authorities. These decisions will be taken by ICB members only during ICPB meetings.

Changes to Terms of Reference Following Feedback from ICB Members

3.2 Specific reference to Nolan Principles added.

5.1.2 Additional reference made to reducing health inequalities.

7.3 Clarification around the role of Associate Lay Members on ICPB.

8.3.4 Specific reference to equal partnership between clinicians, managers and the public.

9.4 Minimum number of meetings per year increased from 6 to 9

10.4 Sets out a mutual obligation for ICPB and the Health and Wellbeing Boards to report to each other

Supporting Papers and Evidence:

Appendix 1 Terms of Reference for the integrated Care Partnership Board Appendix 2 Terms of Reference for the Neighbourhood Health and Care Board

Sign-off:

h Workstream SRO: [*insert name and title*] London Borough of Hackney: [*insert name and title*] City of London Corporation: [*insert name and title*] City & Hackney CCG: [*insert name and title*]

DRAFT

City and Hackney Integrated Care Partnership Board

Terms of Reference

These terms of reference incorporate terms of reference for the following:

- **Part 1:** The Integrated Care Partnership Board ('the ICPB')
- **Part 2:**
  - The Integrated Commissioning Board ('the ICB')
  - NHS North East London Clinical Commissioning Group Governing Body City and Hackney ICP Area Committee ('the CCG Area Committee')

1 Introduction	1.1	The Health and Care Partner Organisations represented below are Members of the City and Hackney Integrated Care Partnership ("ICP"). Representatives of the Members have come together as the City and Hackney Integrated Care Partnership Board ("ICPB") to enable the delivery of integrated population health and care services in the City and Hackney area, as set out in more detail below.
	1.2	The ICPB will be responsible for making decisions on strategic policy matters relevant to the ICP. Where applicable, the ICPB will also make recommendations on matters that it has been asked to consider on behalf of a constituent Member of the ICP. Note that where the ICPB has been asked to consider matters on behalf of a constituent Member of the ICP, the Member remains responsible for the exercise of its statutory functions and nothing that the ICPB does shall restrict or undermine that responsibility.
	1.3	As far as possible, Members will exercise their relevant statutory functions within the ICP governance structure, including within the ICPB. This will be enabled through delegations to specific individuals or through specific committees or other structures established by Members meeting as part of, or in parallel with, the ICPB. Part 1 of these terms of reference apply to collective strategic decisions taken at the ICPB and also describes how aligned decision-making by one or more statutory partner can take place within the ICPB structure, using the statutory structures whose terms of reference are set out in detail in Part 2.
	1.4	However, where a Reserved statutory decision needs to be taken by one or more statutory organisation(s) alone, only the arrangements set-out in Part 2 of these terms of reference will apply.
	1.5	The ICPB arrangements build on the Integrated Commissioning Board ("the ICB") arrangements that were in place in City and Hackney prior to the formation of the new single NEL CCG on 1

April 2021. The three statutory commissioning committees/sub-committees established by the CCG and the local authorities may, where appropriate, continue to meet in-common as the ICB in addition to operating as part of the ICPB, in order to exercise their commissioning functions.

1.6 To facilitate these arrangements for taking Reserved statutory decisions, the following statutory committees have been formed:

1.6.1 City of London Corporation Integrated Commissioning Sub-Committee, formed as a sub-committee of its Community and Children's Services Committee;

1.6.2 London Borough of Hackney Integrated Commissioning Sub-Committee, reporting to its Cabinet;

1.6.3 NHS North East London ("NEL") CCG Governing Body City and Hackney ICP Area Committee, formed as a Committee of the Governing Body ('the CCG Area Committee').

1.7 Each of the above committees/sub-committees has the authority to make decisions on behalf of its respective establishing organisation, in accordance with Part 2 of these terms of reference.

1.8 It is expected that in many cases such decisions of the ICB, its three constituent committees, or any other Reserved statutory decisions taken by individuals on behalf of their statutory organisations, will be able to be taken at meetings of the ICPB, as a result of either individual Members' representatives exercising delegated authority or through one or more statutory committees convening a quorate meeting and making the decision as a committee. Other Members of the ICPB will be present, and 'in attendance', at such times subject to the management of any conflicts of interest**.**

1.9 Where a Reserved statutory decision needs to be taken on a commissioner-only basis or where the commissioners consider it appropriate to hold focussed sessions on commissioning matters, the committees referred to above at 1.6 shall meet on a committees-in-common basis as the ICB. Further information about the ICB is set out in Part 2 of these terms of reference, which contains terms of reference for the ICB.

1.10 Whether decisions are taken under Part 1 and Part 2, or just Part 2 of these terms of reference, the aim will be to ensure that decisions reflect applicable national and local priority objectives and strategies.

1.11 The ICPB is established and constituted in accordance with the Codes of Conduct: code of accountability in the NHS (July 2004) and the UK Corporate Governance Code (June 2010).

Part 1: Terms of Reference for the ICPB	
2 Status	2.1 The ICPB is a non-statutory partnership body, that brings together representatives from across the ICP area with the necessary authority from their Member organisations to make collective decisions on strategic policy matters relating to the ICP. Where applicable, the ICPB will also make recommendations on matters that the Member organisations have asked it to consider on their behalf. 2.2 The ICPB incorporates Member-specific structures that also enable Reserved statutory decisions to be taken by individual Members within the ICPB structure, to the extent permitted by law. These are set-out in Part 2. 2.3 The ICPB is founded on the basis of a strong partnership with representation from across the City and Hackney health and care system, including from the CCG, local provider trusts, local authorities, primary care providers and voluntary sector partners. 2.4 The ICPB will be supported by the Neighbourhood Health and Care Board ("NH&CB"), which will lead on the delivery of the ICP strategy and vision agreed by the ICPB, consistent with the Mandate agreed between the ICPB and the NH&CB. The NH&CB is a non-statutory board. 2.5 Both the ICPB and the NH&CB may be supported by sub-groups. 2.6 The ICPB will work in close partnership with the Health and Wellbeing Boards ("HWBs") in City and Hackney and shall ensure that strategies agreed by the ICPB are appropriately aligned with the health and care components of the Joint Health and Wellbeing Strategy produced by the HWBs. 2.7 The ICPB will formally commence its operation on 8 July 2021.
3 Principles	3.1 The Members of the ICPB agree to abide by the following principles: 3.1.1 Encourage cooperative behaviour between ourselves and engender a culture of "Best for Service" including no fault, no blame and no disputes where practically possible. 3.1.2 Ensure that sufficient resources are available, including appropriately qualified staff who are authorised to fulfil the responsibilities as allocated. 3.1.3 Assume joint responsibility for the achievement of outcomes within our control. 3.1.4 Commit to the principle of collective responsibility for the functioning of the ICPB and to share the risks and

	rewards (in the manner to be determined as part of the agreed transition arrangements) associated with the performance of the ICP Objectives. 3.1.5 Adhere to statutory requirements and best practice by complying with applicable laws and standards including EU procurement rules, EU and UK competition rules, data protection and freedom of information legislation. 3.1.6 Agree to work together on a transparent basis (for example, open book accounting where possible) subject to compliance with all applicable laws, particularly competition law, and agreed information sharing protocols and ethical walls. 3.2 Members of the ICPB shall follow the Seven Principles of Public Life (also commonly referred to as the Nolan Principles), which are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
4 Role	4.1 The purpose of the ICPB is to consider the best interests of residents in the City and Hackney health and care system as a whole, rather than representing the individual interests of any of its Members over those of another. 4.2 The role of the ICPB is as follows: 4.2.1 To set a local system vision and strategy, which reflects both priorities determined by local residents and communities; the C&H ICP contribution to NEL ICS, and which is aligned with the health and care components of the Joint Health and Wellbeing Strategies produced by the HWBs; 4.2.2 To oversee system delivery of performance against national targets, NEL-level Long Term Plan commitments and ICP strategy; 4.2.3 To oversee the use of resources within delegated financial allocations and promote financial sustainability; 4.2.4 To establish a local outcomes framework and assure itself that performance against this will be achieved; 4.2.5 To agree the Mandate and associated annual objectives with the NH&CB and hold the NH&CB to account for delivery of these; 4.2.6 To make recommendations about the exercise of those functions that a constituent statutory organisation has asked the ICPB to consider on its behalf;

	4.2.7 To ensure that co-production is embedded across all areas of operation, consistent with the City and Hackney co-production charter. 4.3 Where a Member organisation has asked the ICPB to consider and make recommendations to it so as to support that Member organisation in the exercise of its statutory functions, these are set out in Annex 1 in Part 2 to these terms of reference. The ICPB may in turn ask that these matters are considered by another part of the ICP governance structure, provided that it ensures appropriate oversight and reporting arrangements are in place so as to meet its own obligations, under these terms of reference, as set out in Part 2 to these terms of reference.
5 Remit	5.1 The ICPB's remit shall include: 5.1.1 producing and championing a coherent vision and strategy for health and care for the ICP, which is aligned with the health and care components of the Joint Health and Wellbeing Strategy produced by the HWBs; 5.1.2 developing and describing the high-level strategic objectives for the system that are related to health and wellbeing, promoting equality and tackling health inequalities; 5.1.3 producing an outcomes framework for the whole of the ICP to deliver increasing healthy life expectancy, address local variation and which seeks to reduce health inequalities; 5.1.4 promoting stakeholder engagement which will include engaging with staff, patients and the population; 5.1.5 developing a coherent approach to measuring outcomes and strategic objectives; 5.1.6 ensuring the delivery of high-quality outcomes, putting patient safety and quality first; 5.1.7 having oversight and management of the ICP financial resources, reporting to the ICS and to Member organisations as appropriate; 5.1.8 making recommendations on the delivery of those functions that the ICPB is asked to consider on behalf of one of its Members, as set out in Annex 1 in Part 2 below.
6 Geographical Coverage	6.1 The ICPB shall cover the City and Hackney ICP area, which is coterminous with boundaries of the City of London and the London Borough of Hackney.
7 Membership	7.1 ICPB Members' representatives are selected so as to be representative of the constituent organisations referred to in paragraph 7.3 below, but participate in the ICPB to - as far as

	possible - promote the greater collective endeavour. Member representatives of the ICPB are intentionally broader than the three statutory committees/sub-committees that form part of the overall ICPB structure. 7.2 ICPB Members' representatives are expected to make good two-way connections between the ICPB and their constituent organisations, modelling a partnership approach to working as well as listening to the voices of patients and the general public. 7.3 The membership of the ICPB shall include the following representatives: • Two representatives from Homerton University Hospital Foundation Trust, who shall be the Chair and Chief Executive; • Two representatives from East London NHS Foundation Trust, who shall be the Chief Executive and a Non-Executive Director; • One representative from the City of London Corporation, who shall be the Director of Community and Children's Services; • One representative from the London Borough of Hackney, who shall be the Chief Executive; • One public health representative, who shall be the Director of Public Health for City and Hackney; • One representative from Healthwatch Hackney; • One representative from the City of London Healthwatch; • Two representatives from City and Hackney GP Confederation, who shall be the Chief Executive and one other nominated representative; • One representative from the Hackney Council for Voluntary Service, who shall be the Chief Executive; • Two Associate Lay Member representatives from NEL CCG; • Two PCN Clinical Directors; • Three LBH representatives (each of whom will be a Councillor and who will together operate as the **London Borough of Hackney Integrated Commissioning Sub-Committee**, which shall be able to make decisions on matters that fall within its authority). Officer representatives of the LBH who attend the ICPB as Member representatives for the LBH are not members of

	the London Borough of Hackney Integrated Commissioning Sub-Committee. • Three City of London Corporation representatives (each of whom will be a Councillor and who will together operate as the **City of London Corporation Integrated Commissioning Sub-Committee**, which shall be able to make decisions on matters that fall within its authority. Officer representatives of the COLC who attend the ICPB as Member representatives for the COLC are not members of the City of London Corporation Integrated Commissioning Sub-Committee. • Six NEL CCG representatives (operating as **the CCG Area Committee**, which shall be able to make decisions on matters that fall within its authority, as set out in the Committee's terms of reference, which are included in Part 2). The six NEL CCG representatives are as follows: • ICP Managing Director or other similarly senior ICP lead; • Governing Body Lay Member; • The City and Hackney Chair, NEL CCG;; • Accountable Officer or nominated deputy; • Chief Finance Officer, or nominated deputy; • Director of Finance. 7.4 The ICPB may invite others to attend meetings, where this would assist it in its role and in the discharge of its duties. 7.5 The arrangements regarding decision making, administrative support for the ICPB and management of conflicts of interest are set out below.
8 Chairing Arrangements	8.1 The ICPB will adopt a rotating arrangement in relation to its Chair, with the responsibility being shared between the Chairs of the three statutory committees that form the Integrated Commissioning Board. 8.2 For the first six months following the ICPB formally commencing its operation on 8 July 2021, the Chair of the City of London Corporation Integrated Commissioning Sub-Committee shall chair the ICPB; following which the Chair of the London Borough of Hackney Integrated Commissioning Sub-Committee shall chair the ICPB for a period of six months; and following that, the City and Hackney Chair, NEL CCG shall perform the role for a period of six months. Thereafter the role of Chair shall swap every six months and follow the same sequence.

8.3 The Chair of the ICPB shall also be the Chair of the ICB.

8.4 If the Chair due to lead and facilitate discussions at a particular ICPB meeting or on a particular matter is absent or required to step aside due to a conflict of interest, an alternative chair shall be agreed from the other committee Chairs by the ICPB for the whole or part of the meeting concerned

8.5 If all three committee Chairs are absent for any reason, the members of the three statutory committees which form the ICB shall together select a person to lead and facilitate for the whole or part of the meeting concerned.

8.6 The Chair of the ICPB will have the following specific roles and responsibilities:

8.6.1 be a visible, engaged and active leader;

8.6.2 have sufficient time, experience and the right skills to carry the full responsibilities of the role;

8.6.3 ensure that the ICPB supports the operation of the Member organisations;

8.6.4 promote the governance design principles in the ICPB's operation, as follows:

(a) 80:20 local:NEL;

(b) clinically led;

(c) resident driven;

(d) size balanced with appropriate representation;

(e) sensitive to democratic accountability;

(f) recognises sovereignty;

(g) strives for equal partnership between clinicians, managers and the public, with a view to promoting equality and reducing health inequalities.

8.6.5 create an open, honest and positive culture, encouraging partnership working and consensus decision-making;

8.6.6 comply with the agreed governance requirements, including in relation to managing actual and potential conflicts of interest;

8.6.7 ensure reporting requirements are complied with.

8.7 At its first meeting, the ICPB will appoint a Deputy Chair drawn from its Members' representatives.

9	**Meetings and Decision Making**	9.1 The ICPB will operate in accordance with the ICS governance framework, as set out in the ICS Governance Handbook, except as otherwise provided below. 9.2 For a meeting of the ICPB to be quorate, the following requirements must be met: 9.2.1 Each of the three aligned statutory committees must be present and quorate; 9.2.2 At least one representative from each other constituent Member organisations must be present. Each representative must have appropriate delegated responsibility from the organisation they represent to make decisions on matters within the ICPB's remit. 9.3 If it is not possible for one or more of the statutory committees to convene a quorate meeting, meetings of the ICPB may proceed provided that there is at least one individual representative present from the statutory organisation in question. It shall be the responsibility of that individual to ensure the scope of their authority is clear and that any matters requiring a decision of the statutory committee are reserved and ratified by the committee in question at a later date. 9.4 There will no less than nine meetings per year. 9.5 Meetings shall be held in public and members of the public will have an opportunity to ask questions. The ICPB may resolve into private session as provided in the ICS's Standing Orders or, where appropriate, in accordance with the arrangements governing one or more of the statutory committees operating as part of, or in parallel with, the ICPB. 9.6 Other senior representatives of the Members may be invited for specific items where necessary. 9.7 Meeting dates are set by the governance team for each financial year in advance. Changes to meeting dates or calling of additional meetings should be provided to Members' representatives and attendees within five days of the meeting. 9.8 A minimum of five working days' notice and dispatch of meeting papers is required. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed and supporting papers. 9.9 To the extent allowed by law, the Chair may agree that Members' representatives on the ICPB may participate in meetings by means of telephone, video or computer link or other live and uninterrupted conferencing facilities. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting.

	9.10	The Chair may determine that the ICPB needs to meet on an urgent basis, in which case the notice period shall be as specified by the Chair. To the extent allowed by law, urgent meetings may be held virtually.
	9.11	The aim will be for decisions of the ICPB to be achieved by consensus decision making. Voting between Members will not be used, except as a tool to measure support or otherwise for a proposal. In such a case, a majority vote in favour would be non-binding. The Chair will work to establish unanimity as the basis for all decisions.
	9.12	In the event that the ICPB is unable to agree a consensus position on a matter it is considering, this will not prevent any or all of the statutory committees taking any applicable decisions they are required to take. To the extent permitted by their individual terms of reference, statutory committees may utilise voting on matters they are required to take decisions on.
	9.13	In situations where any decision(s) require the exercise of Member organisation(s) Reserved statutory functions, then these shall be made solely by the organisation(s) in question, pursuant to the Member-specific arrangements set out in Part 2 of these terms of reference. To the extent permitted by law, discussion and decision-making in relation to reserved statutory functions will take place within the ICPB structure.
	9.14	Conflicts of interest will be managed in accordance with the policies and procedures of the ICS and shall be consistent with the statutory duties contained in applicable legislation and the statutory guidance issued to Member organisations.
	9.15	A member of the CCG's Governance team shall be secretary to the ICPB and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Members' representatives. The Member organisations shall agree between them the format of the minutes.
10 Accountability and Reporting	10.1	The ICPB will report to the NEL ICS in relation to the exercise of its functions.
	10.2	The ICPB will ensure that it complies with any Member-specific reporting requirements.
	10.3	The NH&CB will report to the ICPB on those matters that the ICPB has asked the NH&CB to consider on behalf of the ICP.
	10.4	The ICPB and the HWBs will work closely together and will provide reports to each other, so as to inform their respective work. The reports the ICPB receives from the HWBs will include the HWBs' recommendations to the ICPB on matters concerning delivery of the ICP priorities and delivery of the ICP outcomes framework. HWBs will continue to have statutory responsibility for the Joint Strategic Needs Assessments.

11 Working Groups	11.1	In order to assist it with performing its role and responsibilities, the ICPB is authorised to establish working groups and to determine the membership, role and remit for each working group. Any working group established by the ICPB will report directly to it.
	11.2	The terms of reference for any working group established by the ICPB will be incorporated within the ICS Governance Handbook. Where any working group is established to support the ICPB in making recommendations on the performance of functions that **the CCG Area Committee** has asked the ICPB to consider on its behalf, the terms of reference for such group will also be incorporated within the CCG Governance Handbook.
12 Monitoring Effectiveness and Compliance with Terms of Reference	12.1	The ICPB will carry out an annual review of its functioning and provide an annual report to the NEL ICS and to constituent Member organisations. This report will set out the ICPB's work in discharging its responsibilities, delivering its objectives and complying with its terms of reference.
13 Review of Terms of Reference	13.1	The ICPB shall, at least annually, review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to Member organisations for approval.

Part 2: Member specific decision-making structures operating as part of the ICP arrangements

This Part sets out the Member-specific arrangements that have been established in order to enable decision-making by constituent Member organisations on Reserved statutory functions.

It also sets out, at Annex 1, the statutory functions in relation to which constituent Member organisations have asked the ICPB to consider and recommend how those functions should be exercised.

This Part includes the following terms of reference:

(a) Terms of reference for the **Integrated Commissioning Board**, which brings together the following committees:

- City of London Corporation Integrated Commissioning Sub-Committee
- the London Borough of Hackney Integrated Commissioning Sub-Committee
- the North East London Clinical Commissioning Group Governing Body City and Hackney ICP Area Committee ('the CCG Area Committee')

(b) Terms of reference for the **CCG Area Committee**.

The Integrated Commissioning Board

The Integrated Commissioning Board ("**ICB**") has been in place for a number of years and has successfully enabled integrated decision-making between NHS City & Hackney CCG (one of the legacy CCGs that now forms part of NHS NEL CCG) and the City of London Corporation and the London Borough of Hackney. These arrangements will continue, but with the expectation that many of the discussions can take place within the ICPB itself, with decisions being taken as appropriate by each statutory committee on matters within the committee's authority.

Composition and authority

The ICB brings together the following committees:

(a) the City of London Corporation Integrated Commissioning Sub-Committee, which is established as a sub-committee under the COLC's Community and Children's Services Committee ("**the COLC Committee**");

(b) the London Borough of Hackney Integrated Commissioning Sub-Committee, which is established as a sub-committee reporting to the LBH Cabinet ("**the LBH Committee**"); and

(c) the North East London CCG GB City and Hackney ICP Area Committee, which is established as a committee reporting to the NEL CCG Governing Body ("**the CCG Area Committee**").

The COLC Committee has authority to make decisions on behalf of COLC, which shall be binding on COLC, in accordance with the terms of reference set out here and with the scheme of delegation and reservation for the integrated commissioning arrangements.

The LBH Committee has authority to make decisions on behalf of LBH, which shall be binding on LBH, in accordance with these terms of reference and the scheme of delegation and reservation for the integrated commissioning arrangements.

The CCG Area Committee has authority to exercise the functions delegated to it by the NEL CCG Governing Body and to make decisions on matters relating to these delegated functions, in accordance with its terms of reference and the associated CCG governance framework.

Section 75 pooled fund arrangements

Where section 75 pooled fund arrangements have been established, the following arrangements will apply:

- Members of the COLC Committee and the CCG Area Committee will manage the Pooled Funds for which they have been assigned authority in accordance with a section 75 agreement in place between COLC and the CCG ("**City Pooled Funds**");

- Members of the LBH Committee and the CCG Area Committee will manage the Pooled Funds for which they have been assigned authority in accordance with a section 75 agreement in place between LBH and the CCG ("**Hackney Pooled Funds**").

The LBH Committee shall have no authority in respect of City Pooled Funds and vice versa.

For services where no pooled fund arrangement is in place, the ICB arrangements may be used to make recommendations to the CCG Area Committee, COLC Community and

Children's Services Committee or LBH Cabinet as appropriate and in accordance with the relevant section 75 agreement.

Objectives

The ICB's specific objectives are to:

Commissioning strategies and plans

- Lead the commissioning agenda of the ICP area, including inputs from, and relationships with, all partners;
- Ensure that co-production is embedded across all areas of commissioning in line with the City and Hackney co-production charter;
- Ensure financial sustainability and drive local transformation programmes and initiatives;
- Determine and advise on the local impacts of commissioning recommendations and decisions taken at a NEL level;
- Lead the development and scrutiny and annual commissioning intentions, including the monitoring, review, commissioning and decommissioning of activities;
- Provide advice to the CCG about core primary care;
- Ensure that local plans deliver constitutional requirements, financial balance, and support the improvement in performance and outcomes established by the Health and Wellbeing Boards;
- Promote health and wellbeing, reduce health inequalities, and address the public health and health improvement agendas in making commissioning recommendations;
- Ensure commissioning decisions are made by the ICB in a timely manner that address financial challenges of both the in-year and longer term plans;
- Ensure that local plans can demonstrate their impact on City residents and City workers where appropriate.

Service re-design

- Approve all clinical and social care guidelines, pathways, service specifications, and new models of care;
- Ensure all local guidelines and service specifications and pathways are developed in line with NICE and other national evidence, best practice and benchmarked performance;
- Drive continuous improvement in all areas of commissioning, pathway and service redesign delivering increased quality performance and improved outcomes;
- Ensure that services are co-designed by residents and practitioners working together and adhere to the principles set out in the City and Hackney Co-production charter.

Contracting and performance

- Oversee the annual contracting and planning processes and ensure that contractual arrangements are supporting the ambitions of the CCG, LBH and COLC to transform services, ensure integrated delivery and improve outcomes;
- Oversee local financial and operational performance and decisions in respect of investment and disinvestment plans.

Stakeholder engagement

- Ensure adequate structures are in place to support patient, public, service user, and carer involvement at all levels and that the equalities agenda is delivered;

- Ensure that arrangements are in place to support collaboration with other localities when it has been identified that such collaborative arrangements would be in the best interests of local patients, public, service users, and carers;
- Ensure and monitor on-going discussion between the ICB and provider organisations about long-term strategy and plans.

Programme management

- Ensure that risks associated with integrated commissioning are identified and managed, including to the extent necessary through risk management arrangements established by the CCG, LBH and COLC.

Safeguarding

- In discharging its duties, act such that it supports the CCG, LBH and COLC to comply with the statutory duties that apply to them in respect of safeguarding patients and service users.

Accountability and Reporting

The ICB will report to the relevant forum as determined by the CCG, LBH and COLC. The matters on which, and the arrangements through which, the ICB is required to report shall be determined by the CCG, LBH and COLC (and shall include requirements in respect of Better Care Fund budgets).

The ICB will present for approval by the CCG, LBH and COLC as appropriate proposals on matters in respect of which authority is reserved to the CCG and/or COLC and/or LBH (including in respect of aligned fund services). The ICB will also provide advice to the CCG about core primary care commissioning and make recommendations to the appropriate CCG Area Committee.

The ICB will receive reports from the CCG, LBH and COLC on decisions made by those bodies where authority for those decisions is retained by them but the matters are relevant to the work of the ICB.

The ICB will provide reports to the Health and Wellbeing Boards, the ICPB, the NEL ICS Board and other committees as required.

Membership

The membership of the committees which the ICB brings together is set out in the table below:

COLC Committee	LBH Committee	CCG Area Committee
The Chairman of the Community and Children's Services Committee (**Chair**)	LBH Lead Member for Health, Adult Social Care and Leisure (**Chair**)	The City and Hackney Chair, NEL CCG (**Chair**)
The Deputy Chairman of the Community and Children's Services Committee	LBH Lead Member for Education, Young People and Children's Social Care	NEL CCG Accountable Officer or nominated deputy
The Chairman of the Health and Wellbeing Board	LBH Lead Member for Finance	NEL CCG Chief Finance Officer or nominated deputy

	NEL CCG Governing Body Lay Member
	NEL CCG ICP Managing Director (or other similarly senior ICP lead)
	NEL CCG City and Hackney ICP Director of Finance

The membership will be kept under review and through approval from the CCG's Governing Body, COLC's Community and Children's Services Committee and LBH's Elected Mayor as appropriate.

Deputy

The CCG's Accountable Officer and Chief Finance Officer may nominate a deputy to attend in their place, as provided for in the CCG Area Committee's Terms of Reference.

Any member of the LBH Committee may appoint a deputy who is a Cabinet Member.

The COLC Community and Children's Services Committee may appoint up to three of its members who are members of the Court of Common Council to deputise for any member of the COLC Committee.

Any member appointing a deputy for a particular meeting of the ICB must give prior notification of this to the Chair.

Attendees

As the three committees shall meet in common, the members of each committee shall be in attendance at the meetings of the other two committees.

It is expected that meetings of the ICB will largely take place within the ICPB structure and, therefore, subject to conflict of interest management and ensuring compliance with each component part of the ICB's governance requirements, members of the ICPB and attendees (as specified in the ICPB's terms of reference) may be in attendance.

The following shall be expected to attend the meetings of the ICB, contribute to all discussion and debate, but will not participate in decision-making:

- The Director of Community and Children's services (Authorised Officer for COLC);
- The City of London Corporation Chamberlain;
- LBH Group Director – Finance and Corporate Resources;
- LBH Group Director – Adults, Health and Integration
- LBH Group Director – Children and Education

The ICB may also call additional experts to attend meetings on an ad hoc basis to inform discussions.

Other parties may be invited to send representatives to attend the ICB's meetings in a non-decision-making capacity.

Leading and facilitating the discussion

The chairing arrangements set out at paragraphs 8.1 to 8.5 of the terms of reference for the ICPB shall apply equally to the ICB, meaning that the Chair of the ICPB shall also be the Chair of the ICB.

Quorum and voting

For the CCG Area Committee the quorum will be **three of the six** members (or deputies duly authorised in accordance with these terms of reference), ensuring that the requirements set out in the CCG Area Committee's terms of reference around the mix of individuals required for quoracy to be met are adhered to.

For the COLC committee the quorum will be **all three** members (or deputies duly authorised in accordance with these terms of reference).

For the LBH committee the quorum will be **two of the three** Council Members (or deputies duly authorised in accordance with these terms of reference).

Each of the COLC, LBH and CCG committees must reach its own decision on any matter under consideration and will do so by consensus of its members where possible. If consensus within a committee is impossible, that committee may take its decision by simple majority, and the Chair's casting vote if necessary.

The COLC Committee, the LBH Committee and CCG Area Committee will each aim to reach compatible decisions.

Matters for consideration by the three committees meeting in common as the ICB may be identified in meeting papers as requiring positive approval from all three committees in order to proceed. Any matter identified as such may not proceed without positive approval from all of the COLC Committee, the LBH Committee and the CCG Area Committee. These decision-making arrangements shall be included in the review of these terms of reference as set out below.

Meetings and administration

The ICB's members will be given no less than five working days' notice of its meetings. This will be accompanied by an agenda and supporting papers and sent to each member no later than five working days before the date of the meeting. In urgent circumstances the requirement for five working days' notice may be truncated.

The ICB shall meet whenever COLC, LBH and the CCG consider it appropriate that it should do so but the three committees meeting as the ICB would usually meet every month. When the Chairs of the CCG, LBH and COLC Committees deem it necessary in light of urgent circumstances to call a meeting at short notice this notice period shall be such as they shall specify.

Meetings of the ICB shall be held in accordance with Access to Information procedures for COLC, LBH and the CCG, rules and other relevant constitutional requirements. The dates of the meetings will be published by the CCG, LBH and COLC. The meetings of the ICB will be held in public, subject to any exemption provided by law or any matters that are confidential or commercially sensitive. This should only occur in exceptional circumstances and is in accordance with the open and accountable local government guidance (June 2014).

Secretarial support will be provided to the ICB and minutes shall be taken of all of its meetings. These may be incorporated into the minutes of the ICPB, where the ICB meeting has taken place within the ICPB structure. The CCG, COLC and LBH shall agree between them the format of the joint minutes of the ICB which will separately record the membership and the decisions taken by the CCG Committee, the COLC Committee and the LBH Committee. Agenda, decisions and minutes shall be published in accordance with partners' Access to Information procedures rules.

Decisions made by the COLC Committee may be subject to referral to the Court of Common Council in accordance with COLC's constitution. Cabinet decisions made by the LBH Committee may be subject to call-in by members of the Council in accordance with LBH's constitution. Decisions made by the CCG Area Committee may be subject to review by the CCG's Governing Body or otherwise in accordance with CCG's constitution. However, the CCG, LBH and COLC will manage the business of the ICB, including consultation with relevant forum and/or officers within those organisations, such that the incidence of decisions being reviewed or referred is minimised.

Conflicts of Interest

The partner organisations represented in the ICB are committed to conducting business and delivering services in a fair, transparent, accountable and impartial manner. ICB members will comply with the Conflicts of Interest protocol developed for the ICPB, as well as the arrangements established by the organisations that they represent or the ICS.

A register of interests will be completed by all members and attendees of the ICB and will be kept up to date in line with the protocol. Before each meeting each member or attendee will examine the agenda to identify any matters in which they have (or may be perceived to have) an interest. Such interests may be in addition to those declared previously.

Any such conflicts should be raised with the Chair and the secretariat at the earliest possible time.

The Chair will acknowledge the register of interests at the start of the meeting as an item of business. There will be the opportunity for any potential conflicts of interest to be debated and the Chair (on the basis of advice where necessary) may give guidance on whether any conflicts of interest exist and, if so, the arrangements through which they may be addressed.

In respect of the CCG Area Committee, the members will have regard to any such guidance from the Chair and should adopt it upon request to do so. Where a member declines to adopt such guidance, it is for the Chair to determine whether a conflict of interests exists and, if so, the arrangements through which it will be managed.

In respect of the COLC Committee and the LBH Committee, it is for the members to declare any conflicts of interests which exist (taking into account any guidance from the Chair) and, if so, to adopt any arrangements which they consider to be appropriate.

In some cases, it may be possible for a person with a conflict of interest to participate in a discussion but not the decision that results from it. In other cases, it may be necessary for a person to withdraw from the meeting for the duration of the discussion and decision. Where the nominated Chair (or another person selected to lead and facilitate a meeting) has a conflict of interests, the arrangements set out above (under Leading and facilitating the discussion and in section 8 of the ICPB Terms of Reference) shall apply.

All declarations and discussions relating to them will be minuted.

Additional requirements

The members of the ICB have a collective responsibility for the operation of it. They will participate in discussion, review evidence, and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view. They will take advice from advisors, groups or other committees where relevant.

The ICB functions through the scheme of delegation and financial framework agreed by the CCG, COLC and LBH respectively, who remain responsible for their statutory functions and for ensuring that these are met and that the ICB is operating within all relevant requirements.

The ICB may assign tasks to such individuals, groups or committees as it shall see fit, provided that any such assignments are consistent with each party's relevant governance arrangements, are recorded in a scheme of delegation for the relevant Committee, are governed by terms of reference as appropriate, and reflect appropriate arrangements for the management of any actual or perceived conflicts of interest.

Review

The terms of reference will be reviewed at least annually, to coincide with reviews of the section 75 agreements.

City and Hackney ICP Area Committee of the North East London CCG Governing Body

1 Status of the Committee	1.1	The Committee is a committee of the North East London CCG Governing Body ("NEL CCG Governing Body"), established in accordance with Schedule 1A of the 2006 Act and with the specific provisions contained within the CCG's Constitution and in the NHS Act 2006.
	1.2	The Committee will commence its operation on 1 April 2021.
2 Role of the Committee	2.1	The Committee has been established in order to enable the CCG to take decisions on the Delegated Functions within the ICPB structure, as permitted by law, and to enable, where necessary, commissioner only decision-making on the Reserved Functions in a simple and efficient way. The Delegated and Reserved Functions are summarised below and are also set out in the CCG's Scheme of Reservation and Delegation (SoRD).
	2.2	In each case, where the Committee has been asked to oversee the development of a policy, framework or other equivalent, this includes the function of providing assurance to the NEL CCG Governing Body on the appropriateness of the policy, framework or other equivalent in question.
3 Authority	3.1	The Committee is authorised by the NEL CCG Governing Body to investigate any activity within these Terms of Reference. It is authorised to seek any information it requires in this regard from any employee within the CCG and all employees are directed to cooperate with any request made by the Committee.
	3.2	The Committee is also authorised by the NEL CCG Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.
	3.3	The Committee will be responsible for determining any additional or reconfigured sub-structural arrangements to support fulfilment of the Committee's remit.
4 Delegated Functions	4.1	The Delegated Functions that the Committee will exercise include the following. In general, and subject to the Reserved Functions, the intention is that the Delegated Functions will be exercised within the ICPB structure.
	4.2	*<u>Commissioning Strategy</u>: the Committee will have lead responsibility for the CCG's commissioning strategy in the ICP area. This includes exercising the following specific functions in this context:*
		4.2.1 overseeing the health and care needs assessment process within the ICP area and supporting the CCG in the overall health and care needs assessment process in the ICP;

	4.2.2 overseeing the development of the commissioning vision and outcomes setting, and supporting the CCG in the development of the overall commissioning vision and outcomes setting, within the ICP area; 4.2.3 overseeing the development and implementation of service specification and standards within the ICP area, ensuring that these are consistent with the overarching principles agreed by the CCG; 4.2.4 overseeing the development and implementation of a decommissioning policy within the ICP area, ensuring consistency with the overall policy agreed by the CCG. *4.3* *<u>Population health management:</u> the Committee will have lead responsibility for population modelling and analysis within the ICP area, supporting the CCG to discharge its statutory duties, including those relating to equality and inequality. This includes exercising the following specific functions in this context:* 4.3.1 ensuring appropriate arrangements are in place to support the ICP to carry-out predictive modelling and trend analysis; 4.3.2 overseeing and implementing information governance arrangements within the ICP area; 4.3.3 overseeing the development and implementation of system incentives and re-alignment in order to deliver a response population health driven system. *4.4* *<u>Market management:</u> the Committee will work the ICPB, asking it to consider and make recommendations on aspects of market management as appropriate, as part of its overall role in relation to this function, as follows:* 4.4.1 working with the ICPB to evaluate health and care services in the ICP area; 4.4.2 working with the ICPB to design and develop health and care services; 4.4.3 agreeing the strategic market shape for the ICP area, ensuring consistency with the overall objectives and principles agreed by the CCG for the ICP; 4.4.4 leading on horizon scanning within the ICP area. *4.5* *<u>Financial and contract management:</u> the Committee will support the CCG in discharging its statutory financial duties, including through managing the budget delegated to it by the NEL CCG Governing Body and exercising the following functions:*

	4.5.1 managing the budget for the ICP area, ensuring that it operates within the agreed CCG financial accountability and reporting framework; 4.5.2 managing the allocation of budgets to any Borough sub-committee established by the Committee and ensure that accountability and reporting arrangements are in-place, consistent with the overall financial accountability and reporting framework agreed by the CCG; 4.5.3 overseeing the development of a financial plan for the ICP area and, once approved by the NEL CCG Governing Body, manage the plan, ensuring that all NEL CCG Governing Body reporting requirements are met; 4.5.4 leading on tendering and procurement within the ICP area; 4.5.5 leading on contract design for health services commissioned within the ICP area; 4.5.6 working with the ICPB to manage supply chain for health and care services within the ICP area; *4.6* *<u>Monitoring performance:</u> the Committee will support the CCG in discharging its statutory reporting requirements and in discharging its duties in relation to quality and the improvement of services, as follows:* 4.6.1 working with the ICPB to manage and monitor contracts for health and care services in the ICP area; 4.6.2 working with the ICPB to ensure continuous quality improvement in health and care services within the ICP area; 4.6.3 complying with statutory reporting requirements in relation to services being commissioned in the ICP area; 4.6.4 working with the ICPB in relation to safeguarding, ensuring that all CCG policies and procedures are appropriately implemented within the ICP area; 4.6.5 overseeing safeguarding interventions, working with the ICPB; 4.6.6 leading on performance review and management for the ICP area; *4.7* *<u>Stakeholder engagement and management:</u> the Committee's overall role is to support the CCG in discharging its statutory duty under section 14Z2 in relation to public involvement and consultation. This includes, but is not limited to the following responsibilities:*

	4.7.1 overseeing the development of the ICP engagement strategy and implementation plan; 4.7.2 overseeing the development and delivery of patient and public involvement activities, as part of any service change process in the ICP area; 4.7.3 facilitating and promote clinical and professional engagement within the ICP area. 4.8 In exercising the Delegated Functions, the Committee's role is to support the CCG in discharging its statutory duties. 4.9 When exercising any Delegated Functions, the Committee will ensure that it has regard to the statutory obligations that the CCG is subject to including, but not limited to, the following statutory duties set out in the 2006 Act: 4.9.1 Section 14P – Duty to promote the NHS Constitution 4.9.2 Section 14Q – Duty to exercise functions effectively, efficiently and economically 4.9.3 Section 14R – Duty as to improvement in quality of services 4.9.4 Section 14T – Duty as to reducing inequalities (and the separate legal duty under section 149 of the Equality Act 2010, the Public Sector Equality Duty) 4.9.5 Section 14U – Duty to promote involvement of each patient 4.9.6 Section 14V – Duty as to patient choice 4.9.7 Section 14W – Duty to obtain appropriate advice 4.9.8 Section 14X – Duty to promote innovation 4.9.9 Section 14Z – Duty as to promoting education and training 4.9.10 Section 14Z1 – Duty as to promoting integration 4.9.11 Section 14Z2 – Public involvement and consultation (and the related duty under section 244 and the associated Regulations to consult relevant local authorities) 4.9.12 Section 14O – Registers of interests and management of conflicts of interest 4.9.13 Section 14S – Duty in relation to quality of primary medical services

		4.9.14 Section 223G – Means of meeting expenditure of CCGs out of public funds 4.9.15 Section 223H – Financial duties of CCGs: expenditure 4.9.16 Section 223I - Financial duties of CCGs: use of resources 4.9.17 Section 223J - Financial duties of CCGs: additional controls on resource use 4.10 Annex 2 below sets out which of the above Delegated Functions are Reserved Functions, to be exercised by the Committee only. 4.11 In performing its role, the Committee will exercise its functions in accordance with its Terms of Reference; the terms of the delegations made to it by the NEL CCG Governing Body and the financial limit on its delegated authority, which shall be the total budgeted resource allocated to the Committee. 4.12 Where there is any uncertainty about whether a matter relates to the Committee in its capacity as a decision-making body within the CCG governance structure or whether it relates to its wider local system role as part of the ICPB, the flowchart included in Annex 3 to these Terms of Reference will be followed to guide the Chair's consideration of the issue.
5 Geographical Coverage	5.1	The geographical area covered will be the same as the ICPB.
6 Membership	6.1	There will be a total of six members, as follows: • Accountable Officer or nominated deputy • Chief Finance Officer or nominated deputy • Governing Body Lay Member • The City and Hackney Chair, NEL CCG (Chair) • ICP Managing Director or other similarly senior ICP lead • Director of Finance 6.2 Any member of the ICPB will have a standing invite to attend all meetings of the Committee. 6.3 Although attendees will not have a formal decision-making role in relation to the Delegated Functions and will not be entitled to vote on such matters, they will be encouraged to participate in discussions and to contribute to the decision-making process, subject always to the Committee operating within the CCG's governance framework, including in relation to managing actual and potential conflicts of interest.

7	**Chairing Arrangements**	7.1	The role of Chair of the Committee will be performed by the City and Hackney Chair, NEL CCG.
		7.2	At its first meeting, the Committee will appoint a Deputy Chair drawn from its membership.
8	**Secretariat**	8.1	Secretariat support will be provided to the Committee by the CCG's governance team.
9	**Meetings and Decision Making**	9.1	The Committee will operate in accordance with the CCG's governance framework, as set out in its Constitution and CCG Governance Handbook, except as otherwise provided below.
		9.2	The quoracy for the Committee will be three and must include one executive director, one lay member and one clinical director.
		9.3	The Chair may agree that members of the Committee may participate in meetings by means of telephone, video or computer link or other live and uninterrupted conferencing facilities. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting.
		9.4	The Chair may determine that the Committee needs to meet on an urgent basis, in which case the notice period shall be as specified by the Chair. Urgent meetings may be held virtually.
		9.5	Each member of the Committee shall have one vote. Attendees do not have voting rights.
		9.6	The aim will be for decisions of the Committee to be achieved by consensus decision-making, with voting reserved as a decision-making step of last resort and/or where it is helpful to measure the level of support for a proposal.
		9.7	Decision making will be by a simple majority of those present and voting at the relevant meeting. In the event that a vote is tied, the Chair will have the casting vote.
		9.8	Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
		9.9	Conflicts of interest will be managed in accordance with the policies and procedures of the CCG and shall be consistent with the statutory duties contained in the 2006 Act and the statutory guidance issued by NHS England to CCGs ((Managing conflicts of interest: revised statutory guidance for CCGs 2017 https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/)
		9.10	Members of the Committee have a collective responsibility for its operation. They will participate in discussion, review evidence

		and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view. 9.11 Where confidential information is presented to the Committee, all members will ensure that they comply with any confidentiality requirements. 9.12 The Committee will ordinarily meet monthly. The frequency of meetings may be varied to meet operational need, with the Chair determining this as necessary and in accordance with the provisions for meetings set out above.
10 Accountability and Reporting	10.1	The Committee shall be directly accountable to the NEL CCG Governing Body. 10.2 The Committee will ensure that it reports to the NEL CCG Governing Body on a monthly basis and that a copy of its minutes is presented to the NEL CCG Governing Body, for information. 10.3 In the event that the NEL CCG Governing Body requests information from the Committee, the Committee will ensure that it responds promptly to such a request.
11 Sub-committees	11.1	In order to assist it with performing its role and responsibilities, the Committee is authorised to establish sub-committees and to determine the membership, role and remit for each sub-committee. Any sub-committee established by the Committee will report directly to it. 11.2 The terms of reference for any sub-committee established by the Committee will be incorporated within the CCG Governance Handbook. 11.3 The Committee may decide to delegate decision-making to any of its sub-committees duly established but, unless this is explicitly stated within the terms of reference for the relevant sub-committee, the default will be that no decision-making has been delegated. Where decision-making responsibilities are delegated to a sub-committee, these will be clearly recorded in the Committee's SoRD, which shall be maintained by the Secretariat to the Committee and incorporated within the CCG Governance Handbook. 11.4 The Committee may delegate funds from its overall budget to a sub-committee, provided that appropriate accountability and reporting arrangements are agreed and that these reflect the Committee's own financial reporting requirements.
12 Monitoring Effectiveness and Compliance with Terms of Reference	12.1	The Committee will carry out an annual review of its functioning and provide an annual report to the NEL CCG Governing Body on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference.

13 Review of Terms of Reference	13.1	The terms of reference of the Committee shall be reviewed by the NEL CCG Governing Body at least annually.

Annex 1

Functions that the ICPB will consider and make recommendations to the CCG Area Committee on

The Committee, operating in accordance with its terms of reference, hereby asks the ICPB to consider the following functions on its behalf and to make appropriate recommendations:

1 Developing, agreeing and implementing the ICP vision and outcomes, ensuring that this reflects the agreed CCG-specific vision and outcomes;

2 Supporting the CCG Area Committee in relation to market management, including through managing the following:

2.1 service evaluation; and

2.2 service design and development.

3 Supporting the CCG Area Committee in relation to financial and contract management, specifically through supply chain management.

4 Supporting the CCG by leading on planning and delivery within the ICP, ensuring that in doing so the outcomes are consistent with the ICP commissioning strategy agreed by the Committee, as follows:

4.1 community-based assets identification and integration;

4.2 integrated pathway-design;

4.3 service and care coordination;

4.4 place-based planning;

4.5 evidence-based protocols and pathways;

4.6 cost-reduction and demand management;

4.7 workforce strategy.

5 Support the CCG Area Committee in relation to monitoring performance, including through considering and making recommendations on the following:

5.1 contract management and monitoring;

5.2 promoting continuous quality improvement;

5.3 safeguarding interventions and learnings;

5.4 regulatory liaison and relationship;

5.5 regular public outcome reporting.

6 Support the CCG Area Committee in relation to stakeholder engagement and management, including through the following:

6.1 political engagement;

6.2 clinical and professional engagement;

6.3 public and community engagement;

6.4 provider relationship management;

6.5 strategic partnership management.

7 When considering and making recommendations concerning the functions which the CCG has delegated to the Committee, the ICPB will ensure that it has regard to the statutory duties that the Committee is subject to, including but not limited to the following:

- Section 14P – Duty to promote the NHS Constitution
- Section 14Q – Duty to exercise functions effectively, efficiently and economically
- Section 14R – Duty as to improvement in quality of services
- Section 14T – Duty as to reducing inequalities (and the separate legal duty under section 149 of the Equality Act 2010, the Public Sector Equality Duty)
- Section 14U – Duty to promote involvement of each patient
- Section 14V – Duty as to patient choice
- Section 14W – Duty to obtain appropriate advice
- Section 14X – Duty to promote innovation
- Section 14Z – Duty as to promoting education and training
- Section 14Z1 – Duty as to promoting integration
- Section 14Z2 – Public involvement and consultation (and the related duty under section 244 and the associated Regulations to consult relevant local authorities)
- Section 14O – Registers of interests and management of conflicts of interest
- Section 14S – Duty in relation to quality of primary medical services
- Section 223G – Means of meeting expenditure of CCGs out of public funds
- Section 223H – Financial duties of CCGs: expenditure
- Section 223I: Financial duties of CCGs: use of resources
- Section 223J: Financial duties of CCGs: additional controls on resource use

8 The ICPB will report to the Committee on a [monthly] basis.

9 The Committee may revise the scope of the functions that it has asked the ICPB to manage on its behalf.

Annex 2: Reserved Functions to be exercised by the CCG Area Committee only

This list sets out the key CCG functions that will be the exercised at the ICP level and where a formal, legal decision may be required by the CCG. The list is not an exhaustive list of the CCG's functions and should be read alongside the CCG's Constitution and the CCG's Governance Handbook.

The functions set out below may be exercised in the following ways:

(a) by each of the CCG Governing Body ICP Area Committees established by the NEL CCG Governing Body; and/or

(b) by individuals with delegated authority to act on behalf of the CCG and within the scope of such delegated authority.

Subject to ensuring that conflicts of interest are appropriately managed, the CCG Reserved Functions may be exercised by (a) or (b) at a meeting of the ICP Board.

CCG Reserved Functions:

- Approving commissioning plans (and subsequent revisions to such plans) developed in order to meet the agreed ICP population health needs assessment and strategy;
- Approving demographic, service use and workforce modelling and planning, where these relate to the CCG's commissioning functions;
- Approving proposed health needs prioritisation policies and ensuring that this enables the CCG to meet its statutory duties in relation to outcomes, equality and inequalities;
- Approving the CCG's financial plan for the ICP area;
- Approving financial commitments where these relate to delegated CCG budgets;
- Receiving recommendations from the ICP Finance and Performance Sub-Committee and making decisions on matters referred to it by that Sub-Committee;
- Approving procurement decisions, where these relate to health services commissioned by the CCG;
- Approving contract design, where these are developed specifically to reflect health needs and priorities within the ICP area;
- Approving health service change decisions (whether these involve commissioning or de-commissioning);
- Overseeing and approving any stakeholder involvement exercises proposed, consistent with the CCG's statutory duties in this context;

- Approving ICP-specific policies and procedures relating to the above, where these are different to any NEL CCG policies and procedures;

- Approving a proposal to enter into formal partnership arrangements with one or more local authority, including arrangements under section 75 of the NHS Act 2006;

- Other matters at the discretion of the CCG Area Committee or individuals with delegated authority acting on behalf of the CCG, where it is considered that the matter is one that should be considered and determined by the CCG alone (including where this is necessary in order to ensure appropriate management of conflicts of interest).

Annex 3: Decision-Making Flow Chart

1 Does any legislation expressly place a function or duty on a statutory body or bodies which means that it and only it should determine the issue in question?

[If it does that statutory body or group of bodies should make the decision.]

2 Should no statutory body or bodies expressly hold such a function or duty then is the issue an ICS matter?

[If it is then the matter should go to the proper part of the ICS governance for determination.]

3 If the issue is an ICS matter, is it one that is within the ICPB's remit?

[If it is, then the matter should go to the ICPB for consideration]

4 Does the issue in question cover decisions that may fall for determination in both statutory forums and the ICPB?

[If the split in decision making is apparent then that should be followed, otherwise the matter should be referred to Chairs of the three ICB constituent committees/sub-committees for guidance on the approach to be followed].

City & Hackney Neighbourhood Health and Care Board (NHCB)
Terms of Reference

1. Context

1.1. Since 2017 the local statutory organisations in City and Hackney have been formally working in partnership under an Integrated Commissioning Programme, with partnership working through an Accountable Officers Group and an Integrated Commissioning Board (ICB).

1.2. In 2019, as details of the national direction of travel for partnership arrangements were still emerging, within City and Hackney the CCG and local partner organisations worked to create a contractual partnership in order to more closely align the work of provider organisations around transformation and integration of local services across Neighbourhoods. The local CCG, the Homerton University Hospital FT, East London FT and C&H GP Confederation signed an Interim Alliance Agreement and formed City and Hackney Provider Alliance Board.

1.3. Also in 2019 Primary Care Networks were created, again via contracts, to encourage resilience and pooling of resources amongst general practice in Neighbourhoods, and providing local clinical leadership for the integration of out-of-hospital services.

1.4. In December 2020, the East London Health and Care Partnership (a sustainability and transformation partnership) was designated to become North East London Integrated Care System from 1st April 2021, with the seven CCGs in North East London also merging to become North East London CCG from 1st April 2021.

1.5. ELHCP's successful application for designation as an ICS formalised existing structures for the devolution of resources and responsibility to three multi-borough partnerships, or Integrated Care Partnerships, across the eight local authority areas in North East London.

1.6. In December 2020, the Integrated Commissioning Board in City and Hackney, as well as City and Hackney CCG's Governing Body, approved proposals for the establishment of governance structures to operate an Integrated Care Partnership in City and Hackney as part of North East London Integrated Care System. The governance of the new NEL CCG also includes a City and Hackney Area Committee, allowing for commissioning decisions and duties of the CCG to be delegated to local Integrated Care Partnership level.

1.7. The new governance proposals included the creation of an Integrated Care Partnership Board in City and Hackney, which would replace the existing Integrated Commissioning Board (and which would include provider organisations as partners) and which would develop the health and care strategy component of the overall health and wellbeing strategy set by the two statutory Health and Wellbeing Boards in the City of London and the London Borough of Hackney.

1.8. The Integrated Care Partnership Board would then hold a Neighbourhood Health and Care Board to account for the delivery of that strategy, under an annual mandate. The NHCB will have an executive function that will sit across multiple organisations within the local partnership and will include planning and delivery functions that were previously part of the CCG. Over time it will take collective responsibility for balancing competing system risks and priorities against a delegated whole system financial allocation.

1.9. Establishing such a local partnership executive function, with shared accountability for a devolved local system financial allocation, will require robust governance and clarity around the specific asks, accountabilities, and schemes of delegation (which will be developed over time) but also more mature and strengthened relationships between local organisations and a shared partnership vision and culture.

2. Purpose

2.1. Specifically, the Board has been established for the purpose of discharging the responsibilities agreed by the ICP Board and as set out in the mandate, including the following:

- Formally establishing a local partnership executive function in City and Hackney and a governance route for joint decision making by partners in relation to operational delivery, use and prioritisation of local system resources, and management of local system performance (in relation to the mandate agreed with Integrated Care Partnership Board).
- Overseeing and supporting the transition from the current Integrated Commissioning arrangements in City and Hackney to an Integrated Care Partnership of local organisations.
- Developing and formally agreeing any joint proposals in relation to local services or transformation in City and Hackney which will be submitted to Integrated Care Partnership Board for approval.
- Being responsible for and co-ordinating an integrated work programme of transformation work at 'place' level within City and Hackney, to deliver population health outcomes as agreed in the mandate with the Integrated Care Partnership Board.
- Being responsible for and co-ordinating local system-level improvement and governance support functions.
- Agreeing the accountability, governance and safety arrangements by which joint work will take place between partners, and how these arrangements will link back to the Boards of partner organisations.

2.2. It is proposed that the purpose and function of the City and Hackney Neighbourhood Health and Care Board be reviewed by the Integrated Care Partnership Board after its first six months of existence and thereafter on an annual basis.

3. Membership and attendance

3.1. An ICP Chief Officer will chair the Neighbourhood Health and Care Board. An ICP Clinical Lead will be appointed and will be the deputy chair of the Board.

3.2. The core membership and representatives from member organisations of the City and Hackney Neighbourhood Health and Care Board will be:

- Accountable Officer, East London NHS Foundation Trust (ELFT)
- Accountable Officer, City and Hackney GP Confederation (GP Confed)
- Accountable Officer, Homerton University Hospital NHS Foundation Trust (HUH)
- Group Director, responsible for adult services, London Borough Hackney (LBH)
- Group Director, responsible for children's services, London Borough Hackney (LBH)
- Group Director, responsible for health and social care, City of London Corporation (CLC)
- Two Primary Care Network Clinical Directors (representing all eight City and Hackney PCNs in their membership of NHCB)
- Lead for the Charity and Voluntary Sector in City and Hackney (CVS)

In addition to the ICP Chief Officer and ICP Clinical Lead roles, the following partnership-wide roles will be established and appointed to by the ICP Chief Officer:

- ICP Operational Delivery Lead Officer
- ICP Financial Lead Officer
- ICP Quality Lead Officer

3.3. Others may be asked to attend for specific agenda items.

3.4. The meeting will be quorate when over 50% of the total membership is present, with a requirement that at least one practitioner is present within that 50%. Named representatives from core member organisations can nominate appropriately senior individuals as standing deputies if they are unable to attend.

4. Accountability and reporting

4.1. The Neighbourhood Health and Care Board is a non-statutory partnership body that brings together organisation partners to make decisions on the delivery of the strategy and mandate agreed with Integrated Care Partnership Board.

4.2. The City and Hackney Neighbourhood Health and Care Board will report to City and Hackney Integrated Care Partnership Board.

4.3. The new ICP governance arrangements replace the existing Integrated Commissioning programme in City and Hackney. Accordingly, the NHCB will formally replace the Accountable Officers Group established as part of the Integrated Commissioning Programme.

4.4. The Neighbourhood Health and Care Board will develop a partnership agreement governing the working relationships between partner organisations which will need to be agreed by each of the individual organisations within City and Hackney's Integrated Care Partnership. Such a partnership agreement will not be a contract for services.

4.5. For the avoidance of doubt, on the 1st April 2021, service contracts between individual organisations in City and Hackney and City and Hackney CCG will transfer by way of statutory transfer order to be with the North East London CCG.

5. Chairing arrangements

5.1. The City and Hackney Neighbourhood Health and Care Board will be chaired by the ICP Chief Officer. The ICP Clinical Lead will be the deputy chair.

6. Meetings and administration

6.1. The City and Hackney Neighbourhood Health and Care Board will meet monthly. Additional meetings may be convened when the chair deems it necessary.

6.2. The NHCB will not meet in public but will operate under the principles of transparency and openness expected of statutory public bodies.

6.3. The aim will be for decisions of the Neighbourhood Health and Care Board to be achieved by consensus decision making. Voting will not be used, except as a tool to measure support or otherwise for a proposal. In such a case, a vote in favour would be non-binding. The Chair will work to establish unanimity as the basis for all decisions.

6.4. Meetings will be minuted, and copies of minutes and action logs will be circulated to members within three working days of each meeting.

6.5. The Board will be supported by local system improvement and governance support functions which formerly supported the Integrated Commissioning programme.

7. Working groups

7.1. In order to assist it with performing its role and responsibilities, the NHCB is authorised to establish working groups and to determine the membership, role and remit for each working group. Any working group established by the NHCB will report directly to it.

7.2. The terms of reference for any working group established by the NHCB will need to be approved by the NHCB. Working groups include;

7.2.1. City and Hackney ICP Delivery Group to co-ordinate operational delivery across the local partnership. The ICP Operational Lead Officer will chair this group.

7.2.2. City and Hackney ICP Finance and Performance Group to co-ordinate system financial management. The ICP Financial Lead Officer will chair this group.

7.2.3. City and Hackney ICP Quality and Outcomes Group to co-ordinate a system approach to quality improvement and safety. The ICP Quality Lead Officer will chair this group

7.2.4. City and Hackney ICP People and Place Group to co-ordinate a system approach to patient and public involvement, co-design and resident and service user engagement. The Chair of this Group will sit on the Integrated Care Partnership Board.

7.2.5. A Population Health Hub, reporting to the NHCB, with the purpose of supporting population health management and aligning Public Health functions with ICP work.

8. Review of these Terms of Reference

8.1. NHCB will review these terms of reference after six months of existence, by October 2021.

9. Conflicts of Interests

9.1. A declaration of interests register will be completed by all members and attendees of this meeting and will be kept up to date in line with the policies on Managing Conflicts of Interest of each founding organisation. A register of interests will be brought to every meeting and included on the agenda as a matter of business.

9.2. Additionally all attendees should be reminded to review the agenda and consider whether any topics being discussed might present an area of interest. This means an item where a decision or recommendation made may advantage that person, their family and/or their workplace. These advantages might be financial or in another form, perhaps the ability to exert unseen influence.

9.3. Where anything on the agenda or raised in the meeting has the potential to create such a conflict, it should be raised with the Chair. This means we can ensure that our decisions, recommendations or actions can be guarded from the impact of any possible conflict attendees could have and be seen to be so. Attendees should, where possible, raise such issues before the meeting, or as soon as a potential conflict becomes apparent. This openness is important so that all can discuss how to manage decision making in a complex environment and learn together how to manage these issues well.

Title of report:	*City and Hackney Inequalities Steering Group: Tools and Resources priority theme*
Date of meeting:	8th June 2021
Lead Officer:	Anna Garner and Angela Bartley
Author:	Anna Garner and Angela Bartley
Committee(s):	Health Inequalities Steering Group – 23rd June ICB – 8th July
Public / Non-public	Public

Executive Summary:

Current status of work to identify how we support and equip all staff, from individuals to teams to organisations to senior leaders across City and Hackney to routinely consider health equity in their day to day work, their planning and decision-making. What tools and support help people to take action to reduce health inequalities/inequity?

Recommendations:

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

- To **NOTE** the report;
- To **IDENTIFY** what tools should be embedded by the City and Hackney system, by different levels – including the ICB itself

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

- To **NOTE** the report;
- To **IDENTIFY** what tools should be embedded by the City and Hackney system, by different levels – including the ICB itself

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	☒	
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☐	
Ensure we maintain financial balance as a system and achieve our financial plans	☐	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	
Empower patients and residents	☒	

Specific implications for City

Tools need to be decided on to support consideration of health equity at all levels and organisations across City and Hackney system, including City of London

Specific implications for Hackney

Tools need to be decided on to support consideration of health equity at all levels and organisations across City and Hackney system, including City of London

Patient and Public Involvement and Impact:

Health Inequalities Steering Group has adopted a resident involvement framework in developing each of its priority area action plans.

Clinical/practitioner input and engagement:

Representation from all City and Hackney partner organisations, including GP representations on Health Inequality Steering Group.

Communications and engagement:

No engagement yet – planned.

Equalities implications and impact on priority groups:

Equalities considerations sole focus on report

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

Impact TBC dependent on tools decided upon

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:

[Papers for approval by the ICBs must be signed off by the appropriate senior officers. Any paper with financial implications must be signed by the members of the Finance Economy Group. If there are any legal implications which require consultation with legal counsel, please make reference to that below. Please ensure you have appropriate sign off for your report, along with the papers. Papers which have not been signed-off by the appropriate officers will not be considered] Workstream SRO: [*insert name and title*] London Borough of Hackney: [*insert name and title*] City of London Corporation: [*insert name and title*] City & Hackney CCG: [*insert name and title*]

City and Hackney Inequalities Steering Group: Tools and Resources priority theme

Developing a health equity approach across City and Hackney

City and Hackney Inequalities Steering Group
Tools and resources to support addressing inequalities

Context: Health inequalities are avoidable and unjust differences in health status between groups of people or communities and are defined according to a number of different dimensions (as described below). Taking action to reduce health inequalities is a matter of social justice.

- protected characteristics: age, disability, sex, gender reassignment, ethnicity/race, religion or belief, sexual orientation, marriage and civil partnership

- social inequalities: poverty, housing, education, unemployment, etc

- geographical inequalities: urban vs rural, local area deprivation, etc

- vulnerability: carers, rough sleepers, care leavers, people with no recourse to public funds

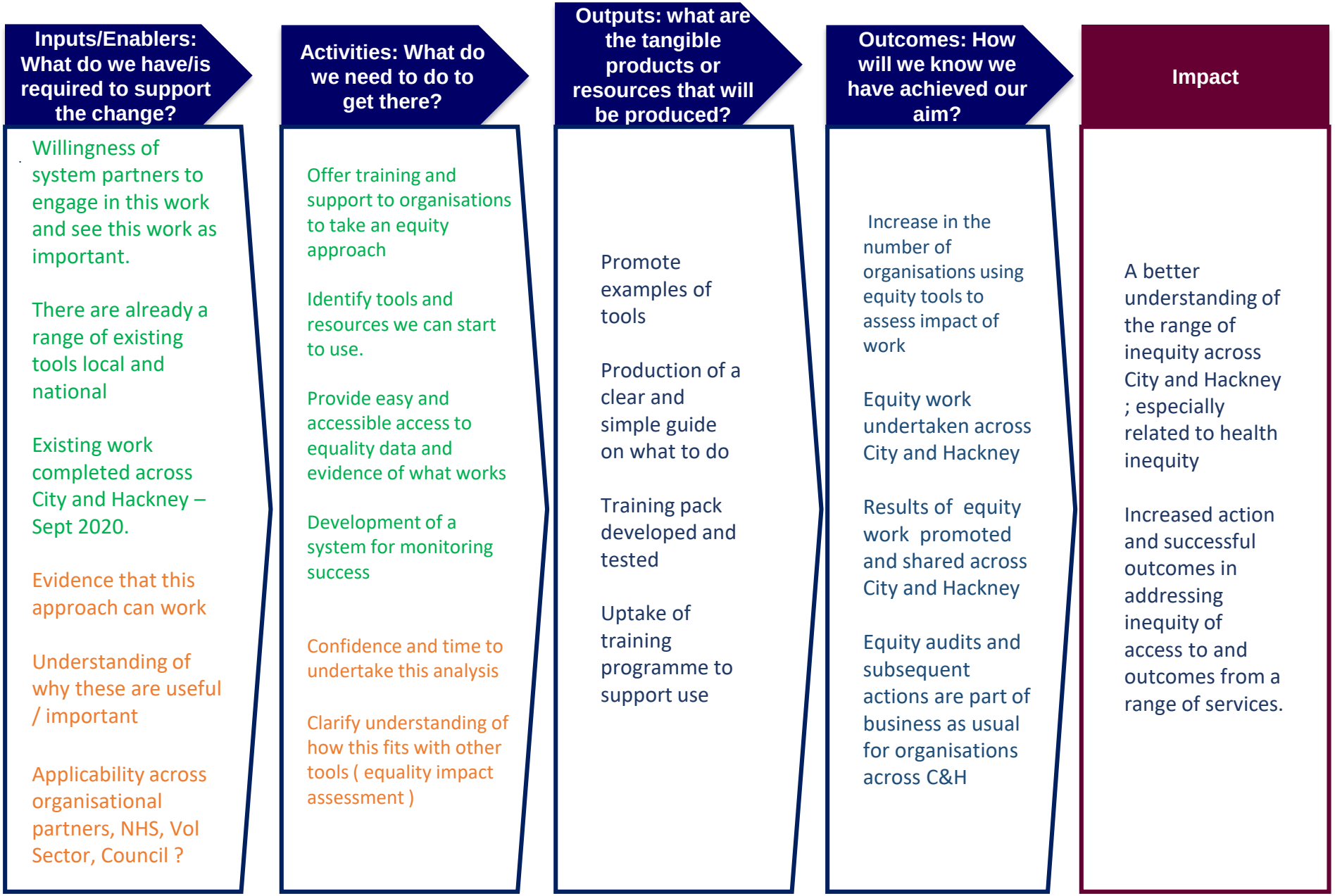
Task from Health Inequalities Steering Group:
To develop and enable the system wide adoption of tools to embed routine consideration of health equity in everyone's role

Purpose and description of the work:
How do we support and equip all staff, from individuals to teams to organisations to senior leaders across City and Hackney to routinely consider health equity in their day to day work, their planning and decision-making. What tools and support help people to take action to reduce health inequalities/inequity ?

Scope

- To develop a **logic model**, which identifies the impacts embedding a more systematic approach to using health equity tools could achieve in addressing inequalities.
- Identify which tools and models /approaches can **support and enable** system partners across City and Hackney to routinely consider and assess health equity in decision making tools.
- Identify **key enablers and synergies** with other work and workstreams across City and Hackney
- Identify and develop a **set of indicators / outcomes** we can use to measure the extent to which the outcome has been achieved.
- Identify **barriers and enablers** in implementing this across City and Hackney and appropriate next steps.

Logic model: To increase the provision; skills and use of health equity tools across City and Hackney and to support the organisational change and development needed to enable the systematic use of these to reduce inequalities and inequalities in health and health outcomes.



What can happen at different levels to embed health equity in everyone's role?

Level:

Culture and leadership on inequalities (across all levels and activities):
responsibility of all partners and all staff, understanding of role of each team in tackling inequalities, engagement in learning + using tools/resources

City and Hackney system

- Equity in outcomes and performance frameworks
- Prevention/equity considered in financial planning/business case approval
- Assurance and challenge on equity tools used in planning

Organisation

- Leading debates about tackling inequality and celebrating diversity, e.g. Black History Month
- Collecting and sharing up-to-date data: recruitment, retention, promotion, pay + disciplinary by protected characteristic
- Engaging with residents about inequalities priorities
- Ensure inequalities priorities within organisation objectives
- Support staff learning and conversations about inequality
- Encourage establishment of staff networks
- Leading debates about tackling inequality and celebrating diversity, e.g. Black History Month
- Encourage establishment of staff networks
- Collecting and sharing accurate organisation-wide equality data about service users and carers
- Collecting and sharing up-to-date data: recruitment, retention, promotion, pay + disciplinary by protected characteristic
- Expecting teams and directorates to submit business plans with a strong focus on tackling inequality
- Engaging with residents about what has worked and what needs to change

Team

- Focusing on the recruitment and retention of a diverse team, including apprenticeships and mentoring
- Undertaking equity audits and impact assessments
- Thinking about the data you have access to, what does it tell you and where are the gaps
- Consider commissioning levers on inequity/ inequality e.g. KPIs
- Creating the space for these conversations on inequalities – encourage different views to be aired
- Maximise social value of recruitment and procurement policies
- Reviewing service data on access, experience and outcomes by protected characteristics and deprivation. Improve data collection, and use to improve equity
- Agreeing the equality priorities and objectives for your team service plan
- Creating the space for conversations on inequalities – encourage different views to be aired
- Undertaking equity audits and impact assessments
- Focusing on the recruitment and retention of a diverse team, including apprenticeships and mentoring
- Maximise social value of recruitment and procurement policies

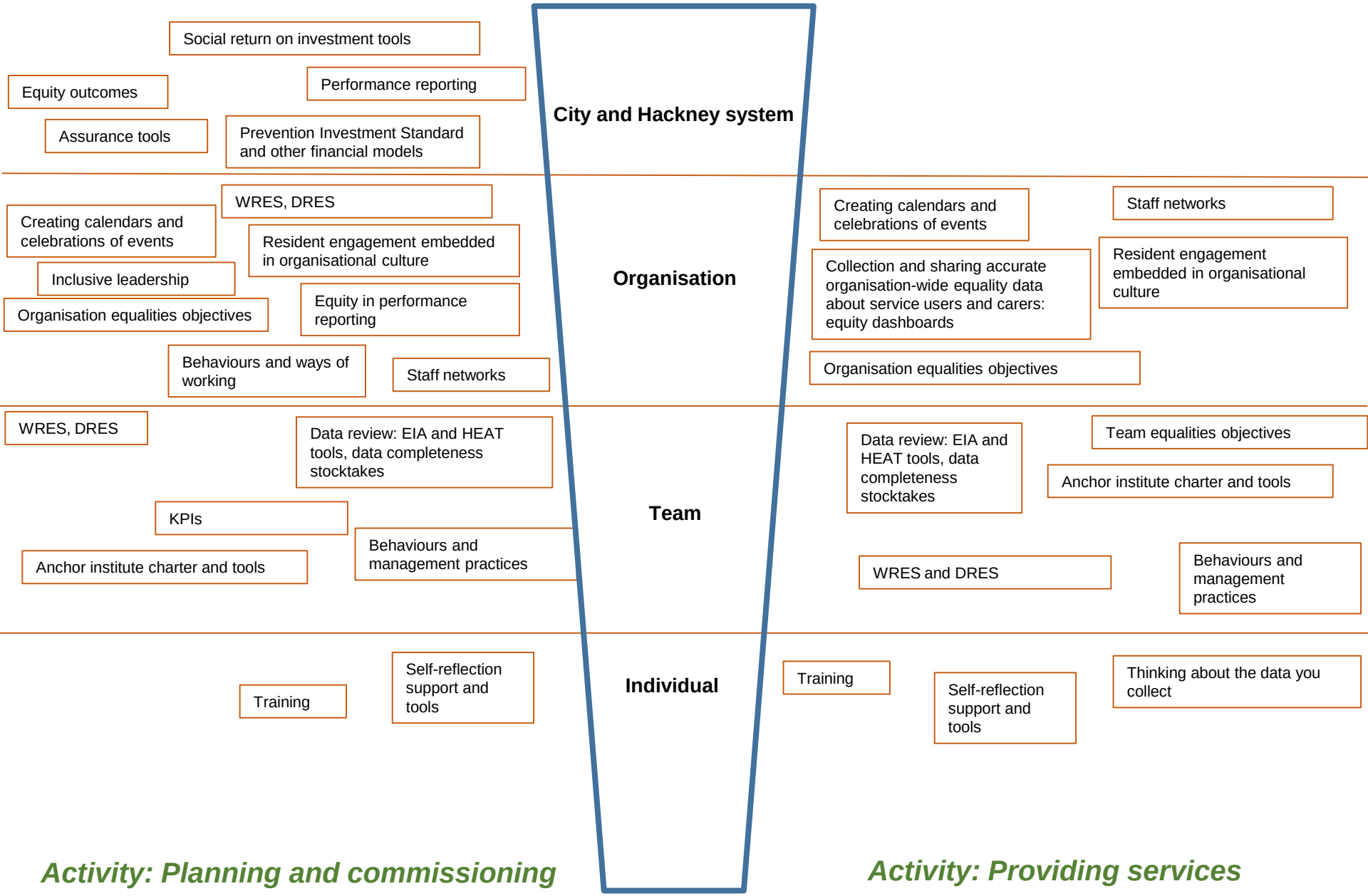
Individual

- Learning and knowledge: causes and contributors to health and inequalities, how equalities dimensions impacts on mental and physical health
- Learning and knowledge: causes and contributors to health and inequalities, how equalities dimensions impacts on mental and physical health
- Thinking about the data you collect, what does it tell you and where are the gaps
- Thinking about your own practice – what works and what might need to change

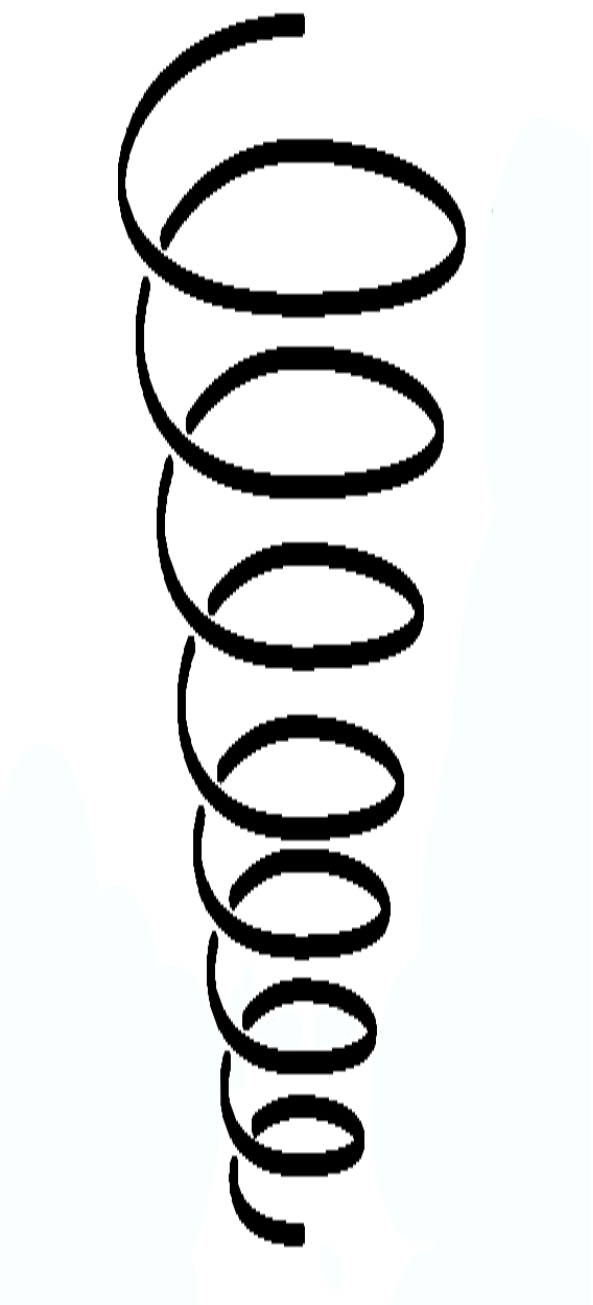
Activity: Planning and commissioning

Activity: Providing services

What tools could support these to happen?



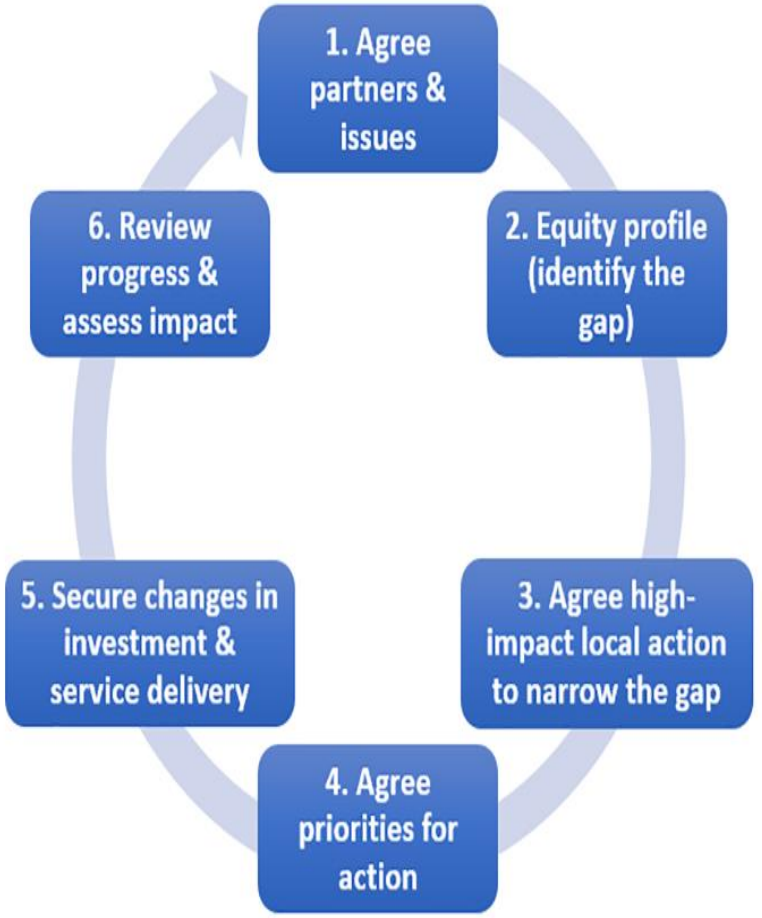
Example of how this might work for improving equity via employment



Level	Inequalities Questions…….
Borough / System	Do we understand the inequity in employment status? Are we awarding contracts with strong social value for local training and employment? Are we encouraging / supporting organisations to take an Anchor approach?
Organisation	As an organisation what are we doing to reduce inequalities in employment status? Are we looking at inequity as an employer ? Do we include payband as well as protected characteristics ? Are we thinking how we can increase employment in the most deprived areas or within marginalised groups e.g. people with SMI? Anchor organisation approach?
Team	Do we collect employment data for our patients / service users? Do we review this by gender, ethnicity, deprivation, mental health diagnosis ? Are we aware of the inequities?
Individual	Where can I get support on employment advice, training – can I access it?

Pilot work in Bart's – trialling work in outpatients

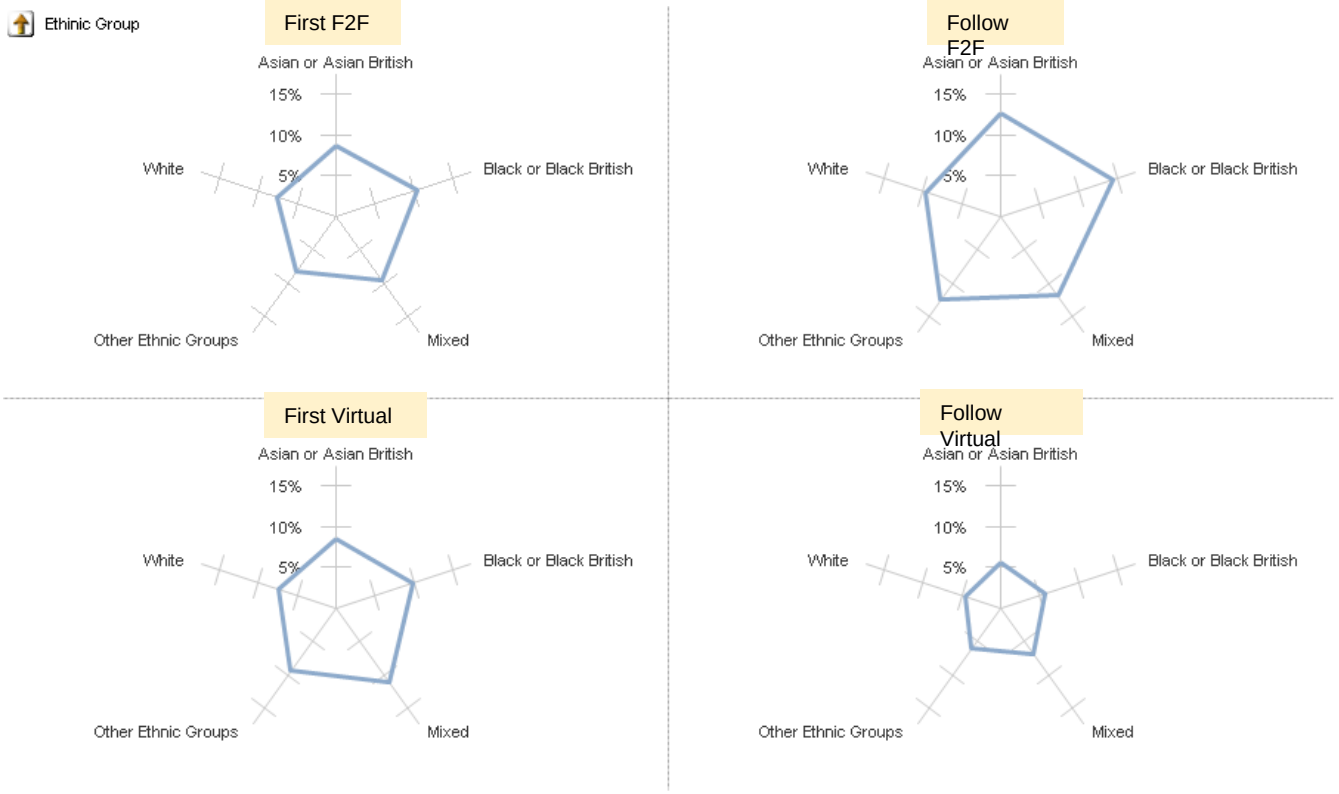
- A Identify priority: clinical importance, some clinical support, data availability
- B Decide whether to look at access, process, outcome or patient experience
- C Analyse
- D Implement change
- E Re-audit

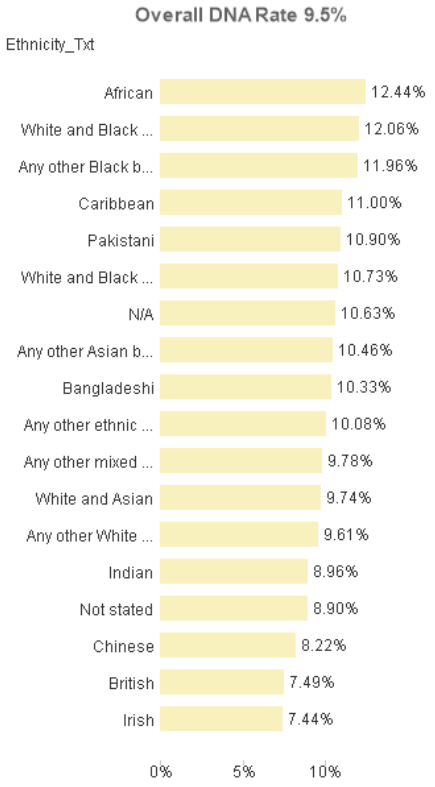


RESPONSIVE

DNA Rate by Ethnicity

Mar -21





Performance Overview	Divisional Update
• For the financial year 2020/21 a total of 9.5% of appointments were not attended by the patient. • The DNA rate by ethnicity ranged from 12.44% (African) to 7.44% (Irish) • Black or Black British was the highest DNA rate across all points of delivery with the exception of first virtual appointments. For first virtual appointments the mixed ethnicity group had the highest DNA rate at 11.15%	• This data will be produced quarterly as an overview in line with monitoring the impact of our service delivery on our patient demographic.

Example from East London Foundation Trust

HOW TO GUIDE: Focus on Health Inequalities Analysis.

How to use quantitative service data to investigate Population Health inequalities.

Purpose and Audience

This briefing note has been developed to support teams across ELFT to deliver on the 'Improved Population Health Outcomes' – particularly reduced health inequalities – that are a key Trust strategic objective and one pillar of the Triple Aim.

The briefing aims to support ELFT services to review their routine patient service data from an inequalities perspective, so as to identify areas of success and areas for improvement for population health. It sets out some key pointers to help services better understand population health inequalities, the impact on their services, and the implications for those services. It is intended for use by leaders and leadership teams within each service together with QI Coaches and Quality/Performance leads.

Example Health Equity Audit undertaken on our Talking Therapies services – Sept 2020

NHS East London NHS Foundation Trust

SUMMARY OF FINDINGS

Tentative data suggesting that **patient outcomes** - reliable improvement - may have improved during this period (requires further investigation). Improvements appear equitable across population groups

Improvements in service productivity – contact hours per staff – together with reduced costs (travel and printing) may indicate a better **Value** service

Population health: Patterns of service utilisation by gender, age, ethnicity and deprivation have not changed substantially during Covid-19.

There are pre-existing differentials in the amount of appointments 'used' by different genders, and different Deprivation groups. These are meaningful inequalities even after rates of depression in population are accounted for.

There are some indications that gaps in service use by gender, and Deprivation may be widening with men and those in lowest Deprivation group less likely to see increases in access during Covid.

ELFT example: Levels of equity organisational, team & individual

As an organisation, what can the Trust do to tackle inequality…

NHS East London NHS Foundation Trust

Understand how the Trust addresses the needs of our service users and communities and our staff by:

- Collecting and sharing accurate Trust-wide equality data about service users and carers
- Collecting and sharing up-to-date data about recruitment, retention, promotion, pay and disciplinary, analysed by protected characteristic
- Working with governors and other partners to understand the places where we work

Act on the Trust's knowledge and experience by:

- Focusing resources for teams and directorates to address inequality
- Expecting teams and directorates to submit business plans with a strong focus on tackling inequality
- Driving change, e.g. reviewing bank vs permanent staff and outsourced services and contracts with a social responsibility focus and being an Anchor Organisation

Reflect on how this understanding helps the Trust deliver excellent services:

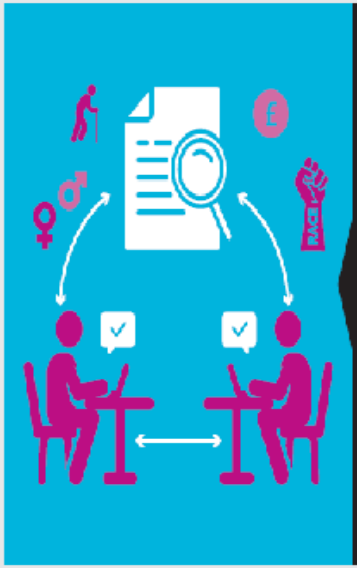
- Engaging with national and local tools to assess performance, e.g. the Workforce Race and Disability Equality Schemes, the Stonewall Equality Index, the NHS Equality Delivery System, etc.
- Supporting the BAME, disability, intergenerational, LGBTQ+ and women's staff equality networks and services, e.g. the Spiritual, Religious and Cultural Care team
- Leading debates about tackling inequality and celebrating diversity, e.g. Black History Month

Making a positive difference by:

- Listening to the voice of service users, carers and staff to drive innovation and transformation
- Working in partnership internally and externally to address poor health and create fairer and joined up care
- Using the Trust's leadership to tackle discrimination, advance equal opportunity and foster good relations (always)

As a team, what can we do to tackle inequality…

NHS
East London
NHS Foundation Trust



Understand how the team addresses needs by:

- Reviewing your service data on access and outcomes by protected characteristics and deprivation
- Sharing the learning, e.g. linking to QI programmes, to address these
- Undertaking equity audits and impact assessments

Act on the team's knowledge and experience by:

- Focusing on the recruitment and retention of a diverse team, including apprenticeships and mentoring
- Ensuring health inequality is addressed in service design and delivery, e.g. social prescribing
- Collaborating with other teams and partners to join up services to tackle inequality

Reflect on how this understanding helps the team do its job better by:

- Discussing 'what matters about the social determinants of poor health'
- Creating the space for these conversations – team leaders should encourage different views to be aired
- Agreeing the equality priorities for your team service plan – with SMART objectives

Make a positive difference by:

- Reviewing the team's progress on tackling inequality and how this relates to the Trust's strategic aims
- Consulting with service users about what has worked and what needs to change
- Connecting with what's happening across the Trust, e.g. encouraging involvement in staff equality networks, seminars and debates, to innovate and transform services

NHS
East London
NHS Foundation Trust

As an individual, what can you do to tackle inequality…

Understand the needs of the people you provide services to, work with and the communities where they live by:

- Finding out about how age, disability, gender reassignment, marriage/civil partnership, pregnancy and maternity, race, religion/belief, sex, sexual orientation and socio-economic status impacts on mental and physical health

Act on your knowledge and experience by:

- Thinking about your own practice – what works and what might need to change
- Hearing the voices of service users and your local community is powerful
- Listening to those who are seldom heard addresses health inequality

Reflect on how this understanding helps you do your job better by:

- Talking to service users and colleagues if you're uncertain about equality issues (don't be afraid to ask)
- Thinking about the data you collect, what does it tell you and where are the gaps
- Finding out more from Trust webinars, podcasts and other events

Make a positive difference by:

- Questioning and challenging how we all address inequalities
- Working with colleagues to decide what we can do better
- Consulting with service users about the next steps

Example Public Health England: Health Equity Assessment Tool (HEAT)

Programme or project being assessed:		
Date completed:		
Contact person:		
Name of strategic leader:		
Question	**Issues to consider**	**Response**
What health inequalities (HI) exist in relation to your work?	• Explore existing data sources (see resources section – not exhaustive) on the distribution of health across different population groups • Consider protected characteristics and different dimensions of HI, e.g. socioeconomic status, or geographic deprivation	
How might your work affect HI (positively or negatively)? How might your work address the needs of different groups that share protected characteristics?	• Consider the causes of these inequalities. What are the wider determinants? • Think about whether outcomes vary across groups, and who benefits most and least • Consider what the unintended consequences of your work might be	
	a) Protected characteristics	
	a) Socio-economic status or geographic deprivation	
	a) Specific socially excluded or vulnerable groups e.g. people experiencing homelessness, prison leavers, young people leaving care	
What are the next steps?	• What specific actions will you take to address health inequalities and the needs of groups/communities with protected characteristics? • Is there anything that can be done to shift your work 'upstream' to make it more likely to reduce health inequalities?	
How will you monitor and evaluate the effect of your work?	• What quantitative and/or qualitative evaluation will be established to check you have achieved the actions you set? • What output or process measures will you use?	
Review (To be completed 6 to 12 months after first completion)	• Consider lessons learnt – what will you do differently? Identify actions and changes to your programme to drive improvement	

Questions to the ICB …..

- What at a system level do we need to ensure equity work is prioritised across City and Hackney?
- What are quick wins and which need a longer term approach?
- What tools are needed? How do we encourage their use?
- What is the role of the ICB in this? What tools could ICB adopt to improve system wide consideration of equity?

Title of report:	Update on Child and Adolescent mental health and service response (Linked to CYPMF risk register item)
Date of meeting:	8th July 2021
Lead Officer:	Amy Wilkinson: Workstream Director, Children, Young People, Maternity and Families (with Sarah Wilson, Director Of Specialist Services East London Foundation Trust)
Author:	Contributions from: Ellie Duncan, Programme Manager, Children's, Maternity and CAMHS, NEL CCG Greg Condon, Programme Manager, Mental Health, NEL CCG Julie Proctor, Consultant Clinical Psychologist Deputy Clinical Director: East London Foundation Trust. Sophie McElroy, Programme Manager, C&H CAMHS Alliance.
Committee(s):	NA
Public / Non-public	Public

Executive Summary:

This provides an update on the risk highlighted in the CYPMF risk register, highlighting increased demand for CAMHS as part of the indirect impacts of the COVID-19 pandemic.

Recommendations:

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

- To **NOTE** the report;
- To **CONSIDER** any relevant implications for the risk register and for children and families more generally

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

- To **NOTE** the report;
- To **CONSIDER** the relevant implications for the risk register and for children and families more generally

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	☒	
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	

Ensure we maintain financial balance as a system and achieve our financial plans	☒	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	
Empower patients and residents	☒	

Specific implications for City

As outlined in the update.

Specific implications for Hackney

As outlined in the update.

Patient and Public Involvement and Impact:

Public and Patient involvement and impact are incorporated as part of service and system delivery, through existing mechanisms.

Clinical/practitioner input and engagement:

Ongoing.

Communications and engagement:

NA

Comms Sign-off

NA

Equalities implications and impact on priority groups:

As outlined in the update.

Safeguarding implications:

As outlined in the update.

Impact on / Overlap with Existing Services:

This update details the current impact on existing CAMHS and others children's services.

Main Report

Background and Current Position

The pandemic has had a significant indirect impact on children and young people, specifically affecting their mental health and emotional health and wellbeing. In addition to missing significant sections of their schooling, they are also dealing with bereavements, social isolation and the restrictions of lockdown. A number of consultations with children and young people have told us this in a range of ways, and tangibly we have seen unprecedented levels of demand for emotional health and wellbeing, and mental health support across North East London, and City and Hackney.

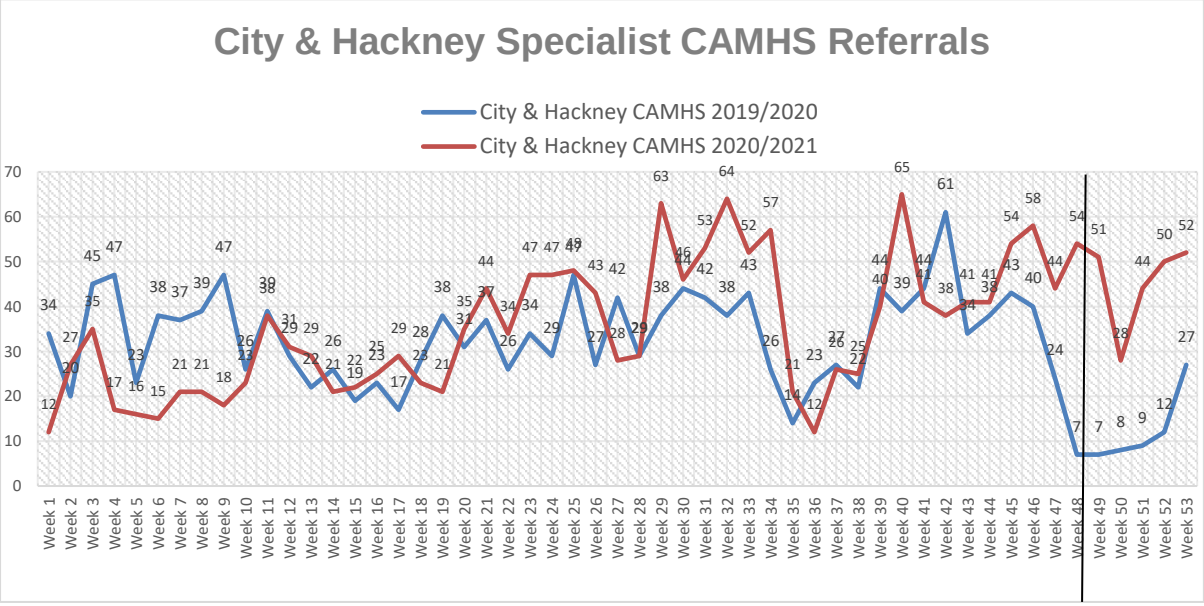
We have seen a surge in CAMHS activity, coupled with an increase in the complexity of presentations. This is applicable across all services but specific areas, such as eating disorders and crisis, that have seen larger demand, as demonstrated by the increased level of referrals seen across City & Hackney services. Some of the key areas of pressure include:

- Peaks in activity seen across all services (rather than a steady increase) since March 2020, coinciding with the start of lockdown and return to schools.
- Tier 3 mental health services (Specialist CAMHS, CAMHS Disability) have seen a rise of 50% in referrals in Q3 of 20/21, with a smaller increase of 10% in Q3 seen in Tier 2 services (First Steps).
- Eating disorder services have shown an overall increase of 140% in 2020 vs 2019, this is more pronounced in City & Hackney than other NEL boroughs.
- Paediatric admissions have increased 440% in 2020 vs 2019.
- Overall number of referrals to crisis teams have increased an average of 73% in 2020 vs 2019 (social care-related problems being the presenting problem that has increased the most, followed by self-harm).
- Accumulation of waiting list for autism assessments owing to reduction in face-to-face services in CAMHS and ability to observe YP in school settings or similar as part of assessment process.

There have been a number of other trends reported qualitatively:

- Increasing complexity of presentations to CAMHS.
- YP presenting in crisis who may not have been known to services previously / increasing number of late presentations.
- Increasing influence of social factors (such as placement breakdown) in presentations.
- Impact on staff wellbeing of continued demand, increasing complexity and impact of remote working.
- Higher numbers of admissions to inpatient CAMHS beds and young people requiring a residential placement on discharge (note inpatient CAMHS beds commissioned centrally and not locally).

19/20 and 20/21 Trends



Source: East London Foundation Trust (presentation to C&H CYP EHWB Partnership May 2021)

To note:

This data is for specialist CAMHS only

- Left to right – The first 3 months show lower referrals during the Covid 1st Wave surge
- The surge appears in Sept 20 – coinciding with return to school. Rates are 27.5% higher for this 3 months compared to previous year
- 4th Jan to 21st March (pre lockdown) comparison – referral surge 12% higher in 2021

Local system adaptations

Throughout the pandemic, we have been mindful of the impact of our City and Hackney children and young people. We have worked across all services and especially closely with safeguarding and education colleagues to monitor feedback and trends. The CAMHS Alliance Board has monitored the impact on services in terms of data, with additional contingency planning meetings with providers to ensure that service delivery is responsive to local need and mitigations are put in place where necessary. A number of local system adaptations have been made as a result:

- Accelerated **rollout of digital solutions** to widen availability of treatment options for young people, including:

- Kooth, an online, anonymous counselling platform for young people aged 11-19 that offers direct contact with clinical practitioners and an online wellbeing community with peers. During the first 3 quarters of rollout:
  - 893 YP registered, logging in a total of 4,933 times.
  - 56% of logins were made by YP from a BAME background.
  - 83% of YP made repeat use of the platform.
  - 100% of YP would recommend to a friend.
- Introduction of Silvercloud, a digital mental health platform that provides access to evidence-based programmes tailored for young people. Introduced to schools from April 2021, referrals will be via MHSTs.
- Pilot of Healios to offer treatment interventions related to neurodevelopmental conditions.
- Adaptation of existing **parenting groups to be delivered online** and development of webinars and workshops for young people and families who are on waiting lists to access non-urgent treatment.
- Creation of **videos and Q&A sessions to support young people and families** with a recent diagnosis of autism.
- Expedited development and implementation of a **digital SPA for all CAMHS services,** to improve allocation of referrals to the correct service on first allocation (therby reducing transfer of cases) and combine associated processes, such as single triage of referrals. Expected completion date Q2 2020-21.

- Increases in capacity of existing services to meet demand:
  - **Expanding existing eating disorders service** by 40% to cover increased demand seen as a result of the pandemic – rapid deployment underway.
  - Implementation of **duty service within CAMHS Disability** and weekly review of referrals with Alliance partners to ensure effective allocation and treatment.
  - Additional **senior clinician capacity** with HUH CAMHS (CAMHS Disability and First Steps).
  - Capacity **increase of 50% within Off Centre's 16-25 years pathway**, plus development of joint working with adult IAPT to provide support for YP on Off-Centre's waiting list through co-facilitated group work.
  - Use of non-recurrent funds to address the waiting list for autism assessment.
- 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
  - Expedite deployment of CAMHS Single Point of Access
  - Utilisation of MHST staff to support with core ops e.g. triage
- Introducing **enhanced LBH clinical offer to support surge in CAMHS crisis** presentations that relate to social problems (e.g. LAC placement breakdowns). Embedded LBH social worker to support crisis presentations – currently under review by LBH (repurposing of COACH programme investment)

- Maintain **Crisis service operation 9am -9pm 7 days per week** beyond April 2021 and introduce additional cover up to midnight (in development)
- Enhancement to clinical capacity at Off-Centre to **improve pathway for 16-25 yrs.** Developed group intervention with **Adult IAPT** to provide support for Young People on Off-Centre's waiting list.
- Defining **step-down pathway from Specialist CAMHS** to Well-Family for +16s

- Adaptations to service delivery and pathways:
    - Move to a combination of face-to-face and virtual support, with face-to-face remaining available throughout the pandemic where necessary.
    - First Steps to now see lower threshold cases that would normally go to Specialist CAMHS e.g. low level self-harm.
    - Introduction of enhanced offer from LBH / CFS Clinical Service to support surge in crisis presentations that relate to social problems (e.g. placement breakdowns), as well as an embedded social worker to support crisis presentations (currently under review).

- Mobilisation of a 2-year pilot of the Intensive Support Pathway in response to the increase in inpatient CAMHS admissions. This will provide intensive behavioural support to prevent admissions and placement breakdowns or support discharge back to the community.

- Maintenance of crisis service, operational 9am - 9pm 7 days per week beyond April 2021 and introducing additional cover up to midnight (in development). A 24 hour crisis line is also available.

- Continuation of WAMHS / MHST to deliver a range of services to meet needs faced by schools, pupils and parents, including:
    - Parent meetings, training sessions & webinars to support managing CYP at home.
    - Staff training across wellbeing and mental health topics (e.g. attachment / trauma).
    - Therapeutic groups for primary and secondary pupils around anxiety and low mood (in phase 1 WAMHS schools).
    - Consultations with staff about pupils.
    - Reflective practice and support for staff wellbeing.
    - Multi-agency / MDT meetings consultation.
    - Signposting and advising on referrals.

- Setup of a bereavement service at St Joseph's Hospice providing counselling to CYP who have lost someone due to COVID-19 through individual and family sessions, memorial events and art therapy.

Conclusion

We are continuing to listen to what our children and young people are telling us, and respond as swiftly and flexibly as possible, across our system.

While CAMH services have seen increased demand as a result of the pandemic, across a range of points, a City and Hackney response has been put in place to manage this increased demand. The position is being continually monitored at service, partnership and system level with clear escalation routes in place. Similar patterns have been seen across North East London and joint planning is in place at Integrated Care System level, and we continue to work daily with education and children's social care colleagues to find solutions for our children and young people.

Supporting Papers and Evidence:

Appendix 1: General context of City and Hackney CAMHS provision

Sign-off:

Workstream SRO: Andrew Carter (Acting)
London Borough of Hackney: Amy Wilkinson
City of London Corporation: Chris Pelham
City & Hackney CCG: Siobhan Harper

Appendix 1:

Children and Young People's Emotional and Mental Health and wellbeing in City and Hackney: Overview

Context

The emotional and mental health and wellbeing of City and Hackney children, young people and their families continues to be a key priority for system partners, as part of our integrated work. While there is a clear national drive, we continue to invest in a broad range of interventions and services locally, and have developed an Integrated Emotional Health and Wellbeing Being strategy that sets out our vision and action plan for improving wellbeing. Led by our new 0-25 Emotional Health and Wellbeing Partnership, we are aiming to balance a focus on prevention and wellbeing, including in schools, alongside accessible CAMHS. We aim to target support effectively, informed by evidence around inequalities, as we move through the far reaching mental health impacts of the pandemic.

1. National Strategic Direction and Priorities

Nationally, children and young people's (CYP) mental health priorities are set out in the NHS Long-Term Plan. The plan covers a five-year period until the year 2023-24 and outlines a number of ambitions including the following:

National Priority (by year 2023-24)	Local Action
● There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults.	● Offer of a 16-25 service through Off Centre at Family Action. ● Creation of an 18-25 CYP transition pathway into adult Improving Access to Psychological Therapies (IAPT). ● Development of transition pathways into other adult mental health services and identification of gaps for specific groups.
● The 95% CYP Eating Disorder referral to treatment time standards achieved in 2020/21 will be maintained.	● This has been consistently achieved for the routine 4-week wait target. ● Recent surge in demand has impacted the urgent 1-week wait pathway, additional investment and capacity is being developed to address this.

• There will be 100% coverage of 24/7 mental health crisis care provision for CYP which combines crisis assessment, brief response and intensive home treatment functions.	• A crisis service is now available as a joint offer across East London, including City & Hackney. • The home treatment function is in development and consultation is underway.

2. Key Local Strategies

2.1 City and Hackney CAMHS Transformation Plan

In 2015, the National Children and Young People's Mental Health and Wellbeing Taskforce released their *Future in Mind* report which set out a national ambition to transform the design and delivery of local CYP mental health service offers.

A specific requirement of the report was that local systems develop publicly available *Local Transformation Plans for Children and Young People's Mental Health and Wellbeing* to achieve the vision of all children and young people receiving the right support at the right time around their mental health.

As the responsible commissioners for local CAMHS services, CCGs were tasked with leading on the development of the plans, working closely with their Health and Wellbeing Board partners and with strong input from children, young people and those who care for them.

Delivery of the **City and Hackney CAMHS Transformation Plan** is now entering its third phase, with the first phase fully operational. Phase 2 and 3 represent an overarching whole-system strategy bringing together key stakeholders from across the patch. There are currently 18 delivery strands as part of the plan representing an additional investment of £1.2m into services. These strands all report into the local CAMHS Alliance. The plan is due to be refreshed by September 2021 however local priority areas currently include:

- **Integration of CAMHS services:** to deliver a lead provider model that increases efficiency through clear and effective pathways delivered by the most appropriate provider, maximises available resources by reducing duplication of central functions (such as admin) and creates a simpler, more streamlined offer for CYP and families that functions as a single CAMHS service whilst maintaining the 'no wrong front door' policy of accessing CAMHS services. Once complete an 'Integrated CAMHS' arrangement will replace the current CAMHS Alliance. The integration will be supplemented with development of a single point of access (SPA).

- **Crisis:** continuing the 24 hour mental health line and East London crisis service providing assessment and treatment via A&E (9am – 9pm, 7 days a week), plus expanding the remit to include Home Treatment Teams (HTT) to provide brief support and intervention.
- **Transitions:** developing transition pathways and increasing the offer for the relevant age groups, namely through:
    - Additional investment in Off Centre at Family Action to provide mental health support for YP aged 18-25 years.
    - Ensuring services are YP friendly and adapted to work with the ongoing needs of those with autism and / or a mild learning disability who may not meet threshold for specialist services but for whom the traditional service model may need adapting.
    - Continue to develop and improve our local IAPT services to expand the range of interventions and therapeutic models they can offer in order to ensure we have suitable interventions for the younger cohort of 18-25, including through community organisations such as Bikur Cholim.
    - Ensure that there are pathways to refer YP between 18-25 when they present with severe mental health needs to be assessed / diagnosed in a timely manner and their needs managed at secondary care level.
    - Address the current gaps around care leavers placed out of area.
- **Workforce development:** to build a sustainable workforce that is representative of the diversity seen within the local population and considers how the workforce can be expanded to include a broader scope of roles than those traditionally seen.
- **Delivery of mental health support outside of traditional CAMHS settings**: such as through community-based and peer support (e.g. Cool Down Café) and digital delivery.
- **School support**: continuing strong offer of school-based support through rollout of Department of Education's Wellbeing Return to School programme, provide direct, low-level interventions for YP and parents / carers as part of Mental Health Support Teams in Schools (MHSTs), and consultation to schools and development of policies as part of linked CAMHS workers via the WAMHS programme, and a training offer to school staff.
- **Intensive support for YP with autism and / or a learning disability**: undertaking of a 2-year pilot to deliver an intensive support pathway that will provide behavioural support for YP, families and the professional network where YP have challenging behaviour, to prevent admissions to inpatient CAMHS settings and support discharge following admission. This will be jointly delivered with partnership between CAMHS, social care and education.
- **Communities**: building on the existing offer for local communities to provide support in a tailored and culturally competent way that meets the needs of those local communities.

2.2 City and Hackney Emotional Health and Wellbeing Strategy

Driven by the specific needs and local impetus of our own system, stakeholders from across Health, Public Health, Education, Social Care, the voluntary sector and young people themselves came together to develop the City and Hackney Emotional Health and Wellbeing Strategy 2020-2026.The strategy aligns closely with the transformation priorities whilst taking the scope much wider.

Part of the rationale for developing the local strategy was the shared stakeholder consensus to recognise the broader remit of emotional health and wellbeing. The aims of the strategy extends beyond the scope of existing plans which focus on mental health and core CAMHS services.

This is the first integrated strategy (CCG, LBH, CoL, wider partners) developed by the Children, Young People, Maternity and Families Integrated Workstream. It takes a life course approach (0-5, 5-18 and 18-25) to bring together collective ambitions across Health, Social Care and Education. It has been developed through a series of consultations with key input from CYP through the System Influencer project. Attached to the strategy is a detailed action plan which aligns with many actions from existing 18 CAMHS work streams. Additionally, it specifically addresses the impacts of Covid-19 and the stark inequalities in emotional wellbeing and mental health it has significantly exacerbated. A full draft is currently out for a 3-month consultation period.

The vision for the strategy was developed with children and young people, and is that 'all children and young people have positive relationships that allow them to develop their abilities and gain the confidence that will help them thrive'. The key principles informing it are to:

- Build awareness and work preventatively
- Identify needs and intervene early
- Understand and respond to local need to ensure that service design is influenced by young people, families and caregivers and frontline practitioners
- Take a life course approach from conception to adulthood to deliver equitable access, effective interventions and managed transitions
- Make the best use of resources in a collaborative integrated system

The strategy takes the following as key themes and approaches throughout:

- Promotes early development of emotional skills and resilience
- Emotional and mental health are distinct but interrelated; wider system responsibility for both
- Works on the belief that all children and young people, including those in vulnerable groups and with SEND, are capable of and deserve to achieve good emotional health and wellbeing
- Prioritises the young person's voice and them remaining seen

- Views families and context as a whole
- Being trauma-informed and attachment aware
- Tackling health inequalities
- Engagement and co-production

2.3 Childhood Adversity, Trauma and Resilience Programme

Supporting both transformation priorities and those set out in the Emotional Health and Wellbeing Strategy, the City and Hackney Childhood Adversity, Trauma and Resilience Programme (ChATR) addresses the impact of trauma and adversity in childhood and draws on the large body of international evidence around ACEs ('Adverse Childhood Experiences') and their effect on outcomes later in life. The programme vision is to create a community in which children who are at risk of or have experienced trauma receive the right support at the right time, giving them the best possible opportunity for a healthy future. The vision is being delivered through:

- A system-wide, prevention-focused approach developed and agreed by key system partners
- A programme of workforce development aimed at upskilling practitioners across disciplines to be trauma-informed and ACE-aware. Both intensive and 'lite-touch' training in a life course approach (perinatal, 0-5s, 5-11s, 11-19, 19-25) is being delivered with the 0-5s phase going ahead in June 2021.
- Developing and testing interventions to prevent, intervene early and mitigate the impact of Adverse Childhood Experiences, and build resilience in individuals, families and communities.

3. Governance

A brand new City and Hackney Emotional Health and Wellbeing Partnership (EHWP) has been established in order to oversee delivery of the Emotional Health and Wellbeing Strategy. It is chaired by the LBH Group Director for Children, Adults and Community Health and reports to Children, Young People, Maternity and Families Integrated Workstream Strategic Oversight Group, which in turn, reports to the Integrated Care Partnership Board.

The EHWP will oversee accountability of Health, Education and Social Care commissioning bodies in relation to delivery of programmes of work that sit within the remit of the Partnership; this will include acting as a point of consultation for Integrated CAMHS work. The partnership will not be a contractual vehicle or hold any financial decision-making powers. The CAMHS Alliance will continue to meet monthly however it will transition into the 'Integrated CAMHS' forum.

4. Activity and Performance

The pandemic has impacted activity and created a surge in activity coupled with an increase in the complexity of presentations. This is applicable across all services but specific areas, such as eating disorders and crisis, have seen larger demand, as demonstrated by the increased level of referrals seen across City & Hackney services:

- Peaks in activity seen across all services (rather than a steady increase) since March 2020, coinciding with the start of lockdown and return to schools.
- Tier 3 mental health services (Specialist CAMHS, CAMHS Disability) have seen a rise of 50% in referrals in Q3 of 20/21, with a smaller increase of 10% in Q3 seen in Tier 2 services (First Steps).
- Eating disorder services have shown an overall increase of 140% in 2020 vs 2019, this is more pronounced in City & Hackney than other NEL boroughs.
- Paediatric admissions have increased 440% in 2020 vs 2019.
- Overall number of referrals to crisis teams have increased an average of 73% in 2020 vs 2019 (social care-related problems being the presenting problem that has increased the most, followed by self-harm).
- Accumulation of waiting list for autism assessments owing to reduction in face-to-face services in CAMHS and ability to observe YP in school settings or similar as part of assessment process.

There have been a number of other trends reported qualitatively:

- Increasing complexity of presentations to CAMHS.
- YP presenting in crisis who may not have been known to services previously / increasing number of late presentations.
- Increasing influence of social factors (such as placement breakdown) in presentations.
- Impact on staff wellbeing of continued demand, increasing complexity and impact of remote working.
- Higher numbers of admissions to inpatient CAMHS beds and young people requiring a residential placement on discharge (note inpatient CAMHS beds commissioned centrally and not locally).

5. Local system adaptations

Throughout the pandemic local need has been continually monitored through the CAMHS Alliance Board and additional contingency planning meetings with providers to ensure that service delivery is responsive to local need and mitigations are put in place where necessary. A number of local system adaptations have been made as a result:

- Accelerated rollout of digital solutions to widen availability of treatment options for young people, including:

    - Kooth, an online, anonymous counselling platform for young people aged 11-19 that offers direct contact with clinical practitioners and an online wellbeing community with peers. During the first 3 quarters of rollout:
        - 893 YP registered, logging in a total of 4,933 times.
        - 56% of logins were made by YP from a BAME background.
        - 83% of YP made repeat use of the platform.
        - 100% of YP would recommend to a friend.
    - Introduction of Silvercloud, a digital mental health platform that provides access to evidence-based programmes tailored for young people. Introduced to schools from April 2021, referrals will be via MHSTs.
    - Pilot of Healios to offer treatment interventions related to neurodevelopmental conditions.
    - Adaptation of existing parenting groups to be delivered online and development of webinars and workshops for young people and families who are on waiting lists to access non-urgent treatment.
    - Creation of videos and Q&A sessions to support young people and families with a recent diagnosis of autism.
    - Expedited development and implementation of a digital SPA for all CAMHS services, to improve allocation of referrals to the correct service on first allocation (therby reducing transfer of cases) and combine associated processes, such as single triage of referrals. Expected completion date Q2 2020-21.
- Direct increase in capacity of existing services to meet demand:
    - Expanding existing eating disorders service by 40% to cover increased demand seen as a result of the pandemic – rapid deployment underway.
    - Implementation of duty service within CAMHS Disability and weekly review of referrals with Alliance partners to ensure effective allocation and treatment.
    - Additional senior clinician capacity with HUH CAMHS (CAMHS Disability and First Steps).
    - Capacity increase of 50% within Off Centre's 16-25 years pathway, plus development of joint working with adult IAPT to provide support for YP on Off-Centre's waiting list through co-facilitated group work.
    - Use of non-recurrent funds to address the waiting list for autism assessment.
- Adaptations to service delivery and pathways:
    - Move to a combination of face-to-face and virtual support, with face-to-face remaining available throughout the pandemic where necessary.
    - First Steps to now see lower threshold cases that would normally go to Specialist CAMHS e.g. low level self-harm.
    - Introduction of enhanced offer from LBH / CFS Clinical Service to support surge in crisis presentations that relate to social problems (e.g.

placement breakdowns), as well as an embedded social worker to support crisis presentations (currently under review).

- Mobilisation of a 2-year pilot of the Intensive Support Pathway in response to the increase in inpatient CAMHS admissions. This will provide intensive behavioural support to prevent admissions and placement breakdowns or support discharge back to the community.
- Maintenance of crisis service, operational 9am - 9pm 7 days per week beyond April 2021 and introducing additional cover up to midnight (in development). A 24 hour crisis line is also available.
- Continuation of WAMHS / MHST to deliver a range of services to meet needs faced by schools, pupils and parents, including:
    - Parent meetings, training sessions & webinars to support managing CYP at home.
    - Staff training across wellbeing and mental health topics (e.g. attachment / trauma).
    - Therapeutic groups for primary and secondary pupils around anxiety and low mood (in phase 1 WAMHS schools).
    - Consultations with staff about pupils.
    - Reflective practice and support for staff wellbeing.
    - Multi-agency / MDT meetings consultation.
    - Signposting and advising on referrals.
- Setup of a temporary bereavement service at St Joseph's Hospice providing counselling to CYP who have lost someone due to COVID-19 through individual and family sessions, memorial events and art therapy.

6. Local Spend

- Spend on services (block contracts): £6,589,101
    - Specialist CAMHS (ELFT): £4,571,678
    - CAMHS Disability, including autism pathway (HUH): £551,141
    - First Steps (HUH): £1,181,283
    - Family Action Well Family Service: £285,000
- A further £4,267, 247 on Transformation across all services, including:
    - WAMHS: £768,750
    - East London Crisis service: £532,000
- As a result of the pandemic, and as per the *Local system adaptations* section, additional investment has been made in crisis, eating disorders, autism diagnostic pathway, senior clinician capacity and bereavement.
- In addition to the CAMHS spend an additional £660,000 has been recurrently invested in perinatal mental health from 2020-21, with further increases of £110,000 in 2022-23 and 2023-24

Title of report:	0-25 Integrated Children and Young People's Emotional Health and Wellbeing Strategy (2021-2026)
Date of meeting:	08 July 2021
Lead Officer:	Amy Wilkinson
Author:	Amy Wilkinson and Ellie Duncan
Committee(s):	CYPMF Workstream Strategic Oversight Group: Dec 2020 NEL CCG SMT (City and Hackney ICP), Public Health SMT and LBH Children and Young People's SMT: Jan – June 2021 C&H CAMHS Alliance: March 2021 City of London Children Children's SMT: 27 April 2021 City of London Children and Young People's Partnership: TBC London Borough of Hackney Overview and Scrutiny Committee: 11 May 2021 C&H CYP Emotional Health and Wellbeing Partnership: 11 May 21 City & Hackney Mental Health Coordinating Committee: 28th June 2021 Young Black Men's Programme learning network event: July 2021 (*All for endorsement and as part of consultation*) City and Hackney Integrated Care Partnership Board: 8 July 2021 Hackney Health and Wellbeing Board: 21 July 2021 City of London Health and Wellbeing Board: TBC City and Hackney Safeguarding Children's Partnership: Circulated for comment and approval June 2021 (*All for approval ahead of publication and dissemination*).
Public / Non-public	Public

Executive Summary:

This paper is the final draft of the 0-25 Integrated Children and Young People's Emotional Health and Wellbeing Strategy (2021-2026). This strategy has been developed to bring together an integrated approach to supporting the wellbeing of children and young people across City and Hackney. It is the first integrated children and young people's emotional health and wellbeing strategy, bringing together the collective ambitions of all partners across health, social care and education. It demonstrates our commitment to ensuring that all children, young people and families are supported with the means to have good emotional health and wellbeing and to develop the resilience that will allow them to maintain this throughout their lives.

A 5-year action plan details the deliverables and outcomes, delivery of which will be overseen by the City & Hackney Children and Young People's Emotional Health and Wellbeing Partnership.

The strategy has been developed in conjunction with practitioners and children and young people, undergoing a full consultation period across the system.

The Board is asked to review and approve the final draft for publication.

Recommendations:

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

- To **NOTE** the final draft of the strategy;
- To **CONSIDER** any further amendments;
- To **APPROVE** progressing to publish and disseminate

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

- To **NOTE** the final draft of the strategy;
- To **CONSIDER** any further amendments;
- To **APPROVE** progressing to publish and disseminate

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	☒	
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	
Ensure we maintain financial balance as a system and achieve our financial plans	☐	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	
Empower patients and residents	☒	

Specific implications for City

As per strategy and action plan

Specific implications for Hackney

As per strategy and action plan

Patient and Public Involvement and Impact:

A formal period of consultation has been held and the strategy open for comments between March and end May 2021. Children, Young People and Families have input to the strategy, through our Young System influencers programme and Hackney Young Futures work. Young People worked with us on, and chose our vision and key principles.

Clinical/practitioner input and engagement:

Clinicians from the workstream, ELFT, HUFT, and LBH have all been part of the original writing, and the shaping of the strategy (ELFT and HUFT clinicians have written relevant chapters and actions). There has been ongoing clinical input through the CAMHS alliance and a number of other key Boards throughout the process.

Communications and engagement:

Yes, a communications and dissemination plan will be developed after approval. It will also go to the Integrated Commissioning Communications and Engagement Enabler group shortly.

Comms Sign-off
TBC.

Equalities implications and impact on priority groups:

There are specific sections within the strategy that outline implications for specific groups, including highlighting the impact of COVID-19 on emotional health and wellbeing for children and families.

Safeguarding implications:

Safeguarding colleagues have input to the strategy, the annual City and Hackney Safeguarding Children's Partnership has been used to inform development of this strategy and The City and Hackney Safeguarding Children's Partnership has had sight of the draft and will sign it off shortly. The strategy takes account of the safeguarding implications of the pandemic, and hopes to strengthen the links across partnerships.

Impact on / Overlap with Existing Services:

The main purpose of the strategy is outlining an integrated approach to the emotional health and wellbeing of children and young people, across where needed, and the action plan clearly denotes service involvement in delivering each action. Throughout the role of services is considered and specific services referenced where applicable. This strategy will not form a direct part of commissioning arrangements but does outline the way in which services will be jointly supporting emotional health and wellbeing.

Main Report

Background and Current Position

This strategy has been developed to bring together an integrated approach to supporting the wellbeing of children and young people across City and Hackney. It is the first integrated children and young people's emotional health and wellbeing strategy for City and Hackney, bringing together the collective ambitions of all partners across health, social care and education. It demonstrates our commitment to ensuring that all children, young people and families are supported with the means to have good emotional health and wellbeing and to develop the resilience that will allow them to maintain this throughout their lives.
The strategy describes how we will build on efforts to date from partners in the ICP across The City of London and London Borough of Hackney to prioritise the emotional health and wellbeing of children, young people and families by taking a preventative approach across the life course. It is informed by the local needs assessment and takes into account the particular needs of our diverse community, setting out the key overarching principles and objectives that underpin our action plan.

To date the document has been developed collaboratively with input from practitioners, young people and families before undergoing a 3 month consultation period across the system.

Delivery of the action plan will be overseen and monitored by the City & Hackney Children and Young People's Emotional health and Wellbeing Partnership.

Options
n/a – The Board is asked to review and approve the strategy; no options are to be considered.
No direct financial or legal actions to highlight.

Proposals
n/a – The Board is asked to review and approve the strategy; no proposals are to be considered.

Conclusion
The strategy has been extensively consulted on and the Board is asked to review, consider and approve the final draft for the purpose of the document being finalised and published.

Supporting Papers and Evidence:

See accompanying strategy Filename: *HDS13139 - ChATR EHWB Strategy draft_V10*

Sign-off:

Workstream SRO: Andrew Carter, Director of Community and Children's Services, City of London London Borough of Hackney: Amy Wilkinson, Integrated Commissioning Workstream Director, Children, Young People, Maternity and Families

City of London Corporation: Chris Pelham, Assistant Director People, Department of Community & Children's Services

City & Hackney CCG: Siobhan Harper, Director of CCG Transition

Hackney

CITY OF LONDON

NHS
City and Hackney Clinical Commissioning Group

City and Hackney's integrated

Children and Young People's Emotional Health and Wellbeing Strategy

2021-2026

Supporting families across City & Hackney

Contents

Introduction

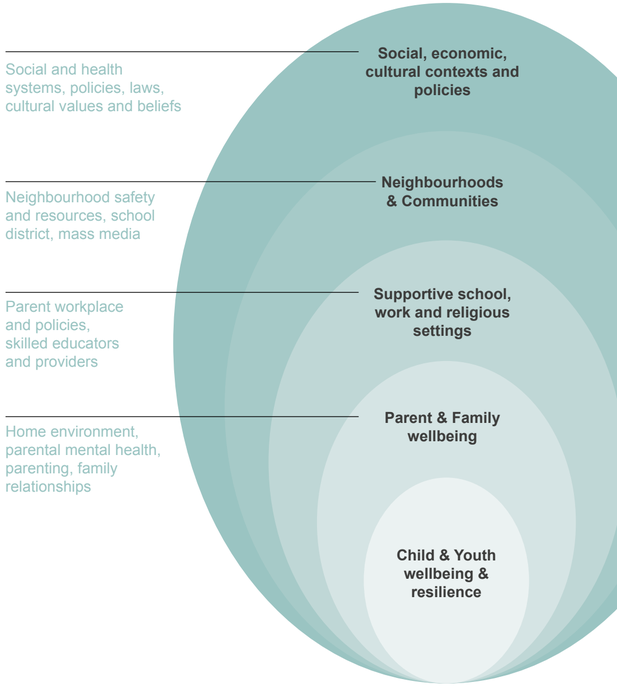
This is the first integrated children and young people's emotional health and wellbeing strategy for City and Hackney, bringing together the collective ambitions of all partners across health, social care and education. It demonstrates our commitment to ensuring that all children, young people and families are supported with the means to have good emotional health and wellbeing and to develop the resilience that will allow them to maintain this throughout their lives.

The strategy describes how we will build on efforts to date from partners in the ICP across The City of London and London Borough of Hackney to prioritise the emotional health and wellbeing of children, young people and families by taking a life course approach, addressing unmet and emerging needs in existing services and continuing to expand the support available whilst working towards further integration across the system.

It is informed by the local needs assessment and takes into account the particular needs of our diverse community, setting out the key overarching principles and objectives that underpin our action plan.

This strategy is aligned with the Joint Mental Health Strategy for City and Hackney (2019-2023), whose vision is that 'Everyone will enjoy good mental health in the City and Hackney with access to the right care at the earliest opportunity when they need it, delivered as close to their local community as possible.'

We acknowledge that prevention and the emotional health, wellbeing and resilience of children and young people spans wider than the single domain of NHS mental health services; it must also take account of social factors and the wider determinants of health including physical health, socio-economic, environmental and cultural influences.



Addressing these necessitates a whole system approach that brings together the NHS, local authorities, voluntary and community sectors and other partners to jointly commit to striving for change and recognising the responsibility each respective organisation has towards doing so.

There has been further influence from national policy in developing this document, such as the NHS Long Term Plan (2019) and Five Year Forward View for Mental Health (2015), in addition to the local policies and information (such as the JSNA; CAMHS Transformation Plan) from across partners to inform how a whole system approach should be developed, with a focus on specific areas where evidence tells us there is the greatest need within the local population and also where benefit can be derived for the overall wellbeing of the larger population.

There is no doubt that the structure of the local system is complex and this presents challenges that will take time to overcome. We are also aware of the need to consider the wellbeing and capacity of our workforce.

With the challenges of limited resources in mind and the uncertainties we face amidst rapid change, we must be ready to be flexible, creative and responsive, whilst also considering sustainability.

We must find ways to support children, young people and families earlier, help them develop resilience and feel equipped to take care of their own wellbeing.

This strategy should be read alongside the following local strategies, policies, frameworks and plans:

- City And Hackney Mental Health Strategy (2019-23)
- City of London Children And Young People's Plan (2018-2021)
- Suicide Prevention Action Plan, City Of London (2016)
- Hackney Suicide Prevention Strategy
- Hackney Child Wellbeing Framework
- CAMHS Transformation Plan
- ChATR Approach
- Behaviour Advice: To Support Reviews Of School Behaviour Policies (2019-2020)
- City & Hackney All-age Autism Strategy (2019-2024)
- Single Equality Scheme (2018-2022) and Mayors Priorities
- Improving outcomes for young black men (2018-2022)
- Hackney Violence Against Women And Girls Strategy (2019-2022)
- Healthy Communities Strategy (2018-2028)
- City of London's SEND Strategy for Children and Young People (2020-2024)

We want every child and young person in City and Hackney to reach their full potential and have opportunities to be healthy, happy, safe, valued and prepared for adulthood.

Our vision is that…

all children and young people have positive relationships that allow them to develop their abilities and gain the confidence that will help them thrive.

Our Principles

We want every child and young person in City and Hackney to reach their full potential and have the opportunity to be healthy, happy, safe, valued and prepared for adulthood.

Our vision is underpinned by the following principles:

Build awareness and work preventatively

We will work to embed emotional health and wellbeing on every agenda and across system partners, to build awareness of its importance and drive preventative working across the system.

This will develop awareness amongst both the wider workforce - being attachment aware and trauma informed in their approaches - but also amongst families, young people and communities as to how they can develop and maintain their own and others' emotional health and wellbeing. Services will also continue to be delivered flexibly, in a way that best meets the needs of the local population and outside of traditional settings, with staff being present across a wide range of community-based settings.

Recognising the high degree of diversity seen locally the approach to preventative working will also extend to working with system partners. This partnership will ensure an awareness of the influence that social and wider determinants of health can have on families and how that may interplay with and impact emotional health and wellbeing. In addition, preventative work with system partners will seek to directly address and reduce the impact of social and wider determinants of health.

Identify needs and intervene early

We will ensure professionals across the system make every contact with children, young people and families count and create a child friendly City and Hackney where needs relating to emotional health and wellbeing are identified early and met with support, also recognising that equality - rather than requiring every child and young person to be treated the same - necessitates treating them as individuals and offering support in a tailored way. At a system level, we will make best use of national and local evidence to review and inform how interventions are developed in a way that maximises effectiveness.

Working closely with our partners we will develop joint working across service boundaries to be able to respond to strengths in individuals, families, settings and communities and provide support in a way that empowers them and facilitates change, including in vulnerable groups. Informed by best practice we will strive to prevent, mitigate and reduce the impact of ACEs across the life course.

Understand and respond to local need to ensure that service design is influenced by young people, families and caregivers and frontline practitioners

We will proactively seek out and respond to the lived experiences of children, young people and families to jointly inform our service development, design and delivery, in conjunction with evidence that helps the needs of the local population be understood.

We will work in partnership to drive meaningful engagement, utilising different engagement and participation models to offer all groups a means for their voice to be heard, including those that are vulnerable, under-represented or marginalised. The views and first-hand experience of the workforce will also be sought and integral to service design.

We will continue to reflect on, evaluate and learn from what we do to enhance and adapt existing provision, make local services responsive to need and informing strategic planning.

Take a life course approach from conception to adulthood to deliver equitable access, effective interventions and managed transitions

We will consider the journey of the child, young person and family as they transition through life and therefore local systems and services, providing a strong and evolving offer of universal and targeted services. This will ensure access to specialist evidence-based interventions for those that need it and place an emphasis on services working together to provide effective support to those with complex difficulties.

We will work towards the CAMHS Transformation vision that there 'will be no thresholds and no wrong doors to support a system that works beyond traditional health care settings extending into schools and the wider community', considering not only the intervention itself but also the way in which it can be delivered to maximum benefit, be that in community settings, digitally or in partnership with other services, utilising innovative approaches, a population based approach and the neighbourhood model of care to help us respond to needs equitably.

Make the best use of resources in a collaborative integrated system

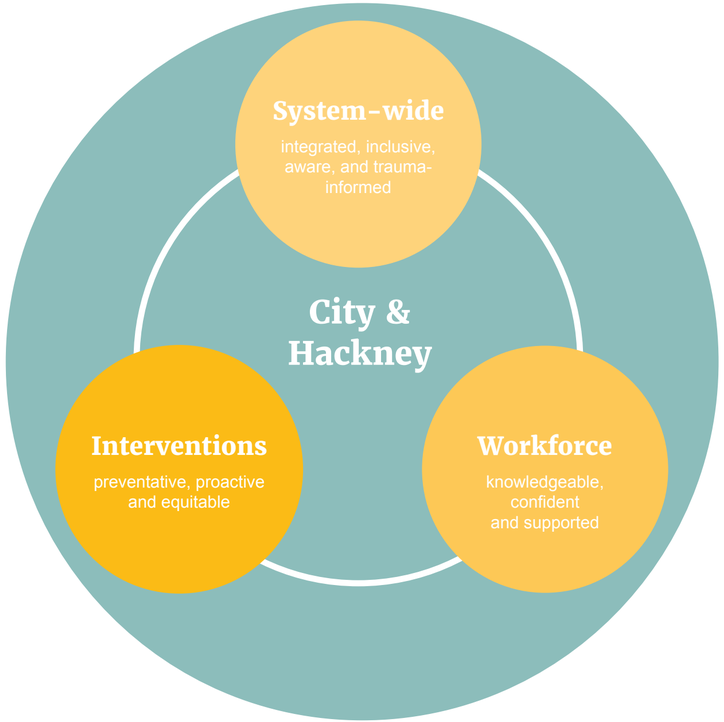
We will continue to maximise working collaboratively in a partnership way across the system to build on existing services, partnerships and delivery models to ensure we align and integrate relevant parts of the system in order to strengthen the available provision and outcomes delivered.

We will recognise the input and expertise that partners can bring to designing and delivering services, seeking to do so jointly and flexibly in a way that delivers most benefit for young people and families.

In addition, we will extend this partnership working to the planning phases, facilitating shared intelligence that informs the way local services are designed and commissioned more effectively.

A whole systems approach

This strategy will drive and support the delivery of a whole systems approach to achieving the following overall objectives.



System-wide: integrated, inclusive, aware, and trauma-informed

We will..

- Work on the belief that all children and young people, including those in vulnerable groups and with SEND, are capable of and deserve to achieve good emotional health and wellbeing.
- Work on the premise that the child or young person's voice should be paramount.
- Ensure that children and young people are visible and 'seen' at all times.
- Work towards greater integration across services to deliver improved care that crosses traditional boundaries.
- Strive to provide continuity of care and consistent relationships between key workers and those that they support, particularly when vulnerable or requiring multi-agency input.
- Support the workforce across the integrated system to work collaboratively in a way that is attachment aware and trauma-informed to increase awareness of the importance of emotional health and wellbeing and to promote a preventative approach.
- Support the workforce to take a unified view of families and be aware of the wider context, for example by being poverty-aware, in a way that seeks to consider presentations holistically and avoid locating problems within individual parents or children.
- Ensure that vulnerability is considered in terms of risk factors that may be indicative of the potential to become vulnerable and protective factors that can mitigate this.
- Ensure that specialist services are in place where needed but also that planning and service design and delivery is inclusive of the whole population, including vulnerable groups and those with SEND and their families, providing all children and young people with equal opportunity to thrive.
- Review whole system working by looking critically at pathways, assessment tools and eligibility criteria to enable services to communicate with each other and make them easier to navigate.
- Make sure that the experiences of those who work in and use our services informs decision making and planning to continuously improve delivery.
- Work alongside system partners to change the social and wider determinants of health, including socio-economic, environmental and cultural influences, that interplay with and impact emotional health and wellbeing.
- Be vigilant in identifying disparities and structural inequalities that impact how service users access and experience services, as well as the outcomes of services, striving to make them fairer through working holistically and inclusively.

Workforce: knowledgeable, confident and supported

We will..

- Establish clear shared values where prevention, earlier intervention, reach and access are prioritised.
- Ensure that the workforce is equipped with the skills, resource and support they need to provide the children, young people and families they work with a sense of being heard, valued and effectively supported.
- Develop cultural competency throughout the workforce and across organisations, aspiring to a workforce that is equipped to support all young people and families in order to reduce the impact of inequalities.
- Value our practitioners and recognise the challenges they may face, including resource limitations that may impact on their ability to do the important work they do, and develop ways of ensuring they can access practical support.
- Ensure practitioners are involved in planning and service design and development, to capture both their views of delivering the service and also their perception of the experience of children, young people and families.
- Recognise the emotional impact that working at the frontline can have and prioritise the health, welfare and wellbeing of our workforce by developing reflective practice and peer support approaches.

Interventions: preventative, proactive and equitable

We will..

- Keep the journey and lived experience of each child and young person at the centre of all we do, taking a life course approach and working holistically to provide support at key moments where the opportunities to intervene successfully are the greatest.
- Take a relational and whole family approach to promote healthy relationships within families and the wider network around a child.
- Adopt an approach that ensures the needs of children and young people with SEND, and their families, are considered in every intervention and have equitable provision.
- Support parents, carers and families to build on their individual, family and community strengths developing their resilience and capacity for self-care to enable them to thrive without external interventions wherever possible.
- Continue to work with practitioners and families to support the early development of coping, self-regulation, communication and relational skills to promote healthy and positive expression of emotions in a way that seeks to prevent problems developing and reduces the need for statutory service involvement.
- Work together to target interventions more effectively across agencies when the unresolved difficulties of adults caring for children and young people may have become located in the child.
- Facilitate sharing of skills and experiences where multiple services are involved, to develop approaches to risk and complexity that retain a focus on the needs of the child.
- Strengthen the network around the child to create a strong partnership between mental health professionals, other professionals and voluntary support, schools, parents, carers and peers.
- Recognise that children and young people with long term conditions, both physical and mental, need holistic support especially at key transition points in their lives.
- Continue building on the systemic approach used within social care and early help in both the City and Hackney.

Wider Context

National policies and guidance place a strong emphasis on the need for prevention and early intervention and increasingly take a broader view of emotional health and wellbeing, encouraging adoption of a life course approach that not only considers the impact of social and environmental determinants but also how to achieve maximum impact across an individual's life and for future generations.

Key stages in the life course have particular relevance for the health of individuals and taking this approach acknowledges the importance of these stages, as well as the interplay between protective and risk factors and the extent to which a supportive environment can aid in developing and maintaining good health and wellbeing from both a physical and emotional perspective.[1,2]

Achieving good emotional wellbeing and mental health requires an ability to accept, process and respond to circumstances and events that will inevitably be difficult at times, in part through developing resilience within children and young people but also the adults and environment around them.

Resilient children are those that are able to develop and realise their potential, even when faced with adversity, as a result of the interaction with their surrounding environment. It should be acknowledged that resilience has a wider emphasis than that of just the individual; it is dynamic in nature.

Three fundamental building blocks underpin a resilient child and include: secure attachments; good self-esteem providing a sense of self-worth, and competence and self-efficacy (or a sense of self-mastery and control). Ensuring the resilience that allows children and young people to deal with and overcome adversity requires support to develop the skills of each individual, timely access to the right information; services when needed and adopting a system-wide approach that seeks to change the wider determinants of health inequalities.

"Individual potential shows that a service is trying to look out for you; potential is important as it shows hope…for someone to address that they believe in you when you access them"

Undoubtedly the most important component is having a stable relationship with at least one supportive parent, caregiver, or other adult.[3]

The quality of the relationships experienced in childhood have a lasting impact on emotional health and wellbeing and overall life chances; it is these first relationships that develop the capacity to relate, manage emotions and to learn, highlighting the influence that each person who comes into contact with a parent, child or young person, either in the capacity of caregiver or professional, has on the emotional wellbeing of that child or young person.

Supportive environments where caregivers and professionals are encouraged to think more holistically about emotional health and wellbeing - as it being wider than just the individual, and linked to physical health, education and relationships - are essential. This includes helping caregivers to get the input they need with their own difficulties as early as possible to minimise any impact on the children and young people they care for.

It is widely acknowledged that families living in poverty face additional challenges as they parent, which may be due to a combination of

1 Jacob, C.M. (2017). The Importance of a Life Course Approach to Health: Chronic Disease Risk from Preconception through Adolescence and Adulthood. *World Health Organisation* [online]. Available at: https://www.who.int/life-course/publications/life-course-approach-to-health.pdf

2 Public Health England, (2019). *Health matters: Prevention - a life course approach*. [online] Available at https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach

3 Association for Young People's Health, (2016). *A public health approach to promoting young people's resilience*. [online] Available at: http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/03/resilience-resource-15-march-version.pdf

factors such as, but not limited to, physical living environment, lack of support, low income, their own physical or mental ill health, social isolation or emotional needs not being met.[4]

All of these can impact on the ability to parent to the best of their ability and create or maintain a nurturing environment that supports child development, and requires an awareness amongst professionals of the impact poverty and life experiences can have on families, how families interact with services and the support that may be needed.[5]

Mental health needs are also strongly driven by early life - it is estimated that 50% of mental health conditions are established by age 14 and 75% by age 24, highlighting the importance of awareness and early intervention to provide the necessary support that aims, where possible, to prevent more complex needs developing.[6]

Nationally, CAMHS have seen a 26% increase in referrals between 2013/14 and 2017/18 and, whilst the increase in demand is an encouraging sign that awareness of mental health issues is improving and the associated stigma lessening, it also points to the increasing extent to which support and intervention is needed.

Notably, although neurodevelopmental conditions are distinctive from mental health needs, they too have an early life onset and a chronic course whereby impairment often lasts into adulthood, also emphasising the importance of identification and support in childhood.[7]

Early psychological intervention to support children with neurodevelopmental conditions can reduce challenging behaviour and benefit the emotional wellbeing of the child, families and communities.

Whilst emotional wellbeing and mental health are strongly linked it is important to recognise that the two are distinct. Equally, that both can be influenced by a range of behaviours; for example, research evidence suggests that by adopting 5 behaviours - connecting with people, being active, taking notice, learning and giving - the subjective wellbeing of individuals can be improved. Practically this can be encouraged through proactively developing healthy routines and practices around sleep, online activity and the importance of keeping physically and mentally active. Maintaining a balance of activities that encompasses those that give pleasure, a sense of achievement and closeness or connection can all help to reduce anxiety and maintain wellbeing.

The wider determinants of health also have an important role to play and are considered to be the most important factor in ensuring a healthy population.

Health is determined by complex interactions between individual characteristics, lifestyle and the physical, social and economic environment. For example, economic hardship is highly correlated with poor health whereas increased levels of education are strongly related to improved health. The Marmot review '10 years on' reflected that progress has been made in early years development as evidenced by children's school readiness, but identified that clear socioeconomic inequalities persist. Nationally levels of child poverty are increasing, with over four million children affected.

It is known that the home, school, community and online environments in which children and young people live, learn and grow as they transition to independence also have an impact on their emotional wellbeing. Safe environments where residents are able to explore and participate in communities fully, and do not feel discriminated against or isolated, work in conjunction with the relationships surrounding a child or young person to build the emotional resilience that can mitigate the impact of early and later life adverse experiences.

Equally it should be noted that the social and cultural determinants associated with mental health will exert a differing level of influence dependent on whether they are considered to be distal or proximal.[8]

4 Katz, I. (2007). The relationship between parenting and poverty. *Joseph Rowntree Foundation* [online]. Available at: https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/parenting-poverty.pdf

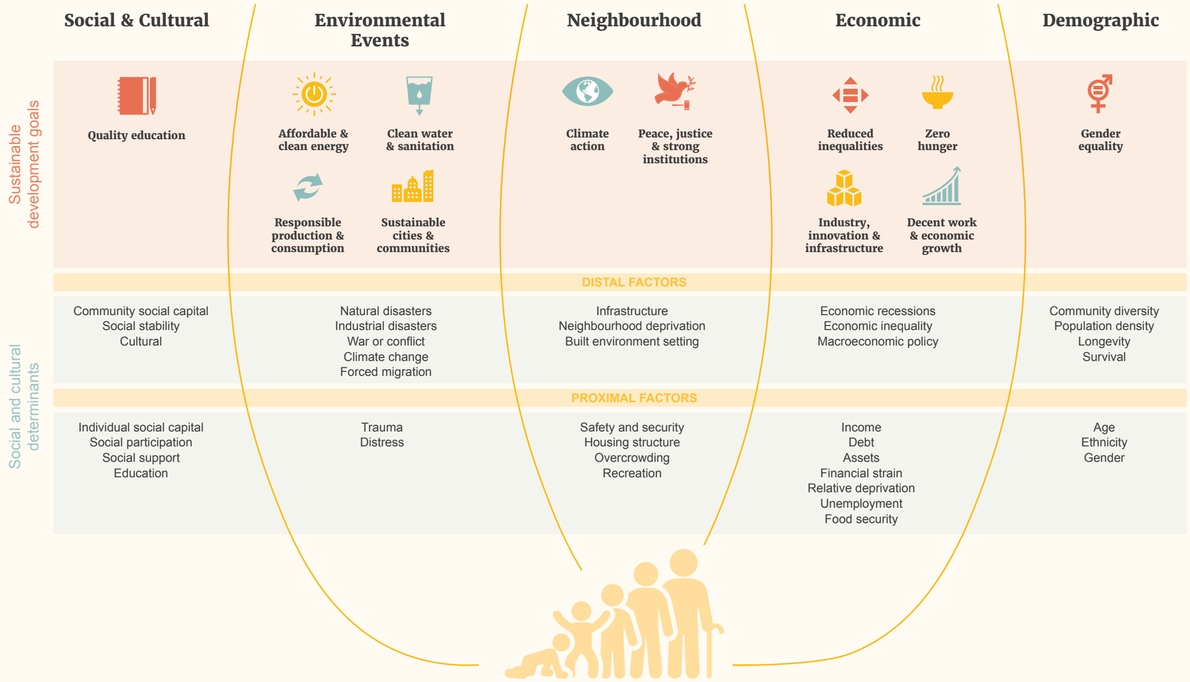
5 BASW and CWIP. (2019). *Anti-poverty Practice Guide for Social Work* [online] Available at: https://www.basw.co.uk/system/files/resources/Anti%20Poverty%20Guide%20A42.pdf

6 Kessler et al. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), pp. 593-602

7 Thapar, A. et al (2015). *Rutter's child and adolescent psychiatry, Sixth edition.* Wiley-Blackwell.

8 Lund, C., et al. (2018). Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews. *The Lancet Psychiatry*, [online] 5(4), pp.357–369. Available at: https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30060-9/fulltext [Accessed 10 Sep. 2019].

Influential factors for emotional wellbeing and mental health



Local Context

The City of London and Borough of Hackney are both diverse local areas, with a high degree of variation seen even within small geographical areas.

Although children living in City and Hackney are reporting relatively good levels of happiness overall, there are a number of characteristics that differentiates the area from similar local authorities in London.

in more detail...

CITY OF LONDON [9,10,11,12,13]

- 1,701 aged 0-18, 17% of population.
- 26% of children living in poverty.
- 20 looked after children.
- Approximately 40% of all residents are BAME (compared to 21% nationally).
- 92% of looked after children coming into care in 2020 were Unaccompanied Asylum Seeking Children.

HACKNEY [10,14]

- 63,655 aged 0-18, 23% of population.
- 44% of children living in poverty.
- 432 looked after children.
- Approximately 40% of all residents are BAME.
- One of the largest Charedi Jewish communities in Europe, (7% of the borough's population), plus well established Caribbean, Turkish and Kurdish and Vietnamese communities.

9 Office for National Statistics Mid 2020 population estimates ONS July 2020

10 Campaign to End Child Poverty, (2020). *Child poverty in your area 2014/15 – 2019/20.* [online] Available at http://www.endchildpoverty.org.uk/local-child-poverty-data-2014-15-2019-20/

11 Internal City of London Corporation data, March 2021

12 London Datastore, (2020). *Housing-led population projections.* [online] Available at https://data.london.gov.uk/dataset/housing-led-population-projections

13 Internal City of London Corporation data, March 2020

14 Hackney Council, (2019). *Knowing our communities.* [online] Available at: https://hackney.gov.uk/knowing-our-communities

There are a number of other characteristics seen across City and Hackney:

LANGUAGE

An estimated **100** **languages spoken**

SCHOOL

Local data suggests that children and young people from certain ethnic minority groups are more likely to be excluded from school.

Rates of school exclusions in state secondary schools are high in Hackney, relative to London and England – in some neighbourhoods as many as 10% of secondary school children have had at least one fixed term exclusion during the school year.

WEALTH

Within the City of London, inhabitants of the Square Mile are ranked in both the top 10% of wealth and the 40% most deprived.

HOME

717 homeless families

in City and Hackney during 2017/18

From 317 local authorities

City & Hackney ranked **3rd in barriers to housing and services**

LIFE EXPECTANCY

Lower

Lower life expectancy in Hackney than the national average.

Although it is higher than the national average in the City, there is a high degree of variation within the local population.

The City of London is a unique and small geographical area whereby residents may access services outside of the City.

- The population is served by a single GP practice in the City; many young people may be resident in the City but registered with a GP in the neighbouring boroughs of Tower Hamlets or Islington and therefore access health services in that borough (rather than City & Hackney).
- Approx 50% of City young people with EHCPs are registered with a GP outside of City & Hackney.
- All secondary age young people and the majority of primary age are educated outside of the City; only 1 primary school located within the City boundary.

We recognise this creates a complex landscape in which City young people may have different entitlements depending on their GP registration or school location, and that Hackney services (for example, those provided by Hackney Education or London borough of Hackney) may not always be available to City residents. We will endeavour to delivery parity of access where possible and make clear the eligibility criteria for services to ensure provision is clear to young people and families.

Locally young people tell us that stressful events in their lives, the lack of affordable and adequate housing, discrimination and racism, the cost of living and feeling scared in the borough all impact on their wellbeing.[15]

Nationally, rising levels of poverty and resulting family dysfunction and pressures on young people, including social media and academic pressures, have all been found to make a contribution to these trends. Engagement with young people has also told us that:

- Trust between services and local communities is paramount.
- An understanding and appreciation of the lives young people lead is key to avoiding fear of judgement.
- Services need to be truly accessible in every sense - be that to different communities or levels of need - and that professionals should remain open and listen to and hear the story of each young person.
- An approach that considers the needs and influence of the wider family or caregiving network around a young person is perceived to inspire trust, stability and longevity.
- The voice of the young person should always be paramount rather than decisions being made by the surrounding adults.

Vulnerable groups

National and local data suggests that vulnerable groups may be more at risk of experiencing difficulties and less able to access universal support in traditional settings. Vulnerable cohorts in City and Hackney include, but may not be limited to, children and young people:

- Who are looked after or a care leaver.
- At risk of significant harm from physical, emotional or sexual abuse, neglect or exploitation or coercion.
- Whose parents, carers and family members are unwell, either through physical and / or mental health, or engaging in risky behaviours.
- Living in poverty and / or experiencing instability associated with housing.
- BAME groups who may considered vulnerable due to discrimination or socio-economic factors.
- Who identify as LGBTQ or whose caregivers are LGBTQ and may experience discrimination on the basis of their sex or gender.
- Whose families do not have leave to remain.
- Who are unaccompanied minors and asylum seekers.
- In contact with the youth justice system or whose family member has been incarcerated.
- Educated outside of state maintained schools.
- Out of education, either through exclusion or low / non-attendance.
- With SEND, including those within the CETR cohort (with autism and / or a learning disability and at risk of an inpatient admission).
- Who are young carers.
- Who have experienced a bereavement or loss of a significant person in their lives.
- Experiencing acute illness (whether in their physical or mental health).

15 Hackney Young Futures Commission, (2019). Report. [online] Available at https://drive.google.com/file/d/1w56XBzv3lPuxh1lk-ry6cf-PdxEAZFPU/view

SEND

Based on 2019 data, The City of London recorded 19.3% of those in primary school as having SEND (there are no secondary schools in the locality). Hackney recorded 17.1% and 17.5% within primary and secondary schools, respectively.[16] These figures are higher than the national average of 14.9%.

Autism is now the largest SEND need within Hackney, making up 33% of the total and followed by emotional and social difficulties (18%), speech and language difficulties (15%) and moderate learning difficulties (12%).[17]

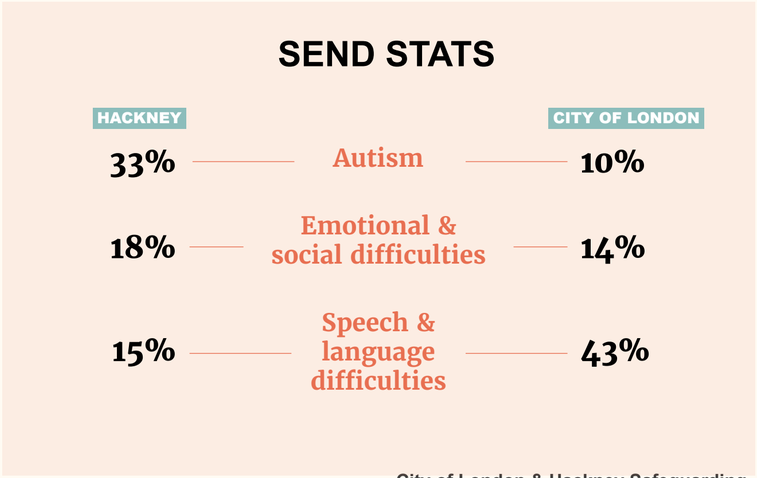
In line with the NHS Long-Term Plan priorities reflecting the need to improve community-based support for young people with autism and / or a learning disability, which encompasses health, social care and education domains, local CETR processes will continue to be embedded and strengthened across partners.

Key areas of focus will include earlier diagnosis and strengthening multi-agency working to effectively support families.

The All Age Autism Strategy includes specific ambitions for children and young people with autism and the delivery of these ambitions will be led by a Children and Young People's working group that is committed to co-production.

Review of the neurodevelopmental pathway will take account of the impact of late diagnosis on the health and wellbeing of young people and their families, of the need to make access to services as straightforward and timely as possible, and that further training is required across agencies, schools and our residents to improve earlier identification of needs.

The specific lived experience of girls with autism will also be an early priority. More broadly with our families and partners, and in recognition of the additional burden on families of having to navigate our processes and pathways, we will work to strengthen our joint review of the needs of individual children and young people with SEND, to ensure services are personalised and responsive.



16 Department for Education, (2019). *SEND Local Authority Data.* [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/814246/

17 Hackney Education, (2020). SEND Needs Analysis Paper

Emotional health and wellbeing is a vital area. It interlinks with existing areas of focus through which the outcomes in the action plan will be achieved.

Children Partnership

The CHSCP's vision is that:

"Children and young people in the City of London and Hackney are seen, heard and helped; they are effectively safeguarded, properly supported and their lives improved by everyone working together."

Their work emphasises that safeguarding is everyone's responsibility along with the importance of a child-centred culture in which the child or young person is seen and decisions about them informed by their voice. A key commitment for the CHSCP remains in 'making the invisible visible' and a focus on better understanding vulnerability. They deliver a learning and improvement framework that supports the workforce in embedding safeguarding principles throughout and aims to foster a culture of transparency in which professionals actively seek out and embrace opportunities to learn that will ultimately improve the quality of multi-agency practice.

Resilience (Adverse Childhood Experiences)

City & Hackney have recently developed a culture change programme, ChATR, that links to the existing systemic approach aims to bring about a shift in ways of working, starting with embedding awareness of ACEs into the everyday practice of professionals. Based on reviewing what has been found to be effective in addressing the lifetime impact of early adversity on children's life outcomes, we aim to increase awareness of ACEs, resilience and trauma-informed care to drive change that will prevent and mitigate against ACEs, and build more trauma-informed, culturally aware and responsive systems and communities.

By working in partnership and in an integrated way at all levels, we consider that it is possible to prevent, intervene earlier and mitigate the negative impact of ACEs. This approach also recognises the impact of parental mental health and wellbeing on young people, emphasising the need for the system to support families as a whole.

Childhood Adversity, Trauma and

The term 'Adverse Childhood Experiences' refers to a study published in 1997 that explored the impact of 10 experiences (five relating to abuse and neglect and five relating to the behaviour or circumstances of a family member) on the later life outcomes of a person if experienced before the age of 18.

The study found that individuals who had been exposed to ACEs were more likely to experience poor mental and physical health outcomes.[18] As the number of ACEs increased, so did an individual's risk of experiencing a range of physical and mental health conditions.

'While ACEs occur across society, they are far more prevalent among those who are poor, isolated or living in deprived circumstances. These social inequalities not only increase the likelihood of ACEs but also amplify their negative impact. Structural inequalities must be addressed for ACE-related policies, services and interventions to have any meaningful effect.'[19]

Resilience has been found to be a protective factor against the risks associated with ACEs. Having some personal, relationship and community resilience (e.g. supportive relationships) can reduce the risk of current mental illness in more than half of those who had experienced four or more ACEs. Financial security, trusted adult relationships, sports and community engagement can also bring benefit.

The attachment and trauma aware approaches used in CAMHS services and others (such as health visiting, early help, early years and schools, youth justice, midwifery) already represent a good level of practice in taking a preventative approach to ACEs. A system-wide focus on tackling the conditions that enable childhood adversity to prevail must be a collaboration between health, social care, schools, and communities with families at the centre.

To further this a local City & Hackney approach to Childhood Adversity, Trauma and Resilience (2019-24) has been developed and will focus on a set of key elements

- **Producing an evidence based ChaTR approach.**
- **Workforce development.**
- **Creating a resource portal.**
- **Co-producing and delivering pilot interventions.**

The CAMHS Alliance Transformation Plan

"Our vision is that by 2024/25 we will have in place a system that meets the mental health needs of every child in City and Hackney. There will be no thresholds and no wrong doors. The system will exist beyond traditional health care settings extending into schools and the wider community. It will be seamless and child and family centered, continually adapting through local service user empowerment and engagement."

It will be optimised to catch mental health issues as early as possible preventing long term mental illness developing or escalating. Every intervention delivered will be subject to robust quality assurance through CYP IAPT framework. In achieving this, our local system will be highly cost effective, making best use of every penny spent.

The City and Hackney CAMHS Alliance was created in 2015 to support effective partnership working across our local service offer. The membership spanned across specialist NHS services, local authority and voluntary sector organisations, facilitating development and delivery of integrated pathways to effectively reach more children, young people, families, schools and the wider community.

The CAMHS Transformation Programme is now entering Phase 3b, which represents an overarching whole-system strategy based on detailed local engagement to improve mental health and wellbeing outcomes, supplemented with an additional investment of £1.2M in local services.

This will include creating a single point of access to match young with the service that's best able to help them in a timely manner, as well as enable improved monitoring of data round access to CAMHS services.

A main focus has been to achieve an increased access target of treating 35% of the estimated prevalence of diagnosable mental health conditions by 2020/21; this has been exceeded and City & Hackney is now amongst the highest access rates in the country. Further details can be found in the published Transformation Plan.

Creation of the 'Children and Families Emotional Health and Wellbeing Partnership' during 2021, to oversee delivery of this strategy, builds on earlier work in developing the foundations of a whole-system approach to support children, young people and families locally. Aligned with the wider remit of emotional health and wellbeing, the Partnership will bring together stakeholders to drive a whole-system approach, with the ongoing work of the CAMHS Transformation Plan being delivered through a consolidated 'Integrated CAMHS' arrangement.

Integrated CAMHS will focus on core CAMHS delivery whilst also being represented within the Partnership and maintaining close links with associated programmes of work.

18 Felitti, *et al*. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine*, 14(4), pp. 245-258. Available at: https://www.ajpmonline.org/article/S0749-3797(98)00017-8/fulltext

19 Asmussen, *et al*. (2020). Adverse childhood experiences. Early Intervention Foundation. Available at: https://www.eif.org.uk/files/pdf/adverse-childhood-experiences-report.pdf

Taking action to reduce health inequalities is a matter of social justice.

Health inequalities are avoidable, unfair differences in health status between different groups of people or communities.[20]

Underpinning these unequal living and working conditions are structural and systemic inequalities embedded in institutions, policies and across society - biases which provide advantages for some groups whilst marginalising others.

Health inequalities are defined according to a number of different, and inter-related dimensions:

- **Protected characteristics such as age, disability, sex, gender reassignment, ethnicity / race, religion or belief, sexual orientation, marriage and civil partnership.**
- **Social inequalities such as poverty, housing, education, unemployment.**
- **Geographical inequalities such as urban vs rural, local area deprivation.**
- **Vulnerability such as carers, rough sleepers, care leavers, those with no recourse to public funds.**

Health inequalities are not new. It is well-documented that life expectancy follows a 'social gradient' - the more deprived the area, the shorter the average life expectancy. Nationally, this gradient has become steeper over the past 10 years; in other words, social inequalities in life expectancy have increased. Unsurprisingly, these inequalities are also played out locally.

Between 2003 and 2018, an estimated 4,000 premature deaths in City and Hackney residents were attributed to socioeconomic inequality.

Underpinning these stark figures are multiple, inter-related factors that combine to create poorer health outcomes for many vulnerable and disadvantaged people and families. For example, some chronic conditions are more prevalent in people from certain ethnic minorities, carers are more likely to experience a range of physical and mental health problems, and the average life expectancy of people with a learning disability is 20 years shorter for women and 13 years for men.

Furthermore, it has been suggested that taking a health justice approach could aid understanding of the relationship between health inequality, inequity, and injustice; this approach theorises that pre-existing class, ethnicity and gender-based health injustice, along with the socially differentiated impacts of the COVID-19 pandemic, are shaped by economic, cultural and political factors.[21]

The impact of the COVID-19 pandemic has further highlighted and exacerbated health inequalities that already existed across all age ranges. For the Black community the death of George Floyd in the US in May 2020, and subsequent spotlight on the anti-racist global Black Lives Matter movement, highlighted the injustices faced globally and called for action to address the adversity caused by discrimination and systemic and institutional racism.

Our system wide 'Young Black Men's programme' is one of the tangible ways the Hackney system is seeking to address some of these inequalities. Three years into a ten-year programme, it is focussed on delivering three large partnership programmes of work looking at Education, Reducing Harm and Mental Health.

The programme prioritises up to 25 year olds and their families and is informed and led by those with lived experience, seeking to challenge the institutional ways of working that exacerbate these inequalities, and to narrow the gap through a range of interventions.

Locally a new Health Inequalities Steering Group has been implemented, initially to take forward actions that address the inequalities highlighted through the pandemic, but also to address longer term issues in a more fundamental and systemic way. Alongside this there is a range of other programmes and projects seeking to reduce disparities in a number of key communities and we acknowledge the fundamental and ongoing nature of this work as part of this strategy, and as part of our anti-racism and discrimination work across the system.

We are working closely with our Charedi community to develop wellbeing and mental health services that encourage access and work more effectively to tackle some of the mental health impacts of the pandemic on families.

The CAMHS Transformation Plan resources and drives forward a dedicated strand to improve the reach and resilience across communities, and to design and tailor approaches with those communities across City & Hackney. This includes a commitment to ensuring equity of access to mainstream services for young people from all communities, as well as access to culturally appropriate support where needed, for example through Growing Minds.

Wider partners are represented to ensure that equity of access is achieved across agencies and informed through a multi-agency understanding of the existing inequalities present locally. This work sits more widely within the London Borough of Hackney's Single Equality Scheme, our three-year strategy for tackling inequality in the borough, and the Corporation's corporate equalities policy.

Wider work, such as Hackney's commitment to becoming a fully 'Child-Friendly Borough' that maximises the opportunities for safe play and outdoor activities as children and their families explore and discover the world around them, also aims to deliver benefits for all residents in a way that is relevant to some of the inequalities seen locally.

The breadth and depth seen throughout the impact of COVID-19 emphasises the need for collective, system-wide action to address health inequalities that have been starkly exposed by the current pandemic. This includes (but is not limited to) more effective targeting and tailoring of existing services and support; strengths-based models of care that meet people's wider (social) needs; action to tackle inequalities related to race and systemic racism head on; and enhanced system capacity and capability to embed health equity in all policies and practice.

20 NHS, Definitions for Health Inequalities. [online] Available at: https://www.england.nhs.uk/ltphimenu/definitions-for-health-inequalities/

21 Borras, A.M. (2020). Toward an Intersectional Approach to Health Justice. *International Journal of Health Services*, doi: 10.1177/0020731420981857. Epub ahead of print. [online] Available at: https://pubmed.ncbi.nlm.nih.gov/33356774/

The impact of COVID-19

The COVID-19 pandemic and resulting lockdown measures imposed in March 2020 undoubtedly had an impact on communities and individuals worldwide.

CAMHS services saw a stark increase in activity during the pandemic vs the previous year:

- 50% increase in referrals to Tier 3 CAMHS
- 50% increase in crisis presentations at A&E
- 165% increase in eating disorder referrals and 239% increase in admissions (across East London boroughs)

The loss of freedom, being confined to home environments, missed education and exams, loss of real life peer groups and reliance on virtual interaction, all combined with anxiety around health concerns and the uncertainty of how long the situation would last affected everyone. Bereaved families faced grieving under difficult circumstances, sometimes unable to say goodbye or attend funerals.

As well as the challenges faced by all families, and those that were bereaved, many will have been subject to additional strain attributable to their family situation, including those with existing vulnerabilities and additional needs.

The integral importance of safeguarding was evident to all types of practice, with family dynamics becoming increasingly complex in some instances - for example, nationally domestic homicides were at the highest rate in 11 years and calls to some helplines increased by as much as 50% during the lockdown period - combined with factors such as social care visits for vulnerable families no longer able to be face-to-face and children and young people who may have never needed additional support before suddenly experiencing difficult circumstances.

The pandemic also had an impact at system level, requiring rapid and continuous adaptation of service delivery to a virtual model and doing so under challenging circumstances.

Services were affected by reduced staffing capacity due to shielding or contracting COVID-19, the uncertainty of how referral numbers would change and to what extent, and also needed to be aware of the long-term emotional impact on practitioners as a result of dealing with increasingly complex work and their own experience of the lockdown measures.

We know that those from BAME groups experienced a disproportionate impact not only in terms of the clear disparities in mortality and serious illness rates but were also more likely to be susceptible to social factors, such as financial hardship and employment instability.

Pre-pandemic this was evident; of the 61% of working-age adults in Hackney that were in employment, this ranged from 69% of White people compared to 50% of people from Black or Asian backgrounds.[22]

Nationally, young people from a minority ethnic background are more than twice as likely to no longer be employed since lockdown as their peers, with 12.8% reporting to have lost their jobs.[23] Across City & Hackney this will have been felt by the high proportion of residents from these communities.

The full impact on the mental health of children, young people and families is yet to be fully realised and we can only anticipate what some of the more wide reaching impacts may be. We know that increases are beginning to be seen in crisis and eating disorder presentations. We have concerns about new mothers, fathers, carers and families, and the impact on their perinatal mental health at this critical time.

Notwithstanding the issues highlighted, the requirement to change ways of working and adopt a virtual service model at pace yielded some benefits in the form of accelerated rollout of digital provision, such as Kooth (an online counselling service for 11 years plus), and virtual appointments within CAMHS services, including both assessment and treatment appointments that were anecdotally reported to be preferred by some users and will offer a new flexibility.

We are also seeing the benefit of being able to access parenting groups online, and some adolescents preferring virtual contact. We are working on additional virtual support in the form of more intensive support and virtual psychological support for our workforce.

Conversely, the impact of digital poverty has become visible in many forms - through not having access to device, internet or a safe and private space in the home - highlighting how the most vulnerable are at risk of becoming further marginalised. As a result there is a commitment to retaining a mixed model of service delivery that is flexible to the needs of service users.

"There is an urgent need to do things differently, to build a society based on the principles of social justice; to reduce inequalities of income and wealth; to build a wellbeing economy that puts achievement of health and wellbeing...at the heart of government strategy."

- Marmot, et al. (2020). Build Back Fairer: The COVID-19 Marmot Review.

22 Hackney Council, (2020). *Race and ethnicity.* [online] Available at: https://hackney.gov.uk/eqal-race

23 The Health Foundation, (2020). *Generation COVID-19.* [online] Available at: https://www.health.org.uk/publications/long-reads/generation-covid-19

Work we want to build on and improve

Work we want to build on

- Mental health screening by midwifery and health visiting services to facilitate signposting or onward referral.
- Antenatal appointments in settings such as children's centres to familiarise parents-to be with the setting.
- Comprehensive and universal programme within children's centres.
- Awareness of parent-child attachment and positive parenting strategies across health visiting and early years.
- Hackney Portage support in the home setting to aid development for those with SEND.
- Multi-agency teams within children's centres, providing and co-ordinating integrated support for vulnerable families.
- Wide offer of youth provision.
- Increasing the existing community-based delivery of services, such as CHYPS Plus and evidence-based psychological support.
- Direct therapeutic support in schools, such as speech and language therapy.
- Development of whole-school approaches - WAMHS - and direct mental support - MHSTs.
- Extension of the re-engagement unit service working to reduce exclusions.
- Reviews of school behaviour approaches and rollout of trauma-informed and attachment aware training across schools.
- Screening for mental health needs through Early Help and Diversion.
- Contextual safeguarding, to create safety in places where young people spend their time.
- Training of Health Visitors and Family support workers in Hackney in the Solihull Approach.
- Continue to embed the systemic approach in social care in both the City and Hackney.

Areas we want to improve

- Increasing take up of universal services and support, particularly during early years.
- Moving towards more widely available parenting support being offered proactively before targeted intervention is needed.
- Further training to understand the influence of child development and secure attachment in the early years.
- Improving transition support for all transitions by recognising these as a point of vulnerability and ensuring support.
- Continuing to upskill school staff and improve links with other services to support proactive and earlier identification of need.
- Ensuring that vulnerable young people, including those with SEND, have their needs understood and supported by schools, with the aim of reducing exclusions for those with SEND.

The City & Hackney life course approach

Ages 0–5, including perinatal

The period from preconception to age 5 years affords a unique opportunity to capitalise on the ability to have a positive impact on the development of children, take a preventative approach and provide additional support where needed. It is the period in which children and families have the most contact with services, such as midwifery, health visiting, GPs, early years, and also when a child's development is most susceptible to influence.

"The earliest years of life set the tone for the whole of the lifespan"

- The Marmot review 10 years on, 2020

There is a growing body of evidence that asserts the influence of neuroscience and developmental psychology, such as The 1001 Critical Days and Five to Thrive, to illustrate the extent to which brain development occurs during early years and how the surrounding environment and caregivers influence this, all of which have a collective impact on the lifelong emotional wellbeing and mental health of the child and emphasise the importance of considering families and their environment as a whole, rather than the child or parent in isolation.

The wider determinants of health are equally important and parents need to be supported in achieving this, through local initiatives such as the Birth to Five resource.

For younger children learning through play supports development and, when children are given some degree of agency, enables them to take on an active role and ownership in their experiences, as well as trusting them to be capable and autonomous - key preparation ahead of the transition to formal education.[24]

As well as promoting learning and healthy development, universal services also need to be equipped to identify SEND and provide early help in a timely way, facilitating onward referral to specialist services when necessary, so that needs are not exacerbated and are able to be met in mainstream settings wherever possible, including early years settings.

Where SEND needs are identified, parents should receive early support that helps them accept and understand the diagnosis and how to support their child.

We want universal services and community activities to be accessible and inclusive for all families. City & Hackney represents a diverse population and many communities, and it is important that all feel able to access universal services and the local community in order for this offer to deliver the greatest benefit across the lifespan.

Where further support is needed mental health services are an important component - it is known that up to 20% of women experience some form of mental health need during the perinatal period (up to 1 year after birth), and up to 10% of partners. This support needs to be readily available and tailored to new parents, as well as to women with known mental health needs during or when planning pregnancy, so as to provide the best opportunity of successfully delivering early intervention and minimising the need for long-term support.

24 UNICEF, (2018). *Learning through play*. [online] Available at: unicef.org/sites/default/files/2018-12/UNICEF-Lego-Foundation-Learning-through-Play.pdf

Our specific objectives for ages 0-5 are:

System:

- We will continue to support partnership working across community based services to ensure families receive a co-ordinated response that meets their individual needs, also promote a shared understanding and approach to how families and their context are considered as a whole and supported holistically.

Workforce:

- We will co-ordinate the delivery of specialist training programme that will encompass parental mental health, infant mental health, pre and postnatal mental health and environmental factors, to develop attachment and trauma-informed practice within the workforce as we strive to reduce the local prevalence and impact of ACEs.
- We will equip all practitioners coming into contact with families with children under 5 with the knowledge and expertise to identify and support vulnerable families earlier.

Interventions:

- We will look to raise awareness of and further develop the existing parenting offer to drive proactive and early intervention, with a focus on relational and attachment-aware support from a whole-family perspective, making this more widely available for parents and carers.
- We will increase the availability of mental health support from community-based perinatal teams to offer greater availability of specialist input and access to evidence-based interventions.

Our specific deliverables for ages 0-5 are:

- Co-production and delivery to health and social care practitioners of targeted, multi-disciplinary training around an approach to childhood adversity, trauma and resilience in the perinatal period.
- Raising awareness of, and further developing, the parenting offer in early years and beyond.
- Promoting practitioner and family knowledge of brain development, encouraging early development of social and emotional skills in a way that builds resilience and seeks to prevent problems developing.
- Increasing the availability of access to specialist community-based perinatal mental health teams and expanding the range of psychological therapies offered.
- Continue links with IAPT service to enable access to evidenced based support for parents / carers with mild to moderate low mood or anxiety that is impacting on parent child attachment.
- For women who have experienced birth trauma, loss, tokophobia (fear of childbirth) or removal of a child, increasing the accessibility of evidence based psychology available, offering tailored peer support from women with lived experience and creating an integrated pathway across the local system (reproductive health, midwifery, mental health), accessed via a single point of access, to provide integrated and holistic support.

Ages 5-18

In this life stage education constitutes a large proportion of a child's environment, with school staff and peer groups becoming an increasing influence. Good school readiness and educational attainment are considered to be protective factors against poor mental health, and factors such as a healthy weight, activity levels, developing a supportive network of relationships and independents interests can all contribute towards maintaining wellbeing and building resilience. Parents begin to build connections with peers and the local community through their child's school, offering an opportunity to create a supportive environment for the family unit as a whole.

As children and young people begin to access the community independently, both online and physically, this presents an opportunity for families and professionals to work together to ensure children have the skills and knowledge to do so safely and in a way that benefits development. It is also important that adults are aware of the potential risks that these interactions can entail, and are supported by robust safeguarding policies and training.

Adolescence represents a time of huge change and an important period of rapid brain development that leads to changes in terms of exploring and establishing identity and relationships with family networks and peers. It is an important time for guidance and intervention - life-long health behaviours, such as smoking and eating disorders, can be established during this period. Impulsivity and an increase in risky behaviours are more likely to occur, which can lead to adverse outcomes such as unplanned teenage pregnancy, substance abuse and mental health disorders.

Taking risks is, however, an important part of growing up and young people should be given opportunity to engage in positive risk taking in a way that encourages awareness and a sense of evaluating and managing risk independently.

Forming positive relationships with adults has been shown to result in decreased patterns of risk-taking behaviour related to alcohol, tobacco and drugs, increased restraint in sexual behaviour and promote resilience in young people during times of adversity. Factors such as deprivation, poor parental support, family conflict and poor mental health are known to be associated with an increased likelihood of adverse outcomes, emphasising the continued importance of considering families in a holistic sense.

Wide-ranging factors can affect children in both school and home settings and may make it more difficult for them to regulate their behaviour and impair their ability to express feelings. In some instances this can result in difficulty complying with school behaviour policies, particularly those with complex or acute SEMH needs.

The current evidence base recognises that some children (such as vulnerable groups and those that have experienced trauma and loss) can be re-traumatised by behaviourist approaches and that these do not teach expression and communication of emotions, but instead that pupils need to be supported with knowledge of the context of their needs, combined with wider expertise around how trauma, attachment and communication interplay with child development. We also know that some young people, such as those from Black and minority ethnic groups, may be more likely to have their mental health needs mistakenly perceived as behavioural issues.

Schools should be encouraged to respond to the emotions that are driving behaviour, rather than the behaviour itself, and use this as a basis for developing approaches with a focus on underlying causes and communication needs, in a way that benefits the whole school and supports more targeted pupils, recognising that equality means an approach that meets the needs of all rather than the same approach for every pupil.

Similarly, parents should be supported to understand how factors can impact emotional wellbeing and to view behaviour as a form of communication and respond in an empathetic, non-judgemental and curious way, also recognising when further support may need to be sought. Where young people experience bullying at school this can also affect their mental health and relationships with peers, making them more vulnerable to poor attendance and other outcomes.

Of particular note are WAMHS and MHSTs. WAMHS provides each school with a linked CAMHS worker to support development of a whole-school approach that focuses on building academic, social and emotional resilience and coping skills in students, as well as access additional support if needed, whilst also developing knowledge and skills in education staff. MHSTs provide evidence-based support to young people and their parents / carers within the school setting for mild-moderate difficulties with emotional wellbeing, delivered to groups of young people and parents / carers alone. Both WAMHS and MHSTs aim to move away from a didactic approach, valuing and making use of the expertise within school staff and parents.

For vulnerable groups, such as children with SEND, LAC (including care leavers and UASC) and those that have been excluded or are in the youth justice system, there is a continued need for confidence within universal services to proactively identify needs and vulnerabilities early, as well as for effective multi-agency working to maintain a clear focus on joined-up pathways that deliver good outcomes and meet individual needs.

We want City & Hackney to be a safe and supportive community; offering safe community spaces - such as the youth hubs - and activities to connect with peers, develop interests, maintain overall wellbeing and engage in positive risk taking. Locally we seek to take an innovative approach to how health services can be delivered in a way that appeals to young people, such as clinical services being delivered outside of traditional health settings in a way that is both safe and confidential.

The same approach applies to mental health, reflected in a longstanding commitment to community and evidence-based psychology, outreach work, increasing availability of digital assessment and treatment, and upskilling of professionals as teachers, youth workers, social workers and primary care to improve mental health literacy.

Social prescribing (finding non-medical solutions to problems people are experiencing, that may often be caused by social and environmental, rather than medical, factors) will also have a growing role to play within wellbeing. Locally there is a successful history of social prescribing for adults upon which to build.

With an initial focus on strengthening collaboration between these existing services and primary care, the local strategy will consider how to effectively support children and young people to access personalised support in their local communities, co-produced with our young people, and with a focus on priority vulnerable groups.

It is important that the voices of young people and their parents are actively sought throughout local service development, a principle that extends to across health, education, social care and community services, to ensure that they feel listened to and are able to inform what is available.

This should take a range of different forms - such as consultation, coproduction and engagement - and be supplemented by peer support and mentoring to help individuals and communities support each other in a way that makes use of the value in lived experience.

Transitions is an area that children and young people and schools should be prepared for, particularly educational transitions, ensuring this occurs with a readiness to continue learning in a supportive environment, as well additional, proactive support for those with known additional needs. We recognise that preparation for transition to adult services should be started early and from 14-years plus for those with the highest need.

Our specific objectives for ages 5-18 are:

System:

We will...

- We will work together across the system to ensure we promote a whole system approach in which education is a key enabler and delivery partner, and that also continues to take account of universal health practitioners (such as GPs, school nurses), specialist services and wider areas such as youth work and community organisations.
- We will ensure all system partners provide proactive support to maintain emotional wellbeing and develop resilience, are able to recognise the interdependencies between emotional and overall wellbeing, have an awareness of how wider familial context can influence this, as well as a clear understanding of pathways and how to determine when onward referrals are required.
- We will further develop an integrated pathway to facilitate joint working across health, social care and education that meets individual needs.
- We will respond to what young people tell us by reconsidering language, practices and processes to make them more accessible and meaningful to young people and families.

Workforce:

We will...

- We will keep working on ways to provide better support to our teachers to increase the focus on psychosocial wellbeing in schools.
- We will support schools and school leaders to develop whole school approaches, build inclusive and supportive policies and wellbeing and behaviour strategies, as well as support staff and provide opportunities to engage in good quality training on emotional health and wellbeing and trauma-informed approaches.
- We will expand the reach of existing trauma-informed and attachment training to include partners such as youth workers and community organisations.
- We will ensure practitioners in schools, youth hubs and other services and settings understand the risk factors to wellbeing and are able to help young people develop the resilience to overcome adverse circumstances.
- We will respond to consultations with young people by striving to employ a more diverse workforce that young people can relate to and who can continue to carry out detached outreach in community-based settings that are less stigmatising to access.

Interventions:

We will...

- We will work with our partners in the voluntary sector to co-design and deliver therapeutic and clinical support that is effective, flexible and culturally appropriate for parents and young people in trusted settings.
- We will prioritise the mental health needs of young people in the youth justice system by enhancing the existing provision based on learnings to date.
- We will maintain a high quality CAMHS workforce to offer evidence-based psychological therapies for all levels of need, across the life course and accessible to all communities at point of need.

Our specific deliverables for ages 5-18 are:

- Through both training and partnership working upskill system partners and practitioners to proactively support young people and families to develop and maintain good emotional wellbeing and resilience.
- Increasing awareness of trauma-informed practice.
- Promoting whole-school approaches to emotional health and wellbeing that are co-produced by schools and health practitioners.
- Ensuring support for vulnerable groups, such as those in the youth justice system or with SEND.
- Furthering support available at transition points, such as between schools and life stages.
- Incorporating the voices of children, young people and their families throughout the system to deliver flexible services that meet the needs of those that use them, including those with a disability or other vulnerability.
- Increasing knowledge of adolescent brain development and how it impacts on wellbeing and relationships.

Transition to adulthood, 14-25

Transitions will be experienced by all young people but in different ways; transition to higher education, the workplace, potentially moving out of the family home, from child to adult services. Young people at this age are going through a period of physiological change and are making important transitions into adulthood. It is widely recognised that brain development continues until around 25 years of age, hence the transition to early adulthood aged 18, whilst full of opportunities, can be a challenging time with high expectations, particularly for those who are experiencing additional stressors within their lives (such as being NEET, or issues impacting the family dynamic).

In the later adolescent years young people are able to gain work experience and consider employment or further education opportunities. Local systems have a key role in providing viable options for training and employment, tailored support and guidance to help young people navigate entry into employment and addressing inequalities. Creating local job opportunities and apprenticeships can benefit the young people and businesses alike as well as supporting sustainable development of the area.

Where young people are already known to children's services they are likely to have been accepted under a lower threshold than is seen within adult services, and have received a higher level of support. This is particularly true for those with mental health needs, social care input or SEND, and necessitates a supported transition with clear expectations about what can be provided by adult services.

The national directive is to move towards a 0-25 offer for vulnerable groups in response to this, which has begun in some areas: Leaving Care, the Family Nurse Partnership and therapeutic and psychological services provided by Off Centre at Family Action. Further work is still need to develop a joined up approach that links services and makes pathways easier to navigate, as well providing a lower level of support for those that do not meet current threshold, such as young adults with mild intellectual disabilities.

Our specific objectives for transition to adulthood are:

System:

- We will promote partnership arrangements between children and adults' services that work towards preparing young people and their families for a timely and positive experience of transition using a shared approach to co-ordinate input across services.

Workforce:

- We will share learning across partners to achieve clarity around the essential features of a good transition, with a shared focus on vulnerable groups to ensure they are safeguarded and receive a 0-25 service that supports them in fulfilling their potential.

Interventions:

- We will work with local networks to further develop existing employment schemes and identify new opportunities than enable young people to stay in and benefit their local community.

Action plan & Evaluation

We have created a five year (2020-2025) action plan that will guide data monitoring and evaluation, being reviewed and updated annually by the Children, Young People, Maternity and Families Work stream and key partners.

The delivery of the strategy will be the responsibility of the new Strategic Steering Group: **The City and Hackney 'Children and Families Emotional Health and Wellbeing Partnership'.**

The framework includes key indicators of success, deliverables and outcomes, and explains how data will be collected, when and by whom. This will help us to understand whether progress has been made as planned, reflect on our approach, practice and service delivery. It will also help us to share learning and identify gaps where changes might need to be made in practice or to the strategy.

Our approach will continue to be informed by understanding of local need, taking a population-based approach that draws on expertise from Public Health input and results in adaptation of the action plan where this is shown to be necessary.

In the long-term it is anticipated that the work undertaken across the system to promote positive emotional wellbeing for all, alongside evidence based interventions targeted at those that require it the most, will lead to an increase in referrals to universal services provided across all sectors. Where they occur we hope that earlier identification will lead to a reduction in children and young people experiencing a mental health crisis or needing specialist intervention.

In implementing our strategy and action plans, we will continue to explore opportunities to further align our plans and develop and deliver services through the integrated commissioning and care process.

Whilst we will be monitoring and reviewing the action plan, delivery and outcomes, we also plan to evaluate the impact of a system-wide approach to improving children and young people's wellbeing through working with evaluation partners to evaluate the complex approach, capturing learning on design and implementation of a system-wide approach to improving wellbeing, as well as evaluating in detail specific areas of innovation.

Our overarching aim, to improve the emotional wellbeing of our City and Hackney residents, and what needs to be measured to demonstrate that, will guide our evaluation design.

Life course actions

Ages 0-25

Aims

- To create a cultural shift that increases awareness of childhood trauma and tackles the root causes of ACEs to reduce the prevalence and mitigate the associated impact on families.
- Ensure services meet the needs of the local population by addressing health inequalities and that the voices of those with lived experience are heard and able to influence service design and transformation.
- Strengthen a whole-system approach to the emotional health and wellbeing of looked after children and care leavers.

AGES 0-25					
Action	**Deliverable**	**Outcome**	**Timeline**	**Link**	**System lead**
1. Co-produce and deliver targeted, multi-disciplinary training around an approach to childhood adversity, trauma and resilience to health and social care practitioners working with children and families	Targeted training modules covering perinatal, 0-5, 5-11, 12-19, 19-25's	Increased expertise and awareness of childhood adversity, trauma and resilience amongst professionals, ensuring families receive a trauma-informed approach to care	Oct 2020 - Dec 2021	ChATR approach	ChATR project group
2. Develop an online resource portal including materials on child development and attachment (Childhood Adversity, Trauma and Resilience Hub) to support training and develop a community of practice	Resource portal available to all professionals	Increased awareness of ChATR work and early development of a community of practice amongst professionals	Dec 2021	ChATR approach	ChATR project group
3. Develop specific interventions that aim to prevent, intervene early and mitigate against ACEs and build resilience in individuals, families and communities	Specific interventions, as scoped with system partners and agreed through project group	Over time, reduced prevalence and impact of ACEs	Apr 2021 - Mar 2024	ChATR approach	ChATR project group
4. Within the context of ethnic and cultural awareness, address health inequalities and improve service delivery and configuration including through workforce development* and by improving data collection to measure real indicators for access and inequalities based on local demographics	Through close partnership working with local community groups, deliver services that better meet the healthcare needs of our ethnically and culturally diverse communities through a workforce that is representative of the local population	• Measured reduction in health outcome inequalities • Measured reduction of inequalities in access • Ongoing plan and commitment to continued improvement agreed with local community groups	Ongoing and reviewed annually	CAMHS Transformation Plan	CAMHS Alliance

Life course actions

Ages 0-25

AGES 0-25					
Action	**Deliverable**	**Outcome**	**Timeline**	**Link**	**System lead**
5. Design and delivery of an integrated CAMHS system	Clear and effective pathways for provision to be delivered by the most appropriate provider that increases efficiency and maximises resources available whilst maintaining the 'no wrong front door' policy of accessing CAMHS services	• Increased access rate • Improvement in allocation of referrals to most appropriate provider on first allocation	Jul 2021 - Jul 2022	CAMHS Transformation Plan	CAMHS Alliance
6. Across the system embed the influence of young people and families from all local communities, including young people with disabilities, through consistent engagement and co-production	• Completion of the system influencer pilot and subsequent rollout of the programme • Development of a parent / carer consultation body • Ongoing engagement through the Hackney Young Futures Commission	Local service design and transformation informed by the voices of those with lived experience, and engagement and participation embedded across work stream activities and priority areas	• Mar 2021 (pilot) • Ongoing	CYPMF Work stream CAMHS Alliance / Transformation Plan Hackney Young Futures Commission	System influencer working group
7. Strengthen a whole system approach across social care and health that prioritises the emotional wellbeing of children in care and care leavers, to identify mental health and wellbeing needs earlier, determine whether these needs are being addressed and ensure access to relevant services is available	• Professionals equipped with the skills and knowledge to support the emotional wellbeing of looked after children and young people • Training for staff and foster carers • Engagement with commissioners of AMHS and participation of young people in care and care leavers	• Children in care and care leavers report feeling that their mental health and wellbeing needs are met, and an increase in their life chances • Identification and responses to mental health needs will improve • A decreased need for long-term support from health and social care services	Ongoing and included in strategic needs assessments	Local Authority CAMHS Corporate parenting	CAMHS Local Authority clinical leads CCG Commissioners NEL ICP / STP
8. Delivery of MECC training	Training provided to staff in: • Children's centres • Childcare providers • City of London Community and Children's Services Department • Hackney Education • Maternity	Frontline staff are supported to develop their confidence, competence and motivation to have proactive, strengths-based conversations with residents about actions they can take to improve their own health and wellbeing and where they can access further support	Aug 2021	MECC Programme	MECC Steering Group

Life course actions

Ages 0-18

AGES 0-18					
Action	**Deliverable**	**Outcome**	**Timeline**	**Link**	**System lead**
9. Develop social prescribing offer for children and young people through building on existing adults offer	Mapping of existing social prescribing offer Pilot of Neighbourhood worker to improve links between existing services and primary care A social prescribing strategy that identifies the agreed priority cohorts with an initial focus on vulnerable young people	• Clear published pathways for agreed cohorts • Pathways promote trusted agency and voluntary sector services, with a place based focus	December 2021 to inform commissioning from April 2022 (pilot work will continue throughout 2021)	NEL Babies Children Young People and Families (BCYPF) Social Prescribing Steering Group City and Hackney System Adults Social Prescribing	CYPMF Workstream
10. Review of the neurodevelopmental pathway	Implementation of an integrated assessment pathway for ASD	• Families experience improvements in the pathway, feeling more supported during the assessment process and upon receiving a diagnosis • Re-referrals and need for ongoing support around psychoeducation decreases	Jun 2021	City & Hackney All-age autism strategy CAMHS Transformation Plan, including CAMHS integration work	CYP autism working group CAMHS Alliance
11. Ensure awareness of existing parenting support across all age groups and universally available community services, providing access to evidence-based and culturally appropriate support	The existing parenting offer is clearly available for parents to access and any gaps in support are identified	• Parents will have access to a range of appropriate interventions • Parents will have an informed and supported understanding of how to meet their children's' needs	Dec 2021	CAMHS Transformation Plan Hackney Education	CAMHS Alliance
12. Develop and coproduce an integrated speech and language strategy	A single strategy that is owned by all commissioners of speech and language services	• A shared vision and action plan to meet the speech and language needs of children and young people • Expectations on professionals and agencies to support the whole community approach to speech and language • Strengthened focus on early identification of needs	Dec 2021	CYPMF workstream SEND Partnership Board (Hackney) SEND Programme Board (City of London)	Speech and Language Integrated Commissioning working group

Life course actions

Ages 0-5, including perinatal

Aims

Provide universal and targeted support around parenting and mental health to ensure children and families are supported to have the best start in life, and ensure practitioners are equipped to support families and identify where further input may be required.

PERINATAL					
Action	**Deliverable**	**Outcome**	**Timeline**	**Link**	**System lead**
13. Increase period of access to the perinatal mental health service	Women able to access the perinatal service up to 24 months after birth (increased from 12 months)	Expanded availability to support more women	Apr 2021 onwards	Adult MH strategy / Long-Term Plan	NEL Perinatal Steering Group CAMHS Alliance
14. Increase access rate to the perinatal mental health service	Increased access rate for women (7.1% of the birth rate in 2020/21, rising to 10% by 2022/23)	More women that require specialist support are able to receive it	Mar 2023	Adult MH strategy / Long-Term Plan	NEL Perinatal Steering Group CAMHS Alliance
15. Provide additional support for women experiencing mental health needs relating to their maternity experience	Availability of integrated MMHS from 2021/22, including a single point of access to integrated support	Women experiencing trauma and / or loss in the perinatal period are able to access specialist support	Mar 2022	Adult MH strategy / Long-Term Plan	NEL Perinatal Steering Group CAMHS Alliance
16. Ensure partners of women have access to mental health support when needed	Perinatal service to offer advice and signposting for partners and continue link with IAPT perinatal leads	Partners feel more informed about and able to access the services available	Mar 2021	Adult MH strategy / Long-Term Plan	NEL Perinatal Steering Group CAMHS Alliance
17. Develop an MDT approach to support new parents, up to one year	• Updated perinatal mental health pathway • Programme of GP education sessions • Pilot and evaluation of universal parenting offer • Review of 8-week baby checks	• Proactive and early identification of mental health and other needs • Parents feel better supported	Sep 2021	CAMHS Alliance Neighbourhoods 0-5 project	CAMHS Alliance CYPMF Works stream Neighbourhoods working group
AGES 0-5					
18. Continue with implementation of Five to Thrive across early years settings across Hackney	• Webinar session for Strategic Leads • Learning journey to create a network of Champions	• Increased awareness of Five to Thrive principles • Improved knowledge and understanding vs baseline	2021/22	Five to Thrive	Hackney Education - Early Years
19. Test strengthened multi-agency working and Primary Care input through Neighbourhoods	• Workshop to inform piloting a test model in one neighbourhood • Evaluation and expansion	• Improved practitioner knowledge • Recommendations for proposed model of improved neighbourhood working	Apr 2021 - Mar 2021	Neighbourhoods Steering Group Primary Care Networks	CYPMF Workstream

Life course actions

Ages 5-18

Aims

For children and young people to be able to develop in a supportive environment that utilises protective factors and promotes resilience, with a focus on whole-school approaches to emotional health and wellbeing and supported transitions through educational and life stages.

AGES 5-11					
Action	**Deliverable**	**Outcome**	**Timeline**	**Link**	**System lead**
20. Implementation of the COACH programme, based on the completed pilot	Outreach model embedded locally, providing group and community based clinical psychology, parent support and youth work interventions	Young people at risk of exploitation and / or criminal activity are supported to have better social, emotional and behavioural outcomes, develop skills to manage conflict and their families experience better outcomes	To be determined	CAMHS Transformation Plan	CAMHS Alliance
AGES 5-18					
21. Deliver training to upskill wider professionals around emotional health and wellbeing	• Support school staff in creating an environment where children and young people develop emotionally and are supported to develop resilience, as well as promoting early identification and intervention for mental health needs • Deliver multi-disciplinary training in childhood adversity, trauma and resilience to practitioners working with children and families across the life course	All practitioners who work with families have a greater awareness of how to promote good emotional health and wellbeing, identify when support is needed and have appropriate links into services that are able to offer support and intervention	Dec 2021	WAMHS Wellbeing Framework ChATR approach	CAMHS Alliance ChATR project group
22. Support a consistent approach to behaviour management within schools	• Schools take an approach to behaviour management that is informed by knowledge of trauma, attachment and brain development • Schools are aware of how to support wellbeing, including calling on wider agencies and teams for input and referrals	Schools' behaviour policies will address underlying needs and recognise that children who have experienced ACEs or trauma, have a disability or non-neurotypical development may not respond to a one-size-fits-all approach	May 2018 - Sept2022	CAMHS Transformation Plan WAMHS Wellbeing Framework	Hackney Education WAMHS (CAMHS Alliance)
23. Continued efforts to reduce school exclusions through improved understanding of data and causes, offer of training and targeted interventions	• Young person and / or parent rep to be brought into Exclusions Board • Analysis of school data and behaviour audits to identify areas of best practice and concern, including disproportionality • Deepen understanding of SEND as an underlying cause or presenting factor of poor behaviour • Training offer from Hackney Education articulated to secondary schools • Increased early help offer and other targeted interventions made available to schools and individual pupils impacted by fixed-term exclusions	To evaluate the impact of training and interventions and demonstrate a reduced number of exclusions Graduated response available where more than 1 service is required to work with educational settings (the Ordinarily Available Provision document)	Dec 2021	Hackney Education 'Reducing Exclusions' action plan WAMHS Wellbeing Framework	Hackney Education

Life course actions

Ages 5-18

AGES 5-18					
Action	**Deliverable**	**Outcome**	**Timeline**	**Link**	**System lead**
24. Provided continued input to schools around mental health awareness and support, including trauma informed practice	• Universal rollout of WAMHS in 100% of state maintained schools by 2021, followed by independent schools • MHSTs in 50% of state maintained schools (rising to 100% in September 2021)	• Schools take a whole-school approach to wellbeing and mental health with school staff developing understanding and capacity to support children and families • Pupils with mental health needs will be identified early, appropriate referrals will be made to evidence-based interventions both within and outside of school • Pupils will know how to access support	Dec 2021 Dec 2020 Mar 2021	CAMHS Transformation Plan Hackney Education's 'Reducing Exclusions' strategy	CAMHS Alliance Hackney Education
25. Strengthen partnerships across Education, Health and Local Authorities (including social care) to improve their support for children and young people with learning disabilities and / or autism in line with the NHS Long Term Plan	• Review and publish the neurodevelopmental pathway • Co-produce the pathway and supporting resources for CYP and their families • Review and publish responsibilities across agencies	• Fragmentation across the pathway is reduced • Young people and their families are equal partners in the review and design of pathways and resources • Young people and their families know how and when they can access support and advice across all services	Dec 2021	C&H All-age autism strategy CAMHS Alliance SEND Programme Board (Hackney) SEND Project Board (CofL)	CYP autism working group
26. Develop an approach for strengthened multi-agency working through the Neighbourhoods Programme	• Workshop with partners including Primary Care, Health, Education, Children's Social Care to inform approach • Pairing of GP Practices and Primary Schools with a named contact (phase 1) • Scope a pathway / mechanism for discussing complex cases at neighbourhood level (phase 2)	Improved knowledge amongst teams of health and education practitioners on a neighbourhood level Recommendations for pathway development from phase I learnings	Apr 2021 - Mar 2021	CYPMF Neighbourhoods Steering Group Primary Care Networks	CYPMF Work stream

Life course actions

Ages 11-18

AGES 11-18					
Action	**Deliverable**	**Outcome**	**Timeline**	**Link**	**System lead**
27. Development of an agreed model to support the mental health needs of young people within the Youth Justice system	An outreach model is embedded to provide Liaison and Diversion that focuses on identification of, and providing support, to young people within the youth justice system who have mental health needs	• Improve early identification of mental health, learning and / or communication needs at the point of entry into the youth justice system • Enhanced access to multi-agency support and improvements in joint working • Where appropriate, diversion away to personalised packages of health and social care or to services better equipped to meet health, emotional wellbeing and welfare needs • Reduction in longer term offending • Reduction in health inequalities	To be further scoped	CAMHS Transformation Plan	CAMHS Alliance
28. Increase provision of mental health support provided via digital platforms, maintaining an awareness of digital poverty and ensuring that those without digital means are not excluded from accessing support	• Embed, establish and monitor online therapy (such as self-help and psycho education support), including extending out-of-hours and weekend provision • Work with services and service users around online therapy models initiated during the pandemic to sustain beneficial changes • Incorporate and make use of new, evidence-based ways of delivering online therapy, tailoring it according to the needs of each young person and achieving measurable improvements • Develop a single point of access to all CAMHS services • Increase CYP and parent / carer usage to the CAMHS website, exploring digital marketing and social media strategies • Identify the main barriers to accessing online support and put in place solutions that address these, including digital exclusion	• Increased access rates, including across BAME groups, and effective treatment outcomes • Young people and parents / carers able to access the right information at the right time • Improvement in allocation of correct service upon first referral	Ongoing Jan 2021 - Dec 2023	CAMHS Transformation Plan	CAMHS Alliance

Life course actions

Ages 14-25

AGES 14-25					
Action	**Deliverable**	**Outcome**	**Timeline**	**Link**	**System lead**
29. Work jointly with adult mental health services to develop transition services and pathways in the community, especially for young people falling out of conventional mental health services	• ASD 18-25 pathway within IAPT to support young adults with anxiety and low mood • Increased capacity at Off Centre to deliver counselling for 16-25 years with moderate to severe mental health need • Enhance links between CAMHS and AMHS to improve transitions between services and identify and address gaps, including for vulnerable groups such as mild LD, high functioning ASD, LAC • Implement CQUIN model in social care to support care leavers accessing AMHS at transition point	• Increased access for young adults (18-25) to appropriate mental health support • Development of enhanced pathways for specific cohorts of vulnerable 18-25 young people • Improved experience for young people transitioning between children and adult services that supports attainment of PfA outcomes	2020 / 2022	CAMHS Transformation Plan Adult Mental Health strategy	CAMHS Alliance
30. Work jointly with adult mental health services to develop information and support for children, young people and their parents about transferring from children's services to adult services, particularly in relation to health and social care	Easy read resource for young people, and their parents and carers, that can be seen as part of the wider Post-16 transition resources	Improved understanding by young people and their families about how transition will be planned with them from the age of 14	September 2021 and reviewed annually	SEND Strategies Post 16 pathways Adult Services	CYP autism working group

Appendix – CAMHS Services

Kooth

Kooth offers online, anonymous counselling to children and young people aged 11-19 in the form of an online community of peers and team of experienced counsellors. Any young person living in City & Hackney can access the service online, 7 days a week, without the need for referral or waiting lists.

Eligibility criteria: aged 11-19 and resident in City & Hackney.

First Steps

First Steps (provided by Homerton University Hospital Foundation Trust) is a Tier 2 community psychology service for children, young people and families with mild to moderate mental health needs who are likely to benefit from a short term psychological intervention.

They offer:

- Individual and group support
- Parenting support
- Community based sessions in children's centres and GP surgeries, many of which offer drop-in support.

Eligibility criteria: aged 0-18 and registered with a GP in City & Hackney, self-referrals and professionals referrals accepted. Not able to work with families open to social care.

Family Action

Family Action is a national charity that provides practical, emotional and financial support to those who are experiencing poverty, disadvantage and social isolation. In Hackney they provide the WellFamily Plus service, Growing Minds and Off Centre.

Hackney WellFamily Plus

The WellFamily Plus Service helps individuals, couples and families to manage their mental health and prevent problems from getting worse when facing difficult or complicated challenges, such as domestic abuse, substance misuse and mental health issues.

They offer advice and wellbeing services, conflict management and practical and emotional relationship support, and can also offer support in identifying parenting support courses or accessing other services.

Eligibility criteria: Individuals over 16 and families can refer themselves by booking an appointment at their GP practice if registered with a City & Hackney GP. Professionals can also refer by completing the referral form or signposting to GPs.

Growing Minds

Growing Minds aims to improve African, Caribbean and mixed heritage children and young people's emotional health and wellbeing in City & Hackney, during the important transition years from primary to secondary school and adolescence to adulthood by providing culturally aware counselling, emotional and practical support.

E**ligibility criteria:** children and young people aged 9-25 of African, Caribbean and mixed heritage, and their families, who are registered with a City & Hackney GP.

Off Centre

A confidential counselling, art therapy, advice and information service for young people aged 16-25, offering support for emotional and practical issues including stress, depression, anger and self-harm, bereavement, family breakdown, sexuality and identity, violence, neglect or abuse, accommodation and education.

This may take the form of 1-2-1 counselling, art therapy or general advice and key-working. Groups are available for art therapy and LGBTQI+.

Eligibility criteria: aged 16-25 and registered with a City & Hackney GP.

Listening Works

A phone, text and webchat service providing advice, support and signposting for those in care and care leavers aged 18-27. Available 6pm – midnight, 7 days a week.

Coborn Centre for Adolescent Mental Health

The Coborn Centre for Adolescent Mental Health is an in-patient service for young people with complex and severe mental health difficulties.

Eligibility criteria: aged 11-18. Referrals can only be made through clinical and adolescent mental health services.

CAMHS Disability

CAMHS Disability (provided by Homerton University Hospital Foundation Trust) is specialist Tier 3 service for children, young people and their families who have a moderate to profound learning disability and ADHD or ASD (if also diagnosed with a learning disability). Also accepts referrals where there are other types of moderate to profound disability (e.g. physical disability).

Support includes assessment, diagnosis, psycho-pharmacological intervention, therapeutic or behavioural support and intervention, group work (parenting groups, siblings groups, ASD support), family therapy and play specialists.

Eligibility criteria: aged 0-19 and registered with a City & Hackney GP. Diagnosed with both a disability that has been assessed as requiring specialist support and emotional or mental health needs, including ASD if there is also a moderate or profound learning disability and the child's care is under the medical and therapy teams at Hackney Ark for MDT care planning.

Children and Families Clinical Service

Provided by London Borough of Hackney, the Children and Families Clinical Service works with children and young people and their parents and carers who are receiving support from Children's Social Care, Young Hackney, the Family Support Service and the Youth Offending Team.

The team offer a full range of CAMHS services including specialist clinical assessments and individual, family and group therapy, and are part of the CAMHS Alliance. They support children and young people and their families who have mental health needs, are experiencing issues and stressors, struggling with emotional and behavioural issues, and/or where there are child protection concerns.

Eligibility criteria: children, young people and families who are receiving support from local authority services (Children's Social Care, Young Hackney, Youth Justice and Family Support). Referrals can be made by professionals working within children and families services through clinical consultation and discussion. Health and education professionals can flag up concerns and recommendations for a referral by emailing the service.

Specialist CAMHS

Specialist CAMHS (provided by East London Foundation Trust) is a Tier 3 service that offers assessment and treatment for children, young people and their families who are experiencing moderate to severe emotional, behavioural and/or mental health difficulties via the following pathways:

- Neurodevelopmental
- Emotional and behavioural
- Eating disorders
- Conduct and Outreach
- Adolescent Mental Health Team.

Eligibility criteria: aged 0-18, registered with a GP in City and Hackney, and experiencing moderate, persistent, complex or severe mental health difficulties. For children under 16, consent required from a legally responsible parent or guardian. Professional referral required (self-referral can be accepted if the young person has accessed the service within the past year).

East London Crisis Service

CAMHS offer a crisis service (provided by East London Foundation Trust) that provides access to support in hospital accident and emergency departments at three major hospital sites – Royal London, Homerton University and Newham University Hospital.

The crisis team aims to provide the right care, in the right place, at the right time to promote safety and recovery from crisis for those experiencing a mental health crisis. It is available 9am – 9pm, 7 days a week. City & Hackney also has a 24 hour crisis helpline.

Eligibility crtieria: aged 0-18. Able to self-refer by presenting at the A&E department of one of the three hospitals listed, or by calling the crisis helpline.

Appendix – Other Services

Bump Buddies

Provided by Shoreditch Trust, Bump Buddies offers information, signposting and peer support throughout pregnancy and up to 3 months postnatally, aimed at women who are socially isolated during pregnancy and early parenthood who may also be coping with a range of health and social issues.

Eligibility criteria: living in Hackney and up to 32 weeks pregnant. Self and professional referral accepted.

CHYPS Plus

Aims to provide young people with easy and convenient access to health care, in a supportive and confidential environment to consider how best to improve their physical, social and emotional health. Offers services such as sexual health, smoking cessation, clinical services, general advice, support and signposting.

Eligibility criteria: aged 11-19 and live, work, attend school or are registered with a GP in City & Hackney. Self-referral accepted.

Perinatal Mental Health

Provided by ELFT, the service works with women and their partners during pregnancy and up to 2 year postnatally where there are moderate to severe mental health difficulties, either pre-existing or beginning in the perinatal period, also liaising closely with maternity and the mother and baby unit where needed. Pre-conception advice and planning can also be provided.

Eligibility criteria: Aged 16 and over is resident in City & Hackney; 18 and over if registered with a GP in City & Hackney. Experiencing moderate-to-severe mental health issues and either planning a pregnancy or in the perinatal period (up to 2 years postnatal). Professional referral from secondary care mental health teams, primary care, obstetric and midwifery services and social care. Self-referral accepted for non-urgent cases.

Family Nurse Partnership

Family nurse support for young mothers up to the aged of 19, or up to age 25 if meeting additional vulnerability criteria. Provides practical, intense support up until the child is 2 years old. This may be include support during pregnancy, advice around child health and development or support with identifying life goals such as entering employment or education.

Eligibility criteria: aged 19 or under, or referrals can be made up to age 25 by Public Health midwives and specialist midwives at Homerton Hospital, safeguarding midwives and Hackney Education's Multi Agency Team Quality Improvement Partners. Referrals must be made before 28 weeks gestation and be for a first live baby.

Health Visiting

Support families from birth up until a child is 5 years of age, with an enhanced service for vulnerable families.

Huddleston Centre

Offers activities and a range of different projects for young people living in Hackney with a disability, aged 9-25. Self and professional referrals accepted.

Improving Outcomes for Young Black Men Programme

An ambitious programme to tackle inequalities for black boys and young black men. It includes a group of Inspirational Leaders, a group of young black men, who have been trained as community leaders to engage and inspire other young black men, and who help co-produce solutions.

Young Hackney

Provided by London Borough of Hackney, Young Hackney helps local young people to enjoy their youth and become independent and successful adults. In addition to offering activities for all young people, through youth clubs, sports sessions and citizenship programmes, they also offer advice and support.

This includes advice about employment, health, education and housing. Also able to offer more intensive support by working alongside other partners, for those young people who need it – for example, young people who are looked-after, have been arrested, or who are dealing with substance misuse.

Young Hackney provides a broad range of individual support at home, school, and in community settings such as youth hubs. They support young people to achieve positive outcomes by building constructive relationships with trusted adults.

Virtual School

The Virtual School is responsible for ensuring that LAC and care leavers achieve the best possible educational outcomes. The service consists of a multi-disciplinary team that work with young people, schools, colleges, social workers and foster carers to support young people aged 0-18 through school and into further or higher education, employment or training.

They also provide support in regards to how to access additional support within the wider network and provide training to schools, social workers and foster carers on educational issues.

School Nursing

Homerton's School Nursing Service is part of the schools based health services for maintained schools in Hackney and the City of London. The service provides support to all school ages and covers health assessments, safeguarding, support for children with disabilities and / or additional health needs and vaccinations (delivered by Vaccination UK).

Targeted antenatal classes

In addition to the universally available antenatal classes a programme of targeted antenatal groups is offered. This is available for women and partners who may benefit from additional support, such as (but not limited to):

BME (Turkish and African communities) and faith groups (Muslim and Orthodox Jewish)

Those with social vulnerabilities, mental health needs, young parents, limited English or involvement with the Criminal Justice system.

Glossary

ACEs Adverse Childhood Experiences

AMHS Adult Mental Health Services

ASD Autism Spectrum Disorder

BAME Black, Asian, Minority Ethnic

CAMHS Child and Adolescent Mental Health Services

CETR Care, Education and Treatment Review

CCG Clinical Commissioning Group

CFS Children and Families Service

ChATR Childhood Adversity, Trauma and Resilience

CHSCP City of London & Hackney Safeguarding Children Partnership

CHYPS City & Hackney Young People's Service

CQUIN Commissioning for Quality and Innovation

CYP Children and Young People

CYP IAPT Children and Young People's Improving Access to Psychological Therapies

CYPMF Children, Young People, Maternity and Families

FNP Family Nurse Partnership

GP General Practitioner

IAPT Improving Access to Psychological Therapies

ICP Integrated Care Partnership

JSNA Joint Strategic Needs Assessment

LAC Looked After Child(ren)

LD Learning Disability

LGBTQ Lesbian, Gay, Bisexual, and Transgender

MDT Multi-disciplinary Team

MECC Making Every Contact Count

MH Mental Health

MHSTs Mental Health Support Teams

MMHS Maternity Mental Health Services

NEET Not in Education, Employment or Training

NEL North-East London

NHS National Health Service

PfA Preparing for Adulthood

PRU Pupil Referral Unit

SEMH Social, Emotional and Mental Health

SEND Special Educational Needs and Disabilities

STP Sustainability and Transformation Partnership

UASC Unaccompanied Asylum Seeking Children

WAMHS Wellbeing and Mental Health in Schools

With thanks to...

The many colleagues, partners, and services across the City and Hackney system who have contributed to the thinking that has developed the strategy, and your contributions to the writing.

The children, young people and families of City and Hackney who inspire us every day, and have developed the vision, principles and content with us.

For further detail, contact...

Amy Wilkinson, Integrated Commissioning Workstream Director (Children, Young People, Maternity and Families)

- City and Hackney Integrated Care Partnership
- North East London CCG / London Borough of Hackney / City of London

Email: **amy.wilkinson@hackney.gov.uk**

Ellie Duncan, Programme Manager (Children's, Maternity and CAMHS)

- NHS North East London CCG
- City and Hackney Integrated Care Partnership and North East London Health and Care Partnership

Email: **e.duncan1@nhs.net**

For information on our City and Hackney Emotional Wellbeing services please visit:

- City & Hackney CAMHS
- City of London local offer
- Hackney local offer

CITY OF LONDON

NHS
North East London
Clinical Commissioning Group

Hackney

Title of report:	Consolidated Finance (income & expenditure) 2021/2022 Month 2
Date of meeting:	
Lead Officer:	Sunil Thakker – Executive Director of Finance – NHS NEL CCG
Author:	Sunil Thakker - Executive Director of Finance NHS North East London Clinical Commissioning Group
Presenter:	Sunil Thakker, Executive Director of Finance, NEL CCG Mark Jarvis, Head of Finance, Citizens' Services, City of London Ian Williams, Group Director, Finance and Corporate Resources, LBH / Acting Chief Executive
Committee(s):	City Integrated Commissioning Board Hackney Integrated Commissioning Board Transformation Board
Public / Non-public	Public

Executive Summary:

At M2, City & Hackney Integrated Care Partnership (CH ICP) achieved a breakeven position in all portfolios with the exceptional overspend reported in relation to the retrospective Hospital Discharge programme funding from NHSE/I. This is shown as a cost pressure in the position since this cost is funded from outside the envelope
The financial regime that was introduced in 2020/21 as a response to managing Covid-19 costs, continues in 2021/22 with NEL system having been allocated a revised financial envelope for the six-month period from 1 April to 30 September 2021. This is referred to as H1. There is an expectation that NEL as a system achieves a breakeven position within the envelope provided.

The London Borough of Hackney and the City of London Corporation do not report a Month 2 position.

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	☐	

Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☐	
Ensure we maintain financial balance as a system and achieve our financial plans	☒	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☐	
Empower patients and residents	☐	

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, Executive Director of Finance

NHS
North East London
Clinical Commissioning Group

City and Hackney ICP Finance Report - Month-2 (May-2021)

Meeting name: Finance and Performance Sub Committee
Presenter: Dilani Russell
Date: 25 June 2021

City and Hackney

Executive Summary

The financial regime that was introduced in 2020/21 as a response to managing Covid-19 costs, continues in 2021/22 with NEL system having been allocated a revised financial envelope for the six-month period from 1 April to 30 September 2021. This is referred to as H1. There is an expectation that NEL as a system achieves a breakeven position within the envelope provided.

By mutual agreement between partners and on a net neutral basis, we are able to amend the default organisational positions by re-distributing system funding, if this required as a system to achieve break-even (see Table1).

At M2, City & Hackney Integrated Care Partnership (CH ICP) achieved a breakeven position in all portfolios with the exceptional overspend reported in relation to the retrospective Hospital Discharge programme funding from NHSE/I. This is shown as a cost pressure in the position since this cost is funded from outside the envelope.

As part of the elective recovery work, CH ICP will formalise any agreed backlog/waiting list clearance and service transformation schemes with the Homerton and ELFT with the financial implications in delivering these factored into the reported position.

Schemes such as ACRT Waiting List Clearance, Covid Rehab & Recovery Services and Pathway Homeless Hospital Discharge Team are some of the main schemes that are being progressed.

STP held funds such as SDF, Covid, MH and Growth monies will be allocated in due course with relevant efficiency schemes identified in order that NEL STP deliver the agreed plan for H1.

Table1.	NEL Plans - May 2021			Provider Plans - May 2021	
	Surplus/ (deficit) Before Covid Fund	Apply Covid Fund	System Position	Improvements	Position After improvements
	£'000	£'000	£'000	£'000	£'000
BHRUT	(37,788)	16,000	(21,788)	13,000	(8,788)
Barts	(60,984)	38,000	(22,984)	14,900	(8,084)
ELFT	(7,700)	4,300	(3,400)	3,400	0
Homerton	(8,050)	4,331	(3,719)	3,719	0
NELFT	(537)	395	(142)	142	(0)
Provider Total	**(115,058)**	**63,026**	**(52,032)**	**35,161**	**(16,871)**
NEL CCG	(10,000)	10,000	0		0
Balance be allocated	0	13,878	13,878		13,878
System Position - before Contingency	**(125,058)**	**86,904**	**(38,154)**	**35,161**	**(2,993)**
ICS Reserve - not committed	(10,000)	10,000	0		0
Further CCG NR Action to support system					2,993
System Position - Including Contingency Surplus/(Deficit)	**(135,058)**	**96,904**	**(38,154)**	**35,161**	**(0)**

Financial Position

C&H ICP Financial Summary - H1 2021-22	H1 Budget £'000	M2 YTD Budget £'000	M2 YTD Actual £'000	YTD (Under)/ Overspend £'000	Forecast Outturn £'000	Forecast (Under)/ Overspend £'000	RAG	Forecast Improvement/ Deterioration vs M1 £'000
In Area Acute Trusts	97,423	32,474	32,474	0	97,423	0		0
Out of Area Acute Trusts	20,411	6,804	6,804	0	20,411	0		0
Other Acute	8,947	2,982	2,982	0	8,947	0		0
Sub-total Acute	**126,781**	**42,260**	**42,260**	**0**	**126,781**	**0**		**0**
Mental Health Services	36,695	12,232	12,232	0	36,695	0		0
Community Health Services	25,202	8,401	8,924	523	26,318	1,116		1,116
Continuing Care	9,571	3,190	3,239	48	9,716	145		145
Other Non Acute	562	187	187	0	562	0		0
Efficiencies	(755)	(252)	(252)	0	(755)	0		0
Sub-total Non Acute	**71,276**	**23,759**	**24,330**	**571**	**72,536**	**1,260**		**1,260**
Prescribing	14,058	4,686	4,686	0	14,058	0		0
Primary Care Services	7,858	2,619	2,619	0	7,858	0		0
Primary Care Co-Commissioning	26,885	8,962	8,962	0	26,885	0		0
Sub-total Primary Care	**48,802**	**16,267**	**16,267**	**0**	**48,802**	**0**		**0**
NHS Property Services	497	166	166	0	497	0		0
Programme	3,245	1,082	1,082	0	3,245	0		0
Subtotal Other	**3,743**	**1,248**	**1,248**	**0**	**3,743**	**0**		**0**
Total Programme	**250,601**	**83,534**	**84,105**	**571**	**251,862**	**1,260**		**1,260**
Corporate	2,758	919	919	0	2,758	0		0
Total Corporate	**2,758**	**919**	**919**	**0**	**2,758**	**0**		**0**
Grand Total	**253,359**	**84,453**	**85,024**	**571**	**254,620**	**1,260**		**1,260**
Total Resource Limit	**(253,359)**	**(84,453)**	**(84,453)**	**0**	**(253,359)**	**0**		**0**
Surplus/Deficit	**0**	**0**	**571**	**571**	**1,260**	**1,260**		**1,260**
Expected HDP reimbursement to be validated by NHSEI	**0**	**0**	**(571)**	**(571)**	**(1,260)**	**(1,260)**		**(1,260)**
Adjusted Surplus/Deficit	**0**	**0**	**0**	**(0)**	**0**	**(0)**		**(0)**

Acute:
City and Hackney ICP is reporting a breakeven position in respect of its Block contracts with NHS Organisations. It is expected that variances are likely to emerge in respect of smaller non NHS acute providers further into the financial year. Teams are closely monitoring the activity (where possible) and working closely with partners to identify mitigations and report cost pressures when they develop.

Non-Acute, Mental Health and Community Services:
Whilst Block contracts with NHS providers are on plan, CHC and all other non-acute areas are reporting a break-even position at ICP level as well as NEL CCG level. Efficiencies reported are non-recurrent means to ensure CH ICP maintains its balanced position. Any adverse/favourable movements in the portfolio will be managed via this arrangement.

Primary Care:
Both Prescribing and Primary Budgets are reporting a breakeven position in line with other ICPs and NELCCG. Underlying variances will be investigated and reported when further activity data is made available in the coming months.

Corporate:
Running Costs, programme projects and Property services, all are reporting a break-even position with NHSP True up costs expected to materialise with regards to 2020/21.

Ledger coding issues and the mammoth task of reconciling 7 borough costs in one ledger has proven to be complex in M2. The expectation is that the constraints encountered in M2 will be resolved in the coming months.

Non Contracted Activity (NCA)

Due to NHSE guidance, at present the CCG is not paying for NHS NCA treatments for the period April 2021 to September 2021 since these are being funded centrally by NHSE/I.

The only NCA spend for this period relates to:

- ✓ Private or not for profit providers of Walk-In Centres or Urgent Care Centres.
- ✓ NHS organisations in Northern Ireland, Scotland and/or Wales.

The YTD plan value in respect of these providers is £33k and for City and Hackney borough, a breakeven position is being reported for the present until there is a clearer picture of likely expenditure levels.

Primary Care Co-Commissioning

The H1 allocation for Primary Care Co-Commissioning is **£26.885m**, with the spend to date in line with the budget and forecast.

The annual GP contractual commitments are shown in the table for C&H ICP.

Currently PC headroom is forecasted at **£2.128m** assuming no growth in the H2 allocations.

City & Hackney ICP Delegated Co-Commissioning Budget Summary H1 2021/22		Comments	City & Hackney ICP £'000
Core Contract	GMS Core Contract	Apr-21 Global Sum Extrapolated	20,892
	PMS Core Contract	Apr-21 Global Sum Extrapolated	7,325
	APMS Core Contract	Apr-21 List Size using APMS Contract Prices	3,749
Local Commissioned Schemes	PMS Premium	PMS Premium calculation fixed	1,737
QOF	Quality and Outcomes Framework (QOF)	Based on 19/20 activity using 21/22 prices	3,548
DES	DES Enhanced Services	LD / Minor Surgery Based on 20/21 activity	168
	SAS Scheme	Based on 20/21 SLA	39
PCN Network	PCN Network Patient Participation	Based on 21/22 DES	575
	PCN Extended Hours	Based on 21/22 DES	474
	PCN Clinical Director	Based on 21/22 DES	242
	Impact & Investment Fund (assumes 100% achievement)	Based on 21/22 DES	812
	PCN Care Home Premium	Based on 21/22 DES / Using 20/21 CQC Register	42
	ARRS funding @ £12.314 PWP	Based on 21/22 DES (100%)	4,018
	ARRS Income Shortfall (@ 40%)	Based on 20/21 % Retained by NHS E (-40%)	(1,607)
Premises	Premises	Based on premises tracker	6,293
	NHS E Recharges	Based on 20/21 recharge value	169
Additional DPC	CQC Fees	Based on 21/22 requirement	209
	PCO Locum	Average of claims received 19/20 & 20/21	614
	PAD - Prescribing Fees	Based on 20/21	122
Local Requirements	CHP Void Budget transferred from NHSE	Based on 20/21	357
	Additional Local Requirements	Based on 20/21 / Other Requirements Pending	20
		TOTAL	**49,797**

21/22 Plan (H1)	26,885
21/22 Plan (H2)	25,040
Total 21/22 Plan	**51,925**

Deficit/(Surplus)	**(2,128)**

Hospital Discharge Programme (HDP)

Hospital Discharge programme H1 2021/22	Provider	M1	M2	M3	M4	M5	M6	H1 Forecast Outturn
Scheme 1 funds patients discharged from 19 March to 31 August 2020 inclusive.	CCG	Closed						0
	LBH							0
	CoL							0
		0	0	0	0	0	0	0
Scheme 2 funds patients discharged from 1 September 2020 to 31st March 2021	CCG	Closed						0
	LBH							0
	CoL							0
		0	0	0	0	0	0	0
Scheme 3 funds patients discharged from 1 April to 30 September 2021	CCG	28,590	19,604	24,097	24,097	24,097	24,097	144,583
	LBH	240,695	209,319	115,985	115,985	115,985	115,985	913,953
	CoL	21,045	21,045	21,045	15,334	15,334	15,334	109,134
		290,330	249,967	161,126	155,415	155,415	155,415	1,167,670
CHC deferred assessment workforce costs	Assessments	15,460	15,460	15,460	15,460	15,460	15,460	92,757
HOSPITAL DISCHARGE		**305,790**	**265,427**	**176,586**	**170,875**	**170,875**	**170,875**	**1,260,427**

Based on a blended approach with weighted population and actual spend on Scheme 2 in 2020/21, NHSE/I have allocated a capped fund of **£20.491m** to NEL CCG.

It is expected that BAU budgets are utilised in the first instance and claims will be over and above the normal spend. Packages are expected to be assessed within 4-6 weeks and where this is not achieved, depending on the nature of the outstanding assessment (CHC Assessment or Care Act Assessment) the responsible parties will pick up the ongoing cost of the package until the relevant assessment is complete.

At M2, CH ICP reported a YTD spend **of £571,217.** The funding for this spend will be reimbursed by NHSE/I capped funding for NEL CCG.

There are NEL-wide discussions taking place to agree financial principles as a CCG and formalise the funding arrangements with the relevant local authorities so that all parties are preparing for the immanent cost pressures from the end of the national funding stream.

Vaccine Programme

City & Hackney Covid-19 Vaccination Programme
2020/21

Total Income	November 2020-May 2021 £
2018/19 Enhanced Access (N'hood Model) underspend b/fwd	454,831
2019/20 Enhanced Access (N'hood Model) underspend b/fwd	343,374
2020/21 Enhanced Access (N'hood Model) underspend b/fwd	TBC
Additional Flu funding: 01/10/20 to 31/03/21	73,000
National £20m	1,500
PCN Vax monies	90,000
Items of Service Fees (to be broken down by type) - Elsdale	792,362
Items of Service Fees (to be broken down by type) - Cedar	315,580
Sub Total IoS Income	**2,070,647**

Total Expenditure	November 2020-May 2021 £
Memo: 2020/21 Costs	*1,242,336*
Programme set-up costs	1756
Staffing costs	443,501
Programme running costs	236,225
Care Homes & Housebound	14,580
Sub Total Running Costs	**1,938,398**
TOTAL Surplus/(Shortfall)	**132,248**

City & Hackney continues to support the Vaccine Programme making funding available over and above the Items of service (IOS) fees received to date.

Work is currently on-going to identify the immediate needs in order that the service is accelerated to deliver the NEL target provision required by July 2021.

Title:	Integrated Commissioning Escalated Risk Registers
Date of meeting:	Thursday 8 July 2021
Lead Officer:	Matthew Knell – Head of Governance & Assurance, CCG Workstream Directors & Programme Managers
Author:	Workstream Directors & Programme Managers
Committee(s):	Integrated Commissioning Board, 8 July 2021
Public / Non-public	Public

Executive Summary:

This report presents the escalated (red rated) risks for the three Integrated Care Workstreams – Children, Young People, Maternity & Families (CYPMF), Unplanned Care (UC) and Planned Care (PC). All three registers have been reviewed by the Workstream teams in the last month.

Work is progressing towards refining, consulting on and launching a new risk management process and colleagues are working with ICPB Chairs, Workstreams and partners to develop, take on board feedback and agree a new risk template and reporting cycle.

Updated Risk Scores from Previous Meetings

Children, Young People, Maternity and Families.

- The Workstream has escalated two red rated risks in July 2021, with no changes to these risk scores since last month.

Unplanned Care

- The Workstream has escalated one red rated risk in July 2021, which has not changed in score since the previous report.

Planned Care

- No risks have changed in score from the previous month across the three red rated risks that have been escalated in July 2021.

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	☒	The risk register supports all the programme objectives
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	The risk register supports all the programme objectives
Ensure we maintain financial balance as a system and achieve our financial plans	☒	The risk register supports all the programme objectives
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	The risk register supports all the programme objectives
Empower patients and residents	☒	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:

Charlotte Painter: Director: Planned Care
Amy Wilkinson – Director: Children, Maternity, Young People and Families
Nina Griffith – Director: Unplanned Care

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

Cover Sheet

				Residual Risk Score							Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q4 2019/20	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	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 devleoped 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 communicaitons 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		✓		✓	
18	Potentially significant increased demand for CAMHS support througout 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 and acuity of referrals, particularly Tier 3 CAMHS, Eating Disorders and Crisis. In addition, specialist CAMHS have raised a risk of staff absence through sick leave due to workload. CAMHS is now experiencing significant challenges to recruitment - many fewer candidates applying for jobs and vacancies in posts hard to fill. This is inevitably creating a reduced capacity to meet & manage the increase in demand.	12	9			12	12	15	↑	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 famiies, the introduction of new online support and new services in development. We are now becoming more concerned about ongoing impacts of th pandemic on adolsecent 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 fornightly (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 Intensive Support Pathway (joint working by CAMHS with education & social care). First Steps (T2) have responded to increased demand by putting workshops in place for speed of access, although waiting times for 1-1 appointments is growing. Through WAMHS we are writing to schools to encourage them to use their linked clinician for consultation so that, where possible, cases can be held through school intervention and referral to range of agencies, making sure referrals to CAMHS are appropriate. MHST has extended it's offer beyond it's 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. Update 05:21: This risk and mitigation is continuing to be monitored closely and is now also reporting to the Integrated Emotional Heath and Wellbeing Partnership.	15	✓	✓		✓	✓

Unplanned Care Workstream Risk Register - June 2021

Cover Sheet

											Objective				
Ref#	Description	Inherent Risk S	Risk Tolerance	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Risk Movemen	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health	Community care close to home	Maintain system financial	Deliver integrated care which meets physical and mental health of our diverse	Empower patients and residents
19 / UCTBC2	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	16	12	16	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 occuring via NHSD and 111 reports. Work with 111 and onward UEC pathways will be focus of new NEL UEC subgroup - this group will be established imminently and will agree objectives work plan as first priority, meet reguarly after this to drive delivery.	16			✓	✓	

Planned Care Escalated Risks

Ref#	COVID/BAU	Description	Inherent Risk Score	Risk Tolerance	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address heath 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
PC16	COVID	Medium to long term health impact of Covid and Covid related suspension of usual care on people with Long Term Conditions. This may be due to failure to present to health care settings; reduction in proactive monitoring and care or difficulty in accessing services due to restrictions. Likely to have a significant adverse impact on especially vulnerable groups including those in deprived socio-economic groups, people with LD and people from BAME backgrounds. This may become a "rising tide" of people with worsening health outcomes and complications of diseases such as diabetes.	16	9	x	x	16	16	**Same**	Ongoing monitoring in place to support planning for medium-long term. Development of data models will be scheduled for later in the year to understand the quantitative impact. Engagement and Listening Events also planned to be scheduled for later in the year to gain a qualitative understanding of local need. Review of LTC contract for 21/22 in pipeline to address fallout from COVID, particularly for vulnerable groups. This will also focus on LTC recovery and how to manage the situation post-COVID. Business case presented to FPC in March 2021 for additional resources to help practices recover their LTC management programme as well as additional Pulmonary rehab. New tool developed to search for most at risk groups for practices to focus on. Exploring options for engagement activities and group consultations with specific patient cohorts later in the year. Full impact of pandemic on these groups is yet to be established.	16	/					
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		**Same**	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. 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 June2020 to March 2021. 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.	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		**Same**	Although there was a huge reduction in the overall overspend, ILDS was >£2milion overspent last financial year. Work is ongoing to get a clearer picture of the budget and ensure consistency of some costs e.g. interrogation of day service costs and sign up to a SLS Framework. Overspend was in part as a result of extra support needs around covid (e.g. increased 1:1 support) which is likely to continue with the current Pandemic; it's highly unlikely that savings could be made. Furthermore the LBH cyberattack has meant preparatory and preventative work has been negativiely impacted and many costs reain unclear. This is a new financial year so although the overspend is currently not an issue it is a likely risk for this year.	20			/			

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	