

## City & Hackney Health and Care Board Development Session

Thursday 8 December 2022, 0900-1100 at Committee Room 2, Guildhall, West Wing  
entrance, 71 Basinghall Street, London, EC2V 7HH

**Chair: Helen Fentimen**

### AGENDA

	Item	Time	Lead	Attached / verbal	Action required
1.0	<b>Welcome, introductions and apologies:</b> <ul style="list-style-type: none"> <li>Declaration of conflicts of interest</li> <li>Note of the 13 October 2022 Development Session</li> <li>Matters Arising</li> </ul>	0900 (5 mins)	Chair	<i>Papers 1a &amp; 1b</i>  Pages 3-12	Approve
2.0	<b>Children, Young People, Maternity and Families (CYPMF): Giving children and young people the best start in life</b>	0905 (60 mins)	Sarah Darcy / Nadia Sica	<i>Paper 2</i>  Pages 13-45	Discuss
3.0	<b>Mental Health</b> <ul style="list-style-type: none"> <li><b>ED Pressures</b></li> </ul>	1005 (15 mins)	Dean Henderson	<i>Paper 3</i>  Pages 46-59	Discuss
4.0	<b>NEL updates:</b> <ul style="list-style-type: none"> <li>NEL Financial Strategy Update: Key messages from the financial framework currently under development</li> <li>Draft framework for mutual accountability between north east London's place partnerships and NHS North East London</li> </ul>	1020 (20 mins)	Charlotte Pomery / Steve Beales	<i>Papers 4a &amp; 4b</i>  Pages 60-79	Discuss

5.0	<b>Development of the integrated care partnership strategy</b>	1040 (15 mins)	Hilary Ross / Emily Plane	<i>Paper 5</i>  Pages 80-92	Discuss
6.0	<b>Any Other Business</b>	1055 (5 mins)	Chair	Verbal	Discuss
<p><b>Date of next meeting:</b> Full meeting in public on Thursday 12 January 2023, 0900 to 1100 by Teams</p>					



- Declared Interests as at 28/11/2022

Name	Position/Relationship with CCG	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Andrew Carter	Executive Director, Community & Children's Services	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	City of London Corporation	Director – Community & Children's Services for City of London Corporation	2021-05-13		
			Non-Financial Professional Interest	Association of Directors of Adult Social Services	Member of Association of Directors of Adult Social Services	2021-05-13		
			Non-Financial Professional Interest	Association of Directors of Childrens Services	Member of Association of Directors of Childrens Services	2021-05-13		
			Non-Financial Personal Interest	CoramBAAF	CoramBAAF Board Chair	2021-12-06		
Caroline Millar	Chair of the GP Confederation	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	City and Hackney GP Confederation	Acting Chair for City and Hackney GP Confederation	2021-10-14		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Independent Sector Adjudication Service (ISCAS), Centre for Effective Dispute Resolution (CEDR)	Independent Adjudicator, for the Independent Sector Adjudication Service (ISCAS), Centre for Effective Dispute Resolution (CEDR)	2021-10-14		
			Non-Financial Personal Interest	Clissold Park User Group	Treasurer for Clissold Park User Group	2021-10-14		
			Non-Financial Personal Interest	Vox Holloway	Trustee for Vox Holloway	2021-10-14		
			Non-Financial Personal Interest	Barton House Group Practice	Registered patient at Barton House Group Practice	2021-10-14		
			Non-Financial Personal Interest	Allerton Road Medical Centre	Immediate family members registered at this	0021-10-14		

					practice			
Christopher Kennedy	Councillor	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICP Committee	Non-Financial Professional Interest	London Borough of Hackney	Cabinet Member for Health, Adult Social Care, Voluntary Sector and Leisure in London Borough of Hackney	2020-07-09		Integrated Care Board
			Non-Financial Personal Interest	Lee Valley Regional Park Authority	Member of Lee Valley Regional Park Authority	2020-07-09		
			Non-Financial Personal Interest	Hackney Empire	Member of Hackney Empire	2020-07-09		
			Non-Financial Personal Interest	Hackney Parochial Charity	Member of Hackney Parochial Charity	2020-07-09		
			Non-Financial Personal Interest	Labour Party	Member of the Labour Party	2020-07-09		
			Non-Financial Personal Interest	Local GP practice	Registered patient with a local GP practice	2020-07-09		
Dr Haren Patel	Joint Clinical Director, Hackney Marsh Primary Care Network	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	Hackney Marsh Primary Care Network	Joint Clinical Director for Hackney Marsh Primary Care Network	2020-10-10		Declarations to be made at the beginning of meetings
			Financial Interest	Latimer Health Centre	Senior Partner at Latimer Health Centre	2020-10-10		Declarations to be made at the beginning of meetings
			Financial Interest	Acorn Lodge Care Home	Primary Care Service Provision to Acorn Lodge Care Home	2020-10-10		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Pharmacy in Brent CCG	Joint Director for pharmacy in Brent CCG	2020-10-10		
			Non-Financial Professional Interest	NHS England	GP Member of the NHS England Regional Medicines Optimisation Committee	2020-10-10		
Dr Stephanie Coughlin	ICP Clinical Lead City & Hackney	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	Lower Clapton Group Practice	GP Principal at Lower Clapton Group Practice	2020-10-09		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	British Medical Association	Member of the British Medical	2020-10-09		

			Non-Financial Professional Interest	Royal College of General Practitioners	Member of the Royal College of General Practitioners	2020-10-09		
Helen Fentimen	Common Council Member	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	City of London Corporation	Common Council Member of the City of London Corporation	2020-02-14		
			Non-Financial Personal Interest	Labour Party	Member of the Labour Party	2020-02-14		
			Non-Financial Personal Interest	Unite Trade Union	Member of Unite Trade Union	2020-02-14		
			Non-Financial Personal Interest	Prior Weston Primary School and Children's Centre	Chair of the Governors, Prior Weston Primary School and Children's Centre	2020-02-14		
Kirsten Brown	Primary Care Clinical Lead for City and Hackney	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Financial Interest	Lawson Practice Partnership	I am a GP partner at Lawson Practice and Spring Hill Practice	2013-02-01		Declarations to be made at the beginning of meetings
			Financial Interest	City and Hackney GP Confederation	I am a partner at the Lawson Practice and Spring Hill Practice both of which are member practices of City and Hackney GP confederation	2013-02-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	UCLH	I am a patient at UCLH	2017-06-01		
Laura Sharpe	Chief Executive	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Professional Interest	City & Hackney GP Confederation	Chief Executive of the City & Hackney GP Confederation	2021-04-23		Declarations to be made at the beginning of meetings
Matthew Knell	Senior Governance Manager	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Finance, Performance & Investment Committee Newham Health and Care Partnership Newham ICB Sub-committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care	Non-Financial Personal Interest	Queensbridge Group Practice	Registered patient with this local GP Practice.	2017-01-01		

		Partnership Board Waltham Forest ICB Sub-committee						
Nina Griffith	I am seconded to NEL CCG as Director of Delivery for the City and Hackney Partnership	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Non-Financial Personal Interest	UNICEF	Global Guardian for UNICEF	2016-07-01	2022-06-06	
Paul Calaminus	Chief Executive	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Board ICS Executive Committee	Non-Financial Professional Interest	East London NHS Foundation Trust	Chief Executive	2021-04-30		Declarations to be made at the beginning of meetings
			Indirect Interest	Department of Health	Partner is employed by Department of Health	2021-04-30		
			Financial Interest	London Borough of Hackney	Mayor of Hackney	2016-09-19		
			Financial Interest	London Councils	Chair of Transport & Environment Committee	2020-10-01		
			Financial Interest	Local Government Association (LGA)	Member of LGA Environment, Economy, Housing & Transport Board	2018-08-01		
			Non-Financial Professional Interest	London Legacy Development Corporation (LLDC)	Non-Executive Director of London Legacy Development Corporation (LLDC) appointed by Hackney Council and the Mayor of London	2016-09-19		
			Non-Financial Professional Interest	London Office of Technology and Innovation	London Councils Digital Champion and lead for London Office of Technology and Innovation appointed by London Councils and the Mayor of London	2018-10-01		
			Non-Financial Professional Interest	Central London Forward	Board Member	2016-09-19		
Philip Glanville	Local authority rep on ICB Board	City & Hackney ICB Sub-committee	Non-Financial Professional Interest	Growth Borough Partnership	Board Member	2021-11-17		

		City & Hackney Partnership Board ICB Board ICB Finance, Performance & Investment Committee					
			Non-Financial Professional Interest	Greater London Authority (GLA)	Co-Chair of Green New Deal Expert Advisory Panel	2021-03-01	
			Non-Financial Professional Interest	London Councils	Member of London Councils Ltd and London Councils Leaders' Committee	2016-09-19	
			Non-Financial Professional Interest	London Councils	Digital Champion / LOTI Lead	2020-10-01	
			Non-Financial Personal Interest	East London Foundation Trust	Resident Member	2019-08-01	
			Non-Financial Personal Interest	Unison	Union Member	2021-11-01	
			Non-Financial Personal Interest	Unite the Union	Member	2005-05-01	
Tony Wong	Chief Executive, Hackney Council for Voluntary Services	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICP Committee	Non-Financial Professional Interest	Hackney Council for Voluntary Services	Chief Executive for Hackney Council for Voluntary Services	2021-10-04	Declarations to be made at the beginning of meetings

- Nil Interests Declared as of 28/11/2022

Name	Position/Relationship with CCG	Committees	Declared Interest
Stella Okonkwo	PMO Lead	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Sunil Thakker	Director of Finance; C&H ICP & Acting Director of Finance; TNW ICP	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Jenny Darkwah	Clinical Director, Shoreditch Park and City Primary Care Network	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Helen Woodland	Group Director, Adults, Health and Integration	City & Hackney ICB Sub-committee City & Hackney Partnership Board	Indicated No Conflicts To Declare.
Sandra Husbands	Director of Public Health, City of London &	City & Hackney ICB Sub-committee	Indicated No Conflicts To Declare.

	London Borough of Hackney	City & Hackney Partnership Board	
Charlotte Pomery	Chief Participation and Place Officer	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Havering ICB Sub-committee Havering Partnership Board ICB Board ICB Population, Health & Integration Committee ICP Committee ICS Executive Committee Newham Health and Care Partnership Newham ICB Sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee	Indicated No Conflicts To Declare.



**Notes - City and Hackney Health and Care Board Development  
Session  
09:00 – 11:00am, Thursday 13 October 2022  
Committee Room 4, Guildhall, 71 Basinghall Street, London, EC2V 7HH**

<b>Members</b>	<p>Helen Fentimen (HF) Elected Member, City of London Corporation          Dr Stephanie Coughlin (SC), Clinical / Care Director, NHS North East London          Helen Woodland (HW), Director of Adult Social Care, London Borough of Hackney          Jacquie Burke (JB), Director of Children's Services, London Borough of Hackney          Cllr Chris Kennedy (CK), Elected member, London Borough of Hackney          Dr Kirsten Brown (KB), Primary Care Development Clinical Lead, Primary Care          Tony Wong (TW), Chief Executive Officer, Hackney Council for Voluntary Services          Sir John Gieve (JG), Chair, Homerton Healthcare NHS Foundation Trust          Donna Kinnair (DK), Non-Executive Director, East London NHS Foundation Trust          Caroline Millar (CM), Chair, City &amp; Hackney GP Confederation          Louise Ashley (LA), Chief Executive Officer / Place Lead, Homerton Healthcare NHS Foundation Trust          Nina Griffith (NG), Place Director (Delivery Director), NHS North East London</p>
<b>Attendees</b>	<p>Matthew Knell (MK), Senior Governance Officer, NHS North East London          Shakila Talukdar (ST), Governance Officer, NHS North East London (notes)          Jonathan McShane (JMcS) Integrated Commissioning Manager, NHS North East London          Stella Okonkwo (SO), PMO Lead, NHS North East London          Lorraine Sunduza (LSu), Non-Executive Director, East London NHS Foundation          Ruby Sayed (RS), Member, Community &amp; Children's Services Sub-Committee, City of London Corporation          Cheryl Coppel (CC) Local Government Area          Mark Gill (MG) Local Government Area</p>
<b>Apologies</b>	<p>Sunil Thakker (STh) Director of Finance, NHS North East London          Dr Sandra Husbands (SH) Director of Public Health, London Borough of Hackney          Simon Cribbens (SCr), Assistant Director - Commissioning and Partnerships, NHS North East London          Dylan Jones (DJ), Chief Operating Officer, Homerton University Hospital NHS Foundation Trust          Dr Haren Patel (HP), PCN representative, Primary Care Network          Mark Gilbey-Cross (MGC), Director of Nursing, NHS North East London          Paul Calaminus (PC), Chief Executive Officer, East London NHS Foundation Trust          Laura Sharpe (LS), Chief Executive Officer, City &amp; Hackney GP Confederation          Jenny Darkwah (JD), PCN representative, Primary Care Networks          Robert Chapman (RC), Elected Member, London Borough of Hackney          Antoinette Bramble (AB), Elected Member, London Borough of Hackney          Aminata Dibasse (AD), Non-Executive Director, East London NHS Foundation Trust          Catherine Pelley (CP), Interim Place Based Lead, Homerton Healthcare NHS Foundation Trust</p>

No.	Agenda item and minute
1.	<p><b>Welcome, introductions and apologies:</b> The Chair welcomed everyone to the development session and apologies were noted.</p>
2.	<p><b>Local government and the NHS</b> <b>Key differences in funding, accountability and decision making (drawing out key elements from packs circulated before meeting)</b></p> <ul style="list-style-type: none"> <li>- <b>Group discussion on implications for partnership working</b></li> </ul> <p>The key points were:</p> <ul style="list-style-type: none"> <li>• The local government’s aim is to provide collaborative working.</li> <li>• There are three main sources to government funding as outlined in slide 21.</li> <li>• A large portion of funding received by the Local Authority goes to ringfenced areas.</li> <li>• Children’s services increased slightly / adult social care is shown as a reduction, 30% of council budget and a 3% raise in council tax to support this.</li> <li>• Councillors are elected every four years. There is a broad range of pressure on the basis they deliver what the community needs. The Local Authority is set a balanced budget each year as outlined in slide 44 which has to be set by 11 March before each new financial year starts and residents are informed when the council tax is set.</li> <li>• Local authorities are responsible for a wide range of services and are legal entities accountable directly through elected councillors to their local residents.</li> <li>• The NHS is facing significant challenges.</li> <li>• The five-year long-term plan is set in annual plans.</li> <li>• The ICB was formed on 1<sup>st</sup> July 2022 with a proactive view of health population and management to improve outcome and tackling inequalities, drive out efficiencies and value.</li> <li>• Frameworks are in place to support a place-based level to drive objectives. There will be a decision map for the forty-two ICBs.</li> <li>• NHS financial rules – must aim to break even financially each year over three-year period.</li> <li>• New funding settlement is 3.6% funding for 2022-2024. There are more people in the population growth with long term conditions.</li> <li>• Seeing value for money working together.</li> </ul>
3.	<p><b>Integrated Delivery Plan update</b></p> <p>The key points were:</p> <ul style="list-style-type: none"> <li>• The strategic focus areas were agreed earlier in 2022.</li> <li>• The partnership is overseen by City and Hackney and Health Care Board (CHHCB)</li> <li>• Big ticket items for areas include Children and Young People (CYP) emotional health, CYP with Complex health needs, Special Educational Needs and Disabilities, including CYP LD and autism and Improving uptake of childhood immunisations and vaccinations.</li> <li>• Strengthening Rapid Response Service, Mental Health, Long Term Conditions and Homelessness, increasing access to services for people.</li> <li>• Re-committed to a neighbourhood approach, localise community needs.</li> <li>• There is a huge number of joint levers to improve population health to drive real change.</li> <li>• There is a level of reduction of funding in nearly all elements.</li> <li>• Complexity encompasses NHS trust, primary care, local independent sector, dentistry, voluntary sector and personalised care.</li> <li>• There is a risk in safety and safeguarding in our population.</li> </ul>

	<ul style="list-style-type: none"> <li>• The question is what do we need to get right in NHS side and Local authority side.</li> <li>• Action plan is to a joint approach.</li> </ul>
<p><b>4.</b></p>	<p><b>Looking at the difference in funding, accountability and decision making and the priorities in our plan– where do we see potential areas for more joint working and potential barriers or tensions?</b></p> <p><b><i>Breakout into two groups</i></b></p> <p>The group discussed;</p> <ul style="list-style-type: none"> <li>• Adult social care, challenges with discharge, community integration with GP / pathway</li> <li>• Risk and Safeguarding.</li> <li>• Mental health needs - increased in Homerton University Hospital, suggested Mental health nurses working at A&amp;E and real system inpatient beds. Concentrate on length of stay at wards.</li> <li>• Health promotion and tackling health inequalities, people arriving at A&amp;E needing treatment.</li> <li>• Deep underlying issues with health, workforce, housing and health population.</li> <li>• It was suggested using social care workers as a resource system approach.</li> <li>• Investment in community champions and healthcare resources. Do we know what is available?</li> <li>• Mental health - seeing complexity – a number of priorities that need different approaches, suggested walk in services for Mental health.</li> <li>• Complex discharge issues will involve all different organisations.</li> <li>• Re-admission – patients will be readmitted and come back. Admission avoidance – how can we work with schools and voluntary sectors?</li> <li>• GP surgeries – people find it difficult with capacity – un-employment, social, family issues and issues with housing.</li> <li>• Awareness and support for people – inequalities, intervene early for mental health</li> <li>• MDTs set out in neighbourhoods are working really well.</li> <li>• Housing and benefits need to be involved, a much broader council intervention is needed.</li> <li>• Is there something else that neighbourhoods should be doing to alleviate some of it / take different approach?</li> <li>• Broader intervention needed in primary care and social care. Some examples of proof concept needed to drive the issues.</li> </ul>
<p><b>5.</b></p>	<p><b>Feedback from groups and discussion on issues raised</b></p> <p>MG provided the group with the following feedback:</p> <ul style="list-style-type: none"> <li>• Joint commissioning and joint structure, how do we come together to jointly plan services? Who is best on pathways - to develop them?</li> <li>• Does that give us more flexibility pulling money through section 75?</li> <li>• Quality driven conversation – best value.</li> <li>• Influence around getting voluntary sectors around table to shape services.</li> <li>• Meaningful value of top down</li> <li>• Joint information, two data sets – how to bring that together.</li> <li>• Quality margins and metrics, drive and bring together data sets.</li> <li>• Joint finance and estates.</li> </ul> <p>CC provided the group with the following feedback:</p>

	<ul style="list-style-type: none"> <li>• Recognition that discharge never gets around the cause and factors.</li> <li>• People in GP surgeries and GPs not knowing who to contact.</li> <li>• Acute beds – difficult to admit to mental health beds.</li> <li>• Experiment what it looks like from the neighbourhood end and medical intervention.</li> <li>• People are protecting resources, everything done by risk.</li> <li>• See what support mechanisms are available.</li> </ul>
<p><b>6.</b></p>	<p><b>What have we learned and what do we still need to know?</b></p> <ul style="list-style-type: none"> <li>- <b>How will our discussion today inform the deep dives at future development sessions?</b></li> <li>- <b>Next steps</b></li> </ul> <p>JMcS discussed the following with the Health and Care Partnership Board (HCPB). Highlights from the discussion and suggestions included:</p> <ul style="list-style-type: none"> <li>• What peoples’ thoughts were and if there anything missing? Do we need another session?</li> <li>• HCPB found the discussion helpful. Colleagues who came to observe the session found it useful.</li> <li>• CK happy to share slides with colleagues in the council.</li> <li>• It was suggested to be open with what the pressures are in the local authority</li> <li>• Next few development sessions will concentrate on deep dives. “Give children a better start of life” – set out what is in the plan and where we are with children and families and what we want to achieve, opportunity to think about what can be done differently and share resources to achieve outcomes.</li> <li>• It would be useful to do a deep dive on health and inequalities / promoting health, these areas are increasingly important.</li> </ul>
<p><b>7.</b></p>	<p><b>Any Other Business:</b> There were no additional items for discussion.</p>
	<p><b>Date of next meeting: Meeting in public of the Health and Care Board and Sub Committee on Thursday 10 November 2022, 0900 to 1100 by Teams</b></p>

## City & Hackney Health and Care Board Development Session

Thursday, 08 December 2022

<b>Title of report</b>	Children, Young People, Maternity and Families (CYPMF) November 2022 Giving children and young people the best start in life
<b>Author</b>	Sarah Darcy, Strategic Lead for Children and Young People
<b>Presented by</b>	Sarah Darcy, Strategic Lead for Children and Young People and Nadia Sica, Integrated Commissioning Transformation Programme Manager
<b>Executive summary</b>	This paper intends to provide the Board with an overview of where the work of the Integrated CYPMF Workstream sits within the changing health and ICS landscape; detailing how our big ticket items are delivered by and across the Partnership.
<b>Action required</b>	Note
<b>Previous reporting / discussion</b>	The Appendix 2 has been presented and endorsed at the CYPMF Strategic Health and Wellbeing Oversight group; and Appendix 3 was presented and endorsed at the Neighbourhoods Health and Care Board in September 2022.
<b>Next steps / onward reporting</b>	
<b>Conflicts of interest</b>	None identified
<b>Strategic fit</b>	Which of the strategic corporate objectives does this report align with? <ul style="list-style-type: none"> <li>Giving children and young people the best start in life</li> </ul>
<b>Impact on local people, health inequalities and sustainability</b>	This is a summary report and is not recommending service change
<b>Impact on finance, performance and quality</b>	There are no additional resource implications/revenue or capitals costs arising from this report.
<b>Risks</b>	There are no new risks that are not detailed in the CYPMF Risk Register

# City and Hackney Health and Care Board

## Children, Young People, Maternity and Families (CYPMF) November 2022

### Giving children and young people the best start in life

**Partnership Leads : Amy Wilkinson (Sarah Darcy and Nadia Sica), Mags Farley, Chris Pelham, Ellie Ward, Jacquie Burke, Sarah Wilson**



## City and Hackney Health Needs Assessment for the population 0-19 years (includes up to 25 where there is a statutory responsibility) March 2022

- City and Hackney is home to an estimated 85,259 children and young people (under 25) with 2,609 of these living in the City
  - There is a diverse population with some communities such as the Orthodox Jewish community, that accounts for 22% of Hackney's child population, and the Turkish community, having specific needs. The City has a large Bangladeshi community
  - In Hackney 58% of children aged 5-19 and 50% of children aged 0-4 come from non-white backgrounds
  - Widespread deprivation, inequalities around housing, lack of access to green spaces and levels of pollution have lasting impact on health
  - There is a clear association between the weight of mothers and the weight of their children; we have high levels of obesity in pregnant women, (more prevalent in black women, those living in deprived areas and those with a disability) and excess weight among reception age children is above the London average and below the England average at 21.7%
  - The % of under 16s living in low-income families in Hackney (24.7%) is higher than both London (18.8%) and England (17.0%) averages; the evidence reflects that a child born into poverty is more likely to have a low birthweight, do worse at school, and to have poor physical and mental health in the long term
  - Over the last 10 years there has been an increase in the 5-19 population and a decrease in those under 5. This impacts service delivery across the system, including the funding available to primary schools as they have falling rolls and exacerbating some significant workforce challenges
  - There are higher rates in boys, children from ethnically and culturally diverse backgrounds, children eligible for free school meals and pupils with special educational needs who are being excluded from school
- The impact of Covid has been far reaching and long lasting on our children, young people and their families, now compounded by the cost of living crisis**

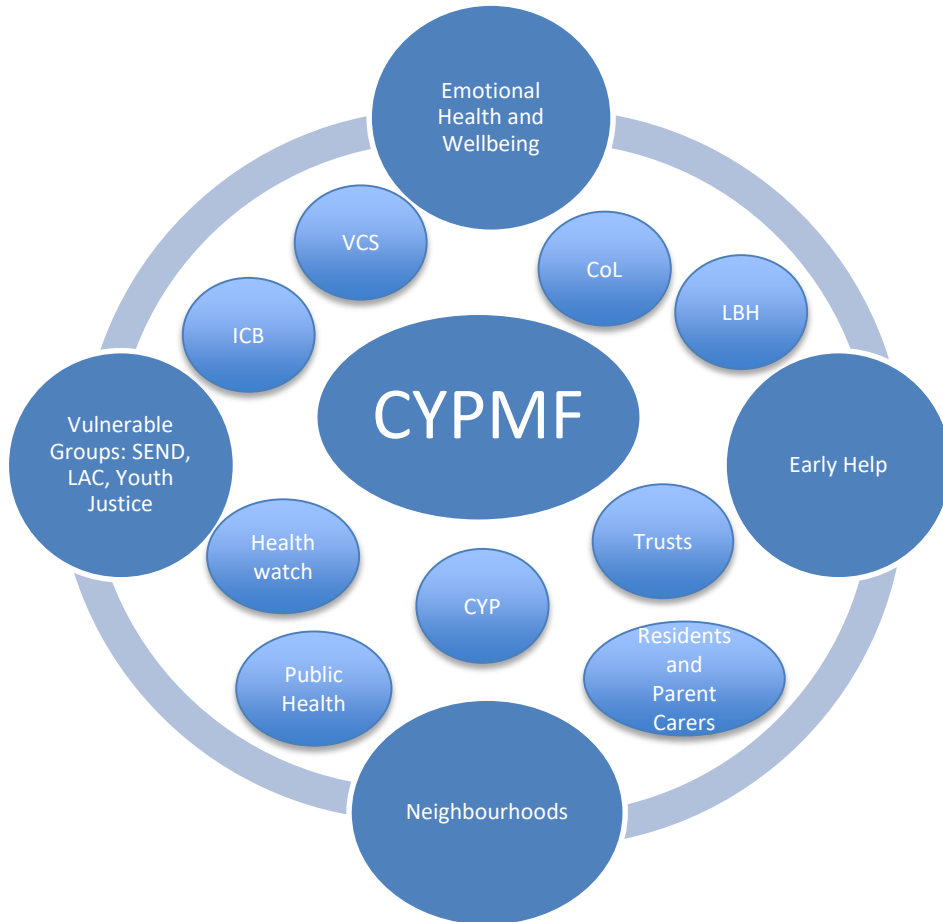
# The CYPMF Landscape

Public Health	<ul style="list-style-type: none"> <li>• Health Visiting, School Nursing, CHYPS Plus (sexual health), peer support for pregnant women and new mothers</li> <li>• Healthy Lifestyles (weight), Healthy Early years service, Oral Health</li> <li>• Young Hackney Health and wellbeing</li> <li>• Domestic violence services, substance misuse service</li> </ul>
NEL ICB	<ul style="list-style-type: none"> <li>• Acute (hospital) based</li> <li>• Community (Hackney Ark and schools): Community paediatrics; SALT; OT; Audiology; Safeguarding; children’s community nursing including continuing care; key working (0-5s); Targeted Health Outreach Team</li> <li>• CAMHS: First Steps and CAMHS Disability (HHFT) ; Specialist CAMHS (ELFT); (whole CAMHS offer delivered across the CAMHS Alliance with statutory and voluntary partners, includes LA social care teams)</li> <li>• Maternity services, majority of women deliver at Homerton</li> <li>• Health of Looked After Children - Homerton</li> <li>• Some ‘enhanced’ contracts with the GP Confederation e.g Long Term Conditions; Early Years (in addition to the core contract)</li> <li>• Voluntary Sector e.g Richard House Hospice, Special Educational Needs and Disabilities parent carer engagement work</li> <li>• Social prescribing – in development</li> </ul>
NHSE	<ul style="list-style-type: none"> <li>• Co-commissioning responsibility with the ICB for primary care contracts</li> <li>• NHSE responsible for immunisations and vaccinations, delegation of childhood immunisations to ICBs April 2024</li> <li>• The GP contract includes the LD Annual health check for 14+ years</li> </ul>
Primary Care	<ul style="list-style-type: none"> <li>• Primary Care Networks (PCNs); close working with our Neighbourhoods agenda with current projects on social prescribing, Autism, strengthening links between primary care and primary schools</li> </ul>
Education Social Care	<ul style="list-style-type: none"> <li>• Hackney Education and social care directly commission therapy services from the Homerton and we are working jointly to integrate commissioning arrangements</li> <li>• Both City of London and Hackney deliver their responsibilities for looked after children (via corporate parenting); children with disabilities and with special educational needs and disabilities; there is interface with health across children’s centres, early years and education settings</li> </ul>



# The City and Hackney Place Based Partnership

## CYPMF Members and (outer circle) System Priorities



## Key Interfaces / Joint Working at NEL



Relationships developing with the other NEL Collaboratives and Programmes e. g Urgent and Emergency Care, Primary Care

# PbP Outcomes associated with our local strategic priorities

## Giving children and young people the best start in life: summary

### Improvements in the health of the population

- Reduce infant mortality rate
- Reduce rate of neonatal mortality and stillbirths
- Increase CYP immunisation coverage
- Increase % children achieving a good level of development (Foundation Stage)
- Reduced childhood obesity
- Reductions in crisis mental health presentations to ED (and especially repeat presentations) for children and young people
- Reduction in unplanned pregnancies and increasing access to contraception
- Increasing identification and support re. domestic abuse
- CYP access to services (narrative on access and barriers)
- Placeholder: safeguarding
- Placeholder: oral health

### Reductions in inequalities

- Reduce inequalities in maternity and birth outcomes for children and families (women from global majority backgrounds)
- Improve patient experience and outcomes for groups experiencing inequalities in maternity and perinatal mental health care (women from global majority backgrounds)
- Improved health and educational outcomes for those at risk of exclusion (Black Caribbean and mixed heritage boys)
- Improved health and educational outcomes for those with complex health needs, and those with SEND, LD and autism.
- Improvements in mental health and wellbeing outcomes for specific communities (young black men, Orthodox Jewish groups)
- Increases in Looked After Children's health: more timely annual and review health assessments, increases in uptake of immunisations and vaccinations and oral health checks.

*Red text = outcome included in 2022-23 IDP and a focus for the next 12m*

# Context of our Big Ticket items

## System response to Emotional Health and Wellbeing

- The **Emotional Health and Wellbeing Board** and its subgroups reflect the need for and established commitment to a system wide response, i.e no longer the sole responsibility of the CAMHS Alliance
- Continued pressures across the CAMHS system and despite system-wide efforts including the development over recent years of enhanced Out of Hours CAMHS services, intensive support for children with LD & Autism, and the Surge team, there has been a **doubling of referrals of children in crisis**
- Specific impact on Homerton's Starlight Ward with inappropriate admissions and staff not trained to support such complex and challenging behaviours (**often CYP with Autism who need a safe place and not a Tier 4 admission**)
- In November the Emotional Health and Wellbeing Partnership held a (first) **crisis summit** that reflected constructive working across the Partnership, the need to strengthen resilience and safety planning with families, to be clear of roles and responsibilities across services, and the importance of joint working with the Police. There are too few appropriate community placements and support staff do not have appropriate ASD / mental health training
- **The Thrive Model** is being reviewed by the Partnership as a potential system approach
- Schools are a crucial partner in reaching our CYP, and we prioritise a whole school approach – training and supporting school staff to identify needs early
- There is a joint focus across health and LBH to develop models of care for our independent – schooled Orthodox Jewish children, taking the **whole school approach** in both CAMHS and Speech and Language Therapy (SALT) with pilots intended to inform future joint commissioning arrangements that mirror those for mainstream

# Context of our Big Ticket items (2)

## Special Educational Needs and Disabilities (SEND)

- **Joint OFSTED and CQC Inspections** are expected from January 2023 for both City and Hackney
- Newly published Framework [Area SEND: framework and handbook - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/special-educational-needs-and-disabilities-framework)
- Hackney has a new 3 year action plan with key Local Area development areas including joint commissioning, improvement in data integration, preparing for adulthood (also City priorities)
- Hackney's strategy to provide **300+ additional specialist SEND places across the Hackney estate** means additional health funding will be required for therapy, nursing and doctor workforce (currently being quantified)
- NEL ICB will not be establishing a NEL SEND Board but with agreement of NEL Directors of Children's Services (DCSs) we (led by C&H) are developing a NEL *Inspection Readiness* working group. This is intended to support NEL Local Areas to collaborate on key challenges in common and to share best practice and innovation, whilst recognising the priority of Place and the different challenges that are specific to each Local Area
- The ICB holds the Dynamic Support Register (DSR) – the **Care Education and Treatment Review (CETR)** cohort who are CYP with LD and / or Autism with challenging behaviour who are at risk of a Tier 4 admission and / or placement breakdown – ongoing need to identify these CYP earlier
- **Youth Justice** HMIP Inspection also expected in Hackney; disproportionality a necessary focus of the Safer Young Hackney Board. The health offer is also being reviewed and strengthened with individual health assessments and a needs assessment by the population hub informing future commissioning arrangements
- The **Health of Looked After Children** service is embedding a case management approach so follow up of needs e.g uptake of childhood immunisations and dental appointments is monitored proactively

# Context of our Big Ticket items (3)



## Early Help

- Whole system transformation priority with development of Early Help and **Family Hubs**. Hubs have three delivery principles: access; connection; and relationships and should deliver whole-family, joined up services from pre-conception to 19 (or 25 for those with Special Educational Needs and Disabilities). Aligned with this is the development of the **Super Youth Hub**, to improve young people's autonomous and independent access to a holistic range of services
- Integration and co-location of universal front door across services –includes CAMHS
- A **Graduated Response for SEND** – early identification of needs informing early support – not dependent on diagnosis. An Education Health and Care Plan should not always be required; development of teams around the school to enable multi-professional review; co-production and empowered parent carer forums a priority across City and Hackney

## Maternity

- NEL Local Maternity and Neonatal System (LMNS) maternity Equality & Equity audit findings for Hackney: It is one of the 3 boroughs in which stillbirths to Black and Asian women are **concentrated – 3 per 1000** births and mainly to Black and Asian ethnicity women – stillbirths to women of Asian ethnicity highest at **6.5** in every **1000** births
- The proportion of babies born with low birth weight born to Black and Asian women is nearly **three times as high** as for White women (**14%** and **15%** versus **5%**)
- Babies born to Black women are twice as likely to be admitted to neonatal care than those to White women (**20%** versus **9%**)

## Childhood immunisations

- Well understood challenges in NE Hackney, but low coverage across City and Hackney exacerbated by pandemic; unvaccinated and partially vaccinated populations require long term intensive service focus

## Some of our Enablers

- **The Hackney Approach** is being developed to underpin a consistent way of working with our families in Hackney; bringing together our priority of anti- racism, with a systemic model that is trauma-informed
- To address the impact of adverse childhood experiences (ACEs), through our **Childhood Adversity, Trauma and Resilience** workforce training, resource portal, pilot interventions and system wide approach.
- The **Outcomes Framework** for the City and Hackney Place Based Partnership
- Joint Children and Families **Health and Wellbeing Framework** – in early stages of development; intention to reflect our commitment to a joint focus on integration, prevention and tackling health inequalities
- **Neighbourhoods** – strong engagement across the Partnership to strengthen multi-disciplinary joint working, to build on and strengthen community assets and relationships

# Appendix 1

## City and Hackney Safeguarding Children Place Based Partnership

### Priorities and Risks

# Safeguarding Children: Priorities and Risks



## Our Priorities

### **Priority 1: The Health & Stability of the Safeguarding Workforce** Outcome:

Safeguarding partners, relevant agencies and named organisations attract, retain, develop, and support their workforce. A healthy and stable workforce contributes to high quality safeguarding practice that improves outcomes for children and young people.

**Priority 2: Active Anti-Racist Practice Outcome:** The partnership's approach to safeguarding children and young people in a 'racialised society' is characterised by active anti-racism. This is reflected in the people employed, the policies developed, and the practice undertaken. Practice that disproportionately and negatively impacts on Black and Global Majority children (and their outcomes) is identified and reduced. Children and their families are confident in challenging their experiences of racism and have mechanisms in place to escalate their concerns, practitioners are confident in challenging racism and there is evidence this is being done. Children and families tell us that they can see change.

**Priority 3: The Voice of Children and Young People** Outcome: Multi-agency safeguarding practice reflects the lived experience of children and young people. The voices of children and young people are central to all aspects of practice across the child's journey in the safeguarding system. These influence action and improve outcomes.

**Priority 4: Getting the Basics Right** Outcome: Safeguarding practice in the City of London and Hackney is at least good. Children and young people are effectively protected from harm by early, robust, timely and coordinated multi-agency intervention and support.

**Priority 5: The Appetite to Learn** Outcome: Children and young people are effectively safeguarded by professionals being actively engaged with the CHSCP's learning & improvement framework. Leaders encourage independent scrutiny, challenge performance, and embed lessons for practice improvement across their respective organisations.

**Priority 6: Making the Invisible Visible** Outcome: The activity of safeguarding partners, relevant agencies and named organisations makes children and young people who live in groups and communities that are less visible and less engaged with public services safer. Of specific relevance to our local context, legislation in respect of Unregistered Educational Settings (UES) is amended by government and the CHSCP obtains reassurance that the safeguarding arrangements of all settings are sufficiently robust.

## Key Risks

- The health and well-being of the workforce
- The cost of living crisis and the impact on both our workforce and residents
- The mental health and wellbeing of children, young people and their families.

There has been a sustained doubling of referrals to all CAMHS providers (compared to pre-pandemic levels).

Pressure on and inpatient paediatrics and T4 beds continues to be high

Crisis presentations are on average double pre-pandemic levels and increasing. This reflects a similar pattern across NEL and London.

Eating Disorders Services have seen a sustained doubling in referrals and this has mean the service has had to close to routine referrals.

Workforce issue around long term sickness, recruitment and retention remain a serious problem



## Appendix 2

### **NEL Babies, Children and Young People (BCYP) Programme**

Presentation shared with the CYPMF Health  
and Wellbeing Strategic Partnership  
November 2022

# Babies Children and Young People's Programme

## Strategy Development and Programme Update

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Mark Scott

Deputy Director of Transformation, BCYP and Personalised  
Care

# Summary I

## Our case for change and approach to developing our strategic intentions

- There is a clear case for prioritising child health in NHS North East London, given the young, diverse and deprived population and the impact of the pandemic and current cost of living crisis (slides 5-6).
- We are now in a phase of significant service pressures for BCYP, particularly evident across our urgent and acute care services, but also felt across all areas of the system. These post-pandemic pressures for BCYP have been foreseen for some time, particularly in areas with high deprivation, with strategies across emerging integrated care systems seen as vital for addressing\* (slide 7)
- We are in the process of developing our NEL BCYP strategy, as one of the four main ICS priorities, and have undertaken extensive engagement with over 250 stakeholders at a workshop on 3.11 to inform this work (summary of workshop slide 8)
- Based upon feedback from the workshop, we have developed a set of strategic intentions, which can support our overall goal of providing the best start in life for our BCYP communities.

# Summary II

## Our three proposed strategic intentions for BCYP

- 1. We will relentlessly try to create the conditions for improvement.** We will create a safe learning environment in a work programme spanning teams across NEL, provider collaboratives and place-based partnerships. Trust and confidence over time via this programme will create the conditions for an improvement approach spanning co-production, quality improvement and trauma informed care (slide 9).
- 2. We will focus on vulnerable groups and those with long term conditions.** Our vulnerable children, including those with long term conditions, special educational needs and mental health disorders, are likely to have had deteriorations in their health and wellbeing from the pandemic and cost of living crisis. We will explicitly support these groups across NEL; 0-24 years approaches will address inequalities and service issues faced by those young people transitioning to adult services (slide 10).
- 3. We will build community capacity, integrate care around families and support prevention.** Substantial increases in service pressures represent key challenges for residents and staff. Developing community-based care for this population group, which is integrated and organised around families, is key to sustaining services. Aligning to the development of family hubs will support a focus on prevention. We also need to develop and agree some specific NEL prevention priorities, as well as expand our focus to cover the first 1000 days (slide 11).

# Summary III

## Our immediate next steps and asks of this group

- **Immediate next steps** Our immediate focus will be on community based care and SEND, and we will be asking place-based partnership and provider collaborative leads to attend face to face workshops in January to help progress these areas. We will also be meeting with all place-based partnership groups/boards for this population group over the coming months, as well as developing our NEL programme infrastructure (slide 12).
- **Asks of the group** Does this group have any comment or reflections on:
  1. Our case for change and process for developing our strategy and this work
  2. Our three proposed strategic intentions
  3. Our immediate next steps/focus and plans to develop our programme infrastructure

# The Case for Change

- 5 of our boroughs are in the 20 most deprived in England, with 21% of our children living in low income families (national average is 19%)
- 146 babies, children and young people died across NEL in 21/22 there is a clear association between the risk of death and level of deprivation (in all categories except malignancy)
- 3,343 BCYP in NEL have life limiting conditions, requiring palliative and end of life care, this prevalence is gradually increasing.
- Increasing physical activity, oral health, childhood immunisation are significant challenges
- 38,000 pupils in NEL have been assessed as in need of a SEN support, 13,600 have an Educational, health and care (EHC) plan, this continues to increase. Families consistently report that navigating the SEND process is not a positive experience.
- A&E attendances for 0-4year olds in Newham & Waltham Forest are significantly higher than the England average. Fever and respiratory presentations were the most common reason for attendance in this group, with injuries being the main reason in 5-18 year olds.
- 18,099 CYP are recorded as having asthma, 1,370 have Epilepsy and 925 have diabetes, type 1

# Why We Need This Strategy Now

## 1. The pandemic impacted the health of our BCYP communities

- Physical and mental health impact
- Vulnerable children (and those with LTCs) particularly affected

## 2. Impact of cost of living crisis

- Deprivation and poverty mean strong impact for NEL BCYP

## 3. Service pressures

- Impact across all services
- BCYP Urgent Care pressures clear barometer of system under strain

**Need for strategy underpinned by new way of working across ICS**

# Feedback from 03.11 System Workshop (256 attendees)

## Providing the best start in life for the Babies, Children and Young People (BCYP) of North East London

### 1. Collaboration and Coproduction

Partnership with staff and residents

- **Supporting staff is what we do**  
Systemically build staff engagement into our strategy, through NEL, place and collaborative structures, whilst also focussing on frontline impact and supporting specific key workforce roles.
- **Co-production at heart of strategy** Our BCYP are our strongest assets in our communities, their voice needs to be amplified across our plans. Embedding co-production will require skilled collaboration with children, young people and families.
- **Targeted programmes for teams**  
Develop supportive staff programmes, on areas as such as trauma informed care and quality improvement, empowering teams to support vulnerable communities and address growing inequalities

### 2. Supporting Vulnerable BCYP

Addressing health inequalities

- **Address inequalities experienced by vulnerable groups** Strategy to address inequalities experienced by BCYP with LTCs, mental health and SEND, groups impacted by pandemic and cost of living. Emphasis on 0-24 approach, ensuring support in place for those transitioning to adult services.
- **Strengthening the voice and advocating for vulnerable groups** Need to ensure a strong voice for these groups across system, for mental as well as physical health. Also need to embed systematic advocacy via professionals.
- **Strong enabling infrastructure** Strong BCYP presence needed in enabling workforce programme and across LTC and mental health programmes. Digital plans across education, health and social care to ensure families only have to tell their story once.

### 3. Integration and Prevention

Joined up, needs-led care around families

- **Maximise role of family hubs** Place family hubs at centre of community based care strategies. Include development of integrated care teams, supported by analytics, pooled budgets and shared data.
- **Develop clearly defined prevention priorities** Support places to focus on the most deprived twenty percent of the population, specific local cohorts, as well as develop NEL prevention priorities, such as obesity and oral health, that would realise the greatest health benefit.
- **Holistic care, addressing cost of living**  
Use social prescribing and MDTs to maximise links to community assets including VCFSE services. Consider prevention approaches for first 1000 days, and across maternity and mental health services.



## 1. First Strategic Intention

### We will relentlessly try to create the conditions for improvement

Safe learning environment at the heart of our work

#### Coproduction

Integral component of the work

Requires ongoing skilled collaboration

Maximise VCFSE and other advocates for BCYP

#### Quality Improvement

Supporting staff to do this

Involving all partners in improvement work

Celebrate what works and replicate success

#### Trauma Informed Care

Support frontline teams to develop meaningful relationships

Emphasising psychological safety

Training and development in this area

## 2. Second Strategic Intention

**We will focus on vulnerable groups, including those with long term conditions (0-24)**

### **SEND**

Supporting place across local place based partnerships

Addressing workforce challenges

Enabling data capture

### **Mental Health**

Early intervention and supporting access

Information access and developing the digital offer

Service developments and workforce enablement

### **Long Term Conditions**

Asthma

Epilepsy

Diabetes

## 3. Third Strategic Intention

**We will build community capacity, integrate care around families and support prevention**

### **Building community capacity**

MDTs, community nursing/hospital at home, prevention roles

Link to London Quality Improvement Collaborative

Support from digital, estates and workforce enablement

### **Family hubs and holistic care**

Link family hubs to community based care programme

Maximise role of personalised care services

Develop VCFSE for this population group

### **Prevention**

Support local focus on 20% most deprived (core 20 plus)

Specific NEL prevention priorities (i.e. obesity, oral health)

Prevention approach across first 1000 days and links to maternity and mental health

# Priorities for Q3 and Q4 22/23 (Physical Health)

## Community Based Care

- Seeking to release small funding pot to support integrated care work in each place-based partnership (£100,000)
- Planned face to face development session in NEL with the Institute for Healthcare Improvement on developing integrated care for BCYP across our place based partnerships (25.01 AM)
- We would like to include family hub leads in the IHI face to face session

## SEND

- Initial discussion on SEND inspection readiness group set for 13.12
- Face to face SEND workshop for NEL planned for 13.01, supported by Healthy London Partnership
- NEL SEND enabling work to be priority for Q4 and beyond

## Infrastructure

- Meeting with all place-based partnership BCYP boards/groups over next 3 months
- Interviewing for NEL BCYP clinical lead 9.12, NEL BCYP programme infrastructure to be set up Q4 – we hope to be able to establish a 1 day a week local authority lead post as part of team
- Plan to implement small funded programme for community based care over next 12 months (£100,000 per place based partnership via funding secured in 21/22). We will be seeking any funding opportunities for SEND once group up and running and if any clear business case opportunities can be taken forwards at a NEL level.

## Appendix 3

CYPMF Update on the Integrated Delivery Plan  
to the Neighbourhoods Health and Care Board

September 2022

# Headlines: Autumn 2022

## Strategic overview

- We are working closely with (and as part of) NHS NEL ICB to shape the future NEL Babies, Children and Young People programme. It has been agreed that Children and Young People's work should sit and, and be led by Place based Partnerships, with a high level NEL programme plan agreed where shared work adds value. NEL Directors of Children's services are part of these discussions. This CYPMF delivery plan and our local CYPMF governance is feeding into NEL thinking on this.
- Following the central NEL safeguarding re-structure, both children and adults safeguarding health functions are line managed by NEL ICB. There is work to do to agree how this will continue to function effectively at place.
- A suite of 22 transformation schemes were approved across the City and Hackney CYPMF agenda, supported by non recurrent transformation funding to move forward key priorities with our partners. This includes supporting development of family hubs, addressing wait lists in community services, re-working the youth justice health offer, increasing immunisations and inequalities work in maternity. A small amount of NEL health inequalities funding was recently secured for specific work on emotional wellbeing and immunisations.
- We continue to work jointly across public health, the NEL NHS ICB City and Hackney, and with education, social care and provider partners in the development of a CYP Integrated health and wellbeing framework, with an agreed local vision, priorities, shared set of indicators and action plan, and supporting the recommissioning of the 0-25 public health services. We are developing the the health offer in family hubs, and working on the re-alignment of clusters to the neighbourhoods footprint.

## Big ticket priorities

- **Improving Children and Young People's Emotional Health and Wellbeing:** We are continuing to manage the surge in demand for CAMHs, including progressing the integration of services through launching the new Single Point of access (September 2022) and working closely with partners on discharge and pathways planning. We are delivering on our new Eating Disorder action plan, through close work with parents and community providers and will host a crisis summit in October. Trauma informed work is rolling out, with training sessions delivered for LBH Link Workers, Homes for Ukraine Support Team, and Hackney Youth Justice colleagues. Emotional wellbeing and CAMHS will form a key part of the new ways of working embedded through transformation of the LBH C&E transformation programme, including pushing forward anti-racism plans, and the WAMHS programme will deliver in all Hackney schools from Autumn 2022.
- **Improving outcomes for Children and Young People with complex needs, special educational needs and disabilities including those with learning disabilities and autism:** Our Joint Agency Panel is now well established and the entire cohort of Looked After Children who require joint funding contributions have been reviewed by the LBH Clinical Service. A Hackney 3 year SEND Action Plan has been agreed, including the need for system review of relevant waiting times and system response. There remains a risk around the speed of the transfer of the paediatric Tier 2 Audiology service to Barts Health, which is being escalated. We are anticipating inspections on both SEND and youth justice in the next few months.
- **Improving uptake of immunisations and vaccinations:** A new childhood Immunisation Strategy is now being implemented ahead of winter, which includes a whole system approach to increasing uptake, looking at clinical capacity, communications, community delivery models and use of primary care levers. Recruitment of the Childhood Immunisations Programme Manager is in progress. The London polio vaccination booster programme is being rolled out for 1-9 years. City and Hackney performance on invitations and uptake both in line with NEL, and we have submitted a bid to increase rates through partnerships, engagement and alternative models for the North Hackney communities. A catch- up MMR campaign has been announced this week.

## Wider priorities

- **Maternity and perinatal mental health:** The new Deputy director of midwifery now in post and the final Ockenden report received with good feedback indicating progress made. We launched a targeted post-natal GP check for cohort for vulnerable women in July, and continue to develop our inequalities work. The new Maternity Mental health service has now launched, and we are refreshing and investing in a new infant feeding strategy, in line with the early start trailblazer work.
- **Safeguarding:** Key areas of local work include a range of interventions to mitigate the impacts of the cost of living crisis, with all partners, and continuing to ensure a robust health response to themes emerging from Child Q, including developing community trauma work for implementation in Autumn. New refugee and asylum seeker accommodation continues to open and we continue implementing a strong health response for these groups.
- **Neighbourhoods:** 10 schools and GP practices have been piloting new ways of working together and neighbourhood directories of CYP Practitioners and clarification on pathways are being produced. There has been wide consultation on new geographical alignment of clusters to a neighbourhood footprint as part of family hub work and we are exploring the potential for re-alignment of provider services, ie. maternity and health visiting. A health funded Family hub health co-ordinator will be recruited, and there is a business case in development for continued CYP neighbourhoods resource to 2024.

# Strategic Priority: Giving children and young people the best start in life

City and Hackney PbP Programme/s: Children, Young People, Maternity and Families					
Cross cutting approaches:	a = Ensuring healthy local places	b = Joining up local health and care services around residents and families' needs	c = Increasing social connection		
	d = Supporting greater financial wellbeing	e = Taking effective action to address racism and other discrimination		f = Supporting the health and care workforce	
2022 - 2024 Transformation Area Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f	Key Milestones July-22 to Sep-22	Progress Made	Issues, Risks & Mitigations	Plans for October - December	Leads
<p><b>1. PRIORITY BIG TICKET ITEM</b></p> <p><b>CYP Emotional Health</b> (Cross cutting approach: B, C, E, F)</p> <p>We are prioritising earlier prevention and wellbeing for children and families. In line with our new Integrated Emotional Health and Wellbeing Partnership action plan, we continue to ensure CAMHS recovers capacity through integration and strengthening support for our vulnerable groups, around eating disorders, crisis and transition.</p>	<ul style="list-style-type: none"> <li>Embed new Emotional Health and Wellbeing Partnership enabling <b>better joint working and collaboration</b> and shared objectives (delivers our new 0-25 Integrated Emotional Health and Wellbeing Strategy)</li> <li><b>Continue to manage the surge in CAMHS, implementing mitigation</b> to prevent system failure and clearing referral backlog.</li> <li>Work with LBH comms team to <b>improve uptake of the IAPT</b> service for 18-25s and work on SCAC assessment clinic, including waits.</li> <li><b>Establish the single point of access and progress CAMHS integration. Plans agreed.</b></li> <li><b>Further align priorities across NEL and the NEL CAMHS priorities.</b> Significant pressures in the outer boroughs.</li> <li>Agree, and commence deliver of co-produced <b>Eating Disorder action plan</b> (more investment in community provision and family support)</li> </ul>	<ul style="list-style-type: none"> <li>6 weekly partnership meetings established with full range of stakeholder participation. Integrated working across a range of areas in place</li> <li>Number of projects and system adaptations to continue to manage current surge in CAMHS, including Quicksteps Pre-Crisis service, Silver Cloud guided self-help pilot, increase capacity for 16-25s, winter funds, development of SPA.</li> <li>Whole system THRIVE approach along with expansion of early intervention being developed.</li> <li>IAPT Comms campaign finalised. Awaiting data. Work now in progress to improve pathways between adult providers for 16-25s including IAPT, Off Centre, Neighbourhoods and Secondary Care</li> <li>Single point of access in soft launch phase: co-located &amp; daily working. Hard launch 1st November with RIO ready and comms to go out.</li> <li>C&amp;H will provide a section in the NEL CAMHS Transformation plan which details how our local transformation objectives align to the overarching NEL strategy / objective plus the national</li> </ul>	<ul style="list-style-type: none"> <li>Plethora of system-wide projects underway (Neighbourhoods, Family Hubs) challenges time capacities &amp; risks potential overlap/duplication. Mitigation through seeking to align projects.</li> <li>Some issues around remote access for ELFT staff accessing from the Ark. Engagement from wider system services not consistent, need to clarify interfaces between CAMHS SPA and other services</li> </ul>	<ul style="list-style-type: none"> <li>Continued management of strategy delivery and improving quality of CAMHS and partnerships through new Partnership</li> <li>Roll out of Wellbeing and Mental health in schools programme to all schools during Autumn term</li> <li>Crisis summit planned for October 2022</li> <li>Initial webinar to be arranged for Thrive</li> <li>16-25s Workstream Steering Group meeting 6th October</li> <li>Ongoing work to integrate CAMHS, including through SPA Launch 1st November</li> <li>Comms to stakeholders between 3rd &amp; 31st October</li> </ul>	<p>Amy Wilkinson, Greg Condon, Sophie McElroy, Mariona Garcia, Chris Pelham, Julie Proctor, Mags Farley, Temitope Ademosu</p>

# Strategic Priority: Giving children and young people the best start in life

## City and Hackney PbP Programme/s: Children, Young People, Maternity and Families

<b>Cross cutting approaches:</b>	<b>a</b> = Ensuring healthy local places	<b>b</b> = Joining up local health and care services around residents and families' needs	<b>c</b> = Increasing social connection
	<b>d</b> = Supporting greater financial wellbeing	<b>e</b> = Taking effective action to address racism and other discrimination	<b>f</b> = Supporting the health and care workforce

2022 - 2024 Transformation Area Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f	Key Milestones July-22 to Sep-22	Progress Made	Issues, Risks & Mitigations	Plans for October - December	Leads
<p><b>2. PRIORITY BIG TICKET ITEM</b></p> <p><b>Children and Young People (CYP) with Complex health needs, Special Educational Needs and Disabilities, including CYP LD and autism</b> (Cross – cutting approach: B,C,D,E,F)</p> <p>In line with the Long Term Plan, our ambition is to strengthen integrated working across the system to identify and meet 'needs' early and holistically, and continuing the development of our multi agency early help for families.</p>	<ul style="list-style-type: none"> <li>Embed joint C&amp;H commissioning arrangements, specifically for those with <b>LD / Autism and children with complex needs</b></li> <li>Improve community provision through <b>families social prescribing, key working and pre and post diagnostic support</b> (funding secured: interventions to be scoped)</li> <li>Development of the <b>early help hub and integrated family hubs</b> with system partners</li> <li>Address <b>clinical backlogs</b> (funding secured), and support <b>development of therapies</b> (ASD, LD, SLT and OT)</li> <li>Agree enhanced <b>ICOT service spec</b> (with LBH)</li> <li>Support improvements in <b>paediatric staffing</b></li> <li>Ensure <b>risk managed and full transfer of T2 audiology</b> from HUFT to Barts by August 2022</li> </ul>	<ul style="list-style-type: none"> <li>Joint Agency Panel (JAP) now well established and entire cohort of Looked After Children who require joint funding contributions have been reviewed by the LBH Clinical Service to provide assurance of care planning to meet needs, and monitoring of outcomes. This assurance enables submission to ICB governance at the end of Q2</li> <li>SP and Key working posts are drafted and will be consulted on in October; pre and post diagnostic support for ASD has been mapped</li> <li>Hackney 3 year SEND Action Plan has been agreed including need for system review of relevant waiting times and system response</li> <li>As part of NEL SEND reporting to NHSE additional resource has been requested to support workforce benchmarking and demand and capacity work at place and across NEL</li> <li>Stakeholder events held to inform development of family hubs model</li> <li>NEL ICB review of Designated Dr capacity completed with outcome pending</li> <li>No progress on transfer of the Tier 2 audiology service, delay in Barts recruiting and overarching issue of where responsibility and liability sits for the increasing waiting lists</li> </ul>	<ul style="list-style-type: none"> <li>Clarity of ICB approval process required and timely response to requests as they arise</li> <li>Need to recruit to pilot SP and keyworking posts at pace, SP working group to be established</li> <li>Need to agree an activity dashboard to be shared across the system in relation to SEND services. HHFT statutory performance tracker has been developed and following piloting will be shared with LBH and CoL</li> <li>Focused resource required for integration of SEND data dashboards for Hackney and CoL and aggregated at Place for visibility at NEL</li> <li>NHSE requirement for an ICB SEND Board has not been agreed, instead commitment to joint working on key priorities of workforce and data – however resource required</li> <li>Recruitment remains a risk to funded waiting list initiatives / additional capacity</li> <li>Tier 2 audiology waits – as at 21/09 995 on the PTL; Barts are delivering 40% of the pre-covid level of activity and therefore not addressing the increasing waiting lists</li> </ul>	<ul style="list-style-type: none"> <li>Joint funding requests to be authorised by the ICB and baseline agreed</li> <li>Sign off of SP and Keyworking posts and recruitment initiated</li> <li>Draft CHS SEND dashboard for review at Place</li> <li>Continue to escalate need for ICB response to workforce benchmarking and planning</li> <li>ICB position on clinical risk and responsibility in relation to Tier 2 audiology must be secured and agreed with Barts and HHFT in order to progress with the transfer</li> </ul>	<p>Amy Wilkinson, Sarah Darcy, Nick Wilson, Huw Bevan, Mags Farley, Chris Pelham and Donna Thomas</p>



# Strategic Priority: Giving children and young people the best start in life

## City and Hackney PbP Programme/s: Children, Young People, Maternity and Families

<b>Cross cutting approaches:</b>	<b>a</b> = Ensuring healthy local places	<b>b</b> = Joining up local health and care services around residents and families' needs	<b>c</b> = Increasing social connection
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2022 - 2024 Transformation Area Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f	Key Milestones July-22 to Sep-22	Progress Made	Issues, Risks & Mitigations	Plans for October - December	Leads
<p><b>3. PRIORITY BIG TICKET ITEM</b></p> <p><b>Improving uptake of childhood immunisations and vaccinations</b> (Cross cutting approach: A &amp; F)</p> <p>Our goal is to increase the uptake of childhood and pregnancy immunisations including Covid vaccination. However, the immediate focus is the recovery of childhood immunisations, across all of C&amp;H, in order to prevent potential outbreaks.</p>	<ul style="list-style-type: none"> <li>Development of <b>refreshed system plan</b>: outlines targeted offer in North C&amp;H (jointly funded immunisations co-ordinator and team, family clinics, use of call / recall), with PCNs</li> <li>Recruitment of <b>Childhood Immunisations Programme Manager</b></li> <li>Recruitment of <b>Childhood Immunisations Primary Care co-ordinator</b></li> <li>Support <b>NEL LIS</b> implementation</li> <li>Agree C&amp;H <b>outbreak prevention plan</b> (ie. MMR uptake and measles)</li> <li>Ongoing focus on improving uptake of <b>CYP covid vaccinations</b></li> </ul>	<ul style="list-style-type: none"> <li>A revised overarching Childhood Immunisation Strategy has now been completed and circulated at a local and at NEL level. This strategy encompasses the wide range of work taking place across the system. This includes: <ul style="list-style-type: none"> <li>Addressing resource needed to deliver this strategy, including recruitment of the CI Programme Manager and NE Hackney Imms Coordinator,</li> <li>Detailed overview of Primary Care and PCN targeted interventions which is in progress</li> <li>Outline of approach to increasing CI uptake levels(including Covid-19)</li> <li>Outline of the Culturally responsive approach to increasing CI uptake levels in North Hackney which is in progress</li> </ul> </li> <li>Recruitment of the Childhood Immunisations Programme Manager is in progress.</li> <li>Awaiting further information from NEL relating to LIS implementation</li> <li>Funding bid was submitted in September to NEL to resource work being completed across C+H on the polio immunisation campaign. This funding would also support wider childhood immunisation uptake. (Awaiting response)</li> <li>C+H Comms and Engagement Plan completed to support polio campaign,</li> </ul>	<ul style="list-style-type: none"> <li>Historically low level of uptake across City and Hackney, particularly in North East Hackney, meaning a very large eligible cohort</li> <li>There is no funding to support planning and delivery of rollout, post changes to commissioning arrangements in 2013</li> <li>To increase additional access to childhood immunisations, a large increase in clinical workforce is required. There is a limited nursing capacity as non-HCP vaccinators, or even HCAs cannot deliver Childhood Immunisations unlike the Covid vaccine</li> <li>Limited capacity within primary care and multiple priorities (both clinical and administrative) is a barrier to being able to deliver the programme at pace</li> <li>CYP Covid offer has been decreased significantly in line with national guidance. No community pharmacies in C&amp;H vaccinating 5-11 year olds for Covid</li> </ul>	<ul style="list-style-type: none"> <li>Complete recruitment for and mobilise the CI Programme Manager</li> <li>Continued delivery of the polio child immunisation campaign which includes significant increase in capacity to deliver childhood immunisations across City and Hackney, with a specific focus on increasing access in NE Hackney.</li> <li>Complete Service spec and for Family Nurse Practitioner in NE Hackney to be established to support uptake in the Charedi community.</li> <li>Finalise project/ training plans with Hatzola to develop their capacity as a highly trusted vaccination provider to the community in order addressing vaccine hesitancy.</li> <li>Progress NEL LIS implementation</li> <li>Continue monitoring progress of overall Childhood Immunisation Strategy</li> </ul>	<p>Sarah Darcy, Teresa Cleary, with Richard Bull, Ben Greenbury and public health</p>

# Strategic Priority: Giving children and young people the best start in life

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<p><b>Improving healthy weight</b> (Cross cutting approach: A &amp; B)</p> <p>This work is in collaboration with public health in City and Hackney, to design and implement a family approach to healthy weight.</p>	<ul style="list-style-type: none"> <li>Support public health to <b>re-commission of children's health weight services</b></li> <li>Agree <b>spec for CYP Tier 2 healthy weight interim service</b></li> </ul>	<ul style="list-style-type: none"> <li>Healthy weight re-commission in progress</li> <li>Specification agreed with HUFT, pending confirmation of KPIs. Service implementation being planned for winter 2022</li> <li>Healthy weight identified as a key priority for several PCN's and neighbourhoods. Plans being developed.</li> </ul>	<ul style="list-style-type: none"> <li>Potential system capacity issue for reviewing and developing wider healthy weight joint plans and commissions. Being explored.</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of CYP interim Tier 2 healthy weight service</li> <li>Review of wider CYP healthy weight commissioning plans across the system, including the maternal healthy weight pathway.</li> </ul>	Jayne Taylor, with Amy Wilkinson and Donna Doherty-Kelly
<p><b>Childhood Adversity, Trauma and Resilience</b> (Cross cutting approach: B,C,E,F)</p> <p>We are continuing to support system professionals working with families, to address the impact of adverse childhood experiences (ACEs), through our Childhood Adversity, Trauma and Resilience workforce training, resource portal, pilot interventions and system wide approach.</p>	<ul style="list-style-type: none"> <li><b>Embed ACEs/TIP approaches within service delivery</b> long term across the C&amp;H system (health, education, social care, VCS) through ongoing roll out of <b>workforce training sessions.</b></li> <li><b>Recruitment of a project manager</b></li> <li><b>Refresh Project Steering Group</b></li> <li>Set out a plan for recruiting and retaining a <b>pool of development session facilitators</b></li> <li><b>Agree Anti-Racism approach across health services</b> as part of wider LBH Children and Education AR plan</li> </ul>	<ul style="list-style-type: none"> <li>Introduction to ChATR Training sessions delivered for LBH Link Workers, Homes for Ukraine Support Team, and Hackney Youth Justice.</li> <li>Commenced discussions with LBH Programme Manager regarding integration with LBH Children and Families Directorate transformation plans (inc Trauma-Informed Practice and Anti-Racism)</li> <li>Project Steering Group workshop scheduled 27 September – focus on next steps for workforce development and service self assessments on Trauma-Informed Practice</li> <li>Recruitment of Project Manager in progress</li> <li>Working with LBH Safeguarding &amp; Learning Team to build on pilot for trauma-informed Child Protection Conferences</li> </ul>	<ul style="list-style-type: none"> <li>Scale of ambition set out in City &amp; Hackney Approach to Childhood Adversity, Trauma and Resilience requires significant resource and buy in from the whole of the Health &amp; Social Care System. The Steering Group is meeting to consider options, and this will be a key part of delivery under the LBH Children and Families Directorate transformation plans.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to deliver training sessions</li> <li>Recruitment of project manager</li> <li>Scoping of actions to roll-out training and TIP self-assessments</li> <li>Formal launch of ChATR Resource Portal</li> </ul>	Matt Hopkinson and Teresa Cleary

# Strategic Priority: Giving children and young people the best start in life

## City and Hackney PbP Programme/s: Children, Young People, Maternity and Families

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2022 - 2024 Transformation Area Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f	Key Milestones July-22 to Sep-22	Progress Made	Issues, Risks & Mitigations	Plans for October - December	Leads
<p><b>Maternity (PbP element)</b> <b>(Cross cutting approach: B,C, E, F)</b></p> <p>Working with NEL, we aim to continue to deliver safe maternal and birth outcomes and national service transformation.</p> <p>Locally, we have a priority to</p> <ul style="list-style-type: none"> <li>Reduce inequalities and improve outcomes in Neonatal mortality, infant mortality and stillbirths</li> <li>Improving women's experiences of maternity, specifically the most vulnerable women through education and co-production with service users, MDT staff training and partnership working with all clinical and social care teams.</li> </ul> <p><b>Peri-natal mental health</b> <b>(Cross cutting approach: B, C, E, F)</b></p> <p>We are working to ensure professionals, women and birthing people are aware of the perinatal service offer and how to access this in order to improve outcomes, and to continue to develop services that meet local need and address inequalities.</p>	<ul style="list-style-type: none"> <li>Support ongoing <b>safe and effective service</b> while undergoing leadership changes,</li> <li>Implementation of <b>Ockenden report recommendations</b> (ie. recruitment of additional workforce)</li> <li>collaboration with GP confederation to increase use of <b>maternity link meetings and MDTs</b></li> <li>Improve uptake of covid-19 vaccines in pregnancy</li> <li>Ongoing support <b>for refugee and migrants maternity needs</b>, including Afghan and Ukraine arrivals.</li> <li>Mobilise the <b>MMHS / OCEAN (Maternity Mental Health Service)</b></li> <li><b>Address recruitment challenges</b> to have all services (OCEAN, Perinatal and debrief) fully staffed and operating a capacity.</li> <li><b>Create awareness of the perinatal service offer and 'how to refer'</b> among professionals and women</li> <li>Work with the LBH CYP Overview and Scrutiny committee to develop an <b>action plan to improve inequalities in perinatal mental health</b></li> </ul>	<ul style="list-style-type: none"> <li>Deputy director of midwifery now in post</li> <li>Final Ockenden report received with good feedback indicating progress made.</li> <li>Ongoing recruitment underway.</li> <li>Launched targeted post-natal health and wellbeing check for cohort of vulnerable women in July.</li> <li>Progressing with plans for a local Equity and Equality subgroup. Will link to LMNS task &amp; finish group</li> <li>MMHS/Ocean Service Launched and fully staffed.</li> <li>Ocean Perinatal Service promoted at GP Education session and via MVP</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing staffing challenges as identified through Birthrate+ report may impact service delivery and patient experience.</li> <li>Mitigated through DoM drafting proposal to Trust board for additional funding and rolling recruitment drive including international recruitment.</li> </ul>	<ul style="list-style-type: none"> <li>Improve information on induction of Labour and infant feeding support on postnatal ward.</li> <li>Convene an induction of labour workstream at Homerton.</li> <li>Review information given on infant feeding on PN ward</li> <li>Plan a whose shoes event on patient experience.</li> <li>Work closely with NEL LMNS Equity and Equality workstream and link with local plans.</li> <li>Working with midwifery and LBH to commission postnatal navigator for women at risk of having a child removed (pending commitment of match funding from LBH).</li> <li>Agree on areas of focus for local Equity and Equality subgroup.</li> <li>Improve information given to women on changes in mental health postnatally.</li> </ul>	<p>Amy Wilkinson, Jairzina Weir, Linda Machakaire, Tamsin Bicknell</p>

# Strategic Priority: Giving children and young people the best start in life

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<p><b>Safeguarding and Looked After Children (PbP element)</b> (Cross cutting approach: B,C,F)</p> <p>We are continuing to prioritise the health, wellbeing and safeguarding needs of Looked After Children (LAC) and Unaccompanied Asylum Seeking Children (UASC), locally and with NEL colleagues.</p>	<ul style="list-style-type: none"> <li>Support embedding of new <b>Integrated Care Board safeguarding and LAC structures</b></li> <li><b>Support new CDOP arrangements</b> and consider how we capture the feedback from families.</li> <li><b>Develop and facilitate C&amp;H safeguarding training</b> programme for Primary Care Networks and neighbourhood</li> <li>Design and pilot <b>public health approach to trauma</b> in schools and the wider community, specifically addressing racism, adultification and children's rights. ('Hackney Thinking Spaces') <b>Pilot in 2 schools.</b></li> <li><b>Transition HLAC service to caseload management</b></li> <li><b>Deliver Foster carer training</b></li> </ul>	<ul style="list-style-type: none"> <li>Safeguarding quality restructure undertaken and clear lines of governance set out</li> <li>After action review of CDOP undertaken recommendations to be embedded. CDOP nurse provides quality feedback from families and this presented at various committees.</li> <li>Named GP has developed primary Care safeguarding training and dates set for the coming year. Reflective learning forum offered additionally</li> <li>'Thinking spaces' community approach to trauma being developed, for delivery from October.</li> <li>Pilot has been implemented since April 2022 audit outcome report in development and expected October 2022. Nurses have been allocated CYP in their caseloads.</li> <li>Programme being planned September 2022</li> </ul>	<ul style="list-style-type: none"> <li>SG and quality leads second restructure, Reporting lines remain in place until restructure finalised.</li> <li>The redeployment of SG professionals to support the mass polio vaccination programme. – AD created a business continuity plan to prioritise key SG issues.</li> <li>0.4 WTE vacancy for the Designated LAC post currently.</li> <li>Sessions for the Designated Doctor for LAC fall below the recommended guidance</li> </ul>	<ul style="list-style-type: none"> <li>Second SG and Quality restructure to be undertaken.</li> <li>Review of cost of living crisis and impact on children and families.</li> <li>The redeployment of SG designated professionals to support the mass polio vaccination programme.</li> <li>Safeguarding review of HV specification</li> <li>Support submitted business case for increased funding to health input to MASH in line with national review.</li> <li>Consider how to support increased funding requirement for MARAC liaison service</li> <li>The allocated nurse for CoL will provide oversight of the LAC placed out of Borough.</li> <li>Medical SG review underway outcome expected.</li> </ul>	Mary Lee, Sam Martin and Anna Jones, with Rory McCallum and Chris Pelham

# Strategic Priority: Giving children and young people the best start in life

## City and Hackney PbP Programme/s: Children, Young People, Maternity and Families

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2022 - 2024 Transformation Area Including how Programme activity addresses cross cutting approaches using a,b,c,d,e,f	Key Milestones July-22 to Sep-22	Progress Made	Issues, Risks & Mitigations	Plans for October - December	Leads
<p><b>Neighbourhoods</b> (Cross cutting approach: A,B, F)</p> <p>We aim to take a proactive and collaborative approach to supporting Children and young people with rising needs through improving pathways and collaboration at Neighbourhood level and embedding a whole family approach.</p>	<ul style="list-style-type: none"> <li>Develop <b>proactive care approach to support</b></li> <li><b>children and young people who are absent from school</b> or who have complex health conditions (strengthen teams around the child /school and link school, primary care and secondary care together): Pilot in 10 schools.</li> <li>Increase knowledge and awareness of practitioners at PCN level by <b>compiling a directory, refining pathways and strengthening relationships.</b></li> <li>Work on <b>establishing joint action plans</b> with PCN's depending on their identified priorities.</li> <li>Agree enhanced <b>Speech Language therapy</b> offer for under 5's</li> </ul>	<ul style="list-style-type: none"> <li>Phase 1 pilot with 10 schools and GP practices launched. Participants provided with directory of City &amp; Hackney GP contacts &amp; DSL &amp; Information sharing guidelines to support confidential information sharing &amp; a clear overview of existing pathways for early health support for children &amp; young people and key advisory contacts. Some testing of early communication about specific cases has happened.</li> <li>Neighbourhood directories of CYP Practitioners and clarification on pathways are being produced and developing a comms and training plan for Neighbourhood teams.</li> <li>Work underway with Well Street Common PCN on addressing childhood obesity (they have the highest levels across City and Hackney)</li> <li>Project Coordinator recruited (0.6 FTE for 18 months) to lead the Neighbourhood 0-5 speech and language pathway project.</li> </ul> <p>Funding secured for the Development of Family Hubs has expedited the creation of a dashboard of Neighbourhood level data/ service delivery and opportunities.</p>	<ul style="list-style-type: none"> <li>Risk: IT systems require further integration or information sharing agreements are necessary to promote proactive information sharing - mitigation: Working to influence GP confed or utilise Clinical Effectiveness Group to ensure all C&amp;H GP's log U18s School on GP registrations</li> <li>Risk: Internal changes to Early Help makes understanding pathways into CYP services complex</li> <li>Mitigation: Close working with the team developing this to clarify carefully timetabled comms plan. Early Help Hub has also now been launched which helps.</li> </ul>	<ul style="list-style-type: none"> <li>Agree approach fro phase 2 School /GP project - opportunity to create bespoke pilot for the CoL and consider how a new cohort group of YP are supported, building on learning from pilot and embedding work.</li> <li>Agreement with partners on priorities for a City and Hackney CYP Social Prescribing offer and recruitment of Project Manager to develop the work.</li> <li>Begin Speech and Lang pathway Neighbourhoods project.</li> <li>Bring together professionals to clarify support around Childhood obesity in Well Street Common PCN.</li> <li>Appoint external provider to support with Theory of Change, outcomes framework and evaluation scoping.</li> <li>Public directory, linked to early help, family hub and navigation work</li> </ul>	Rachel Wicks, Brittany Alexander, Annabelle Burns, Chris Pelham

# City and Hackney Mental Health ED Pressures



HUH has highest number of mental health referrals to

ED in North East London

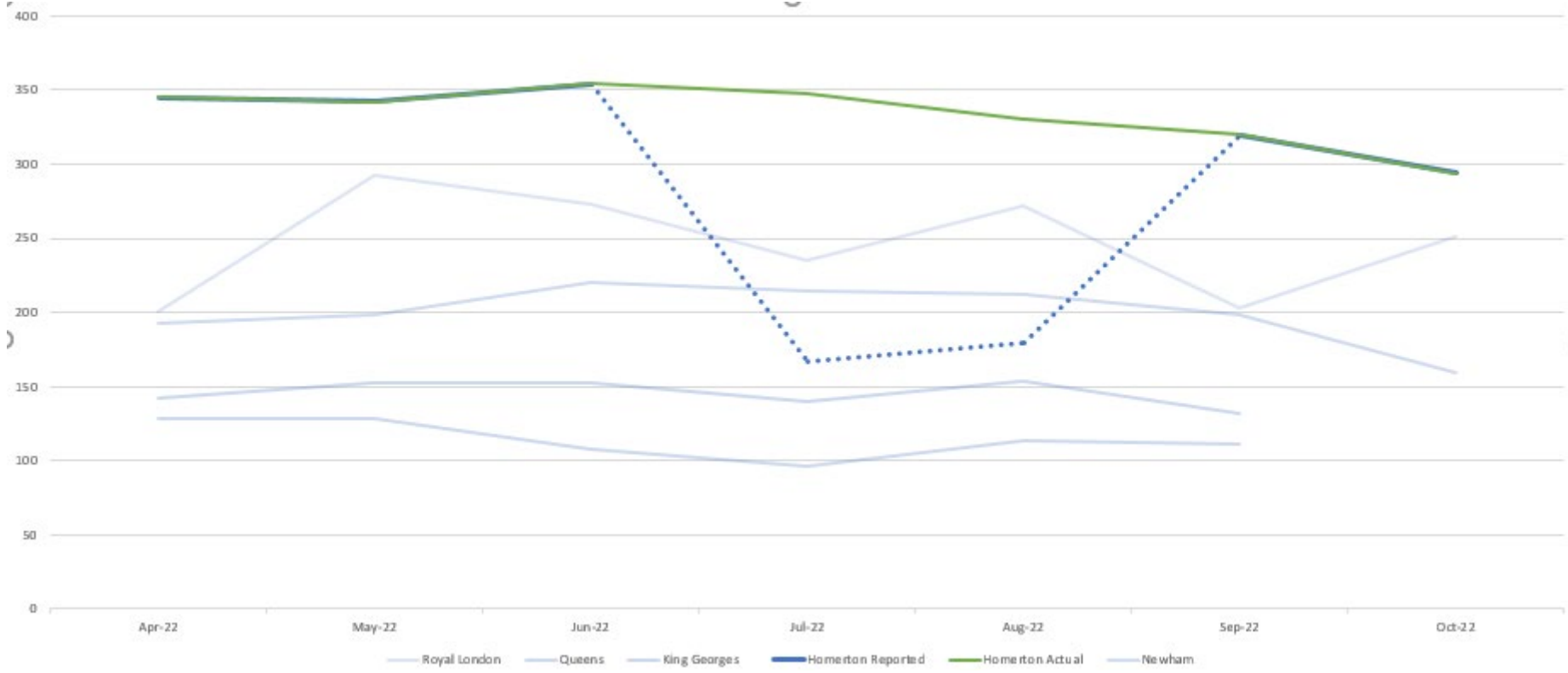
Increased demand across the whole crisis pathway

- It has one of the lowest numbers of 12 hour breaches – but still too many.
- Number of calls to the Crisis Line has also significantly increased
- High number of people attending ED brought in by police
- Increase in presentations to Crisis Café with over half not previously known to services



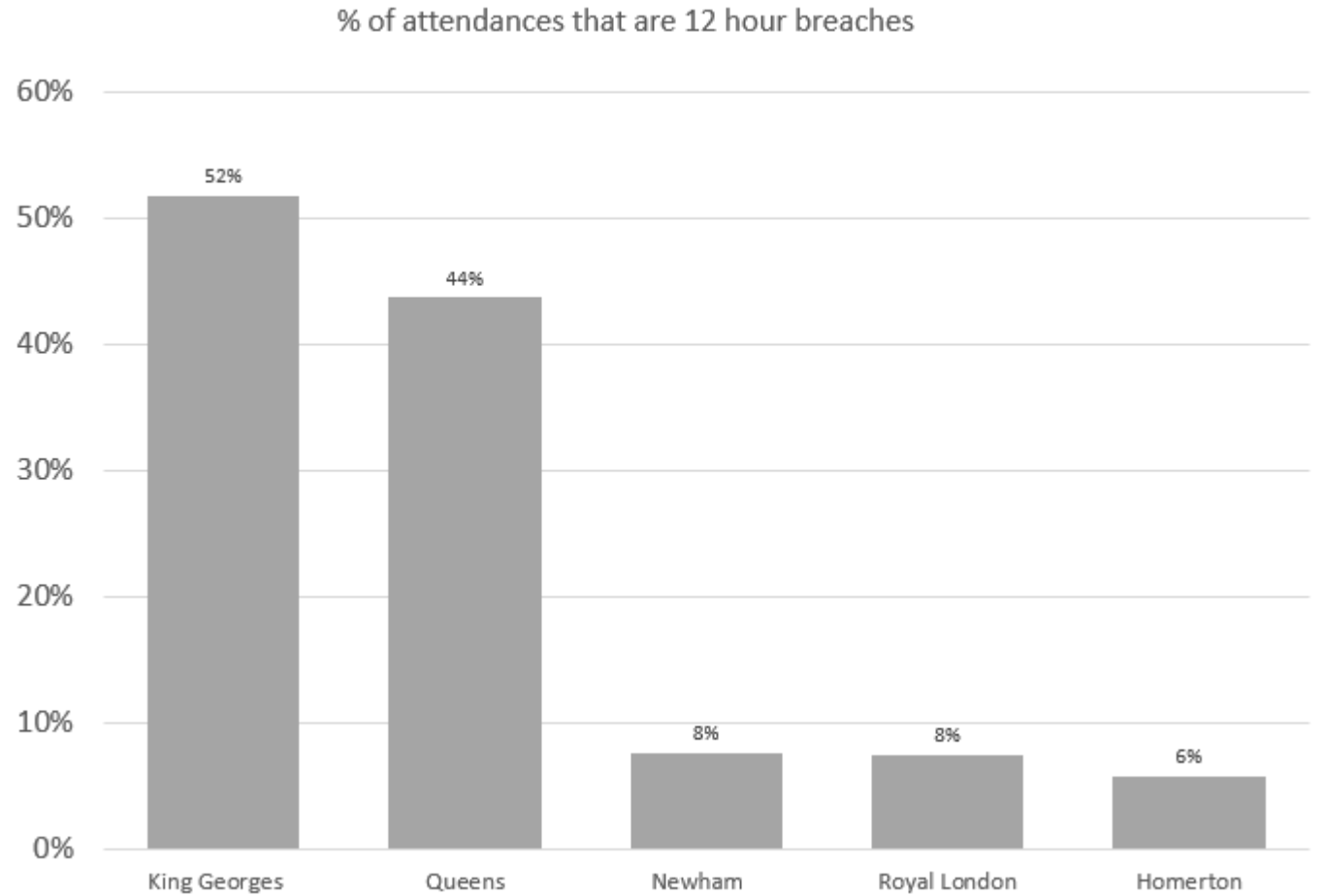
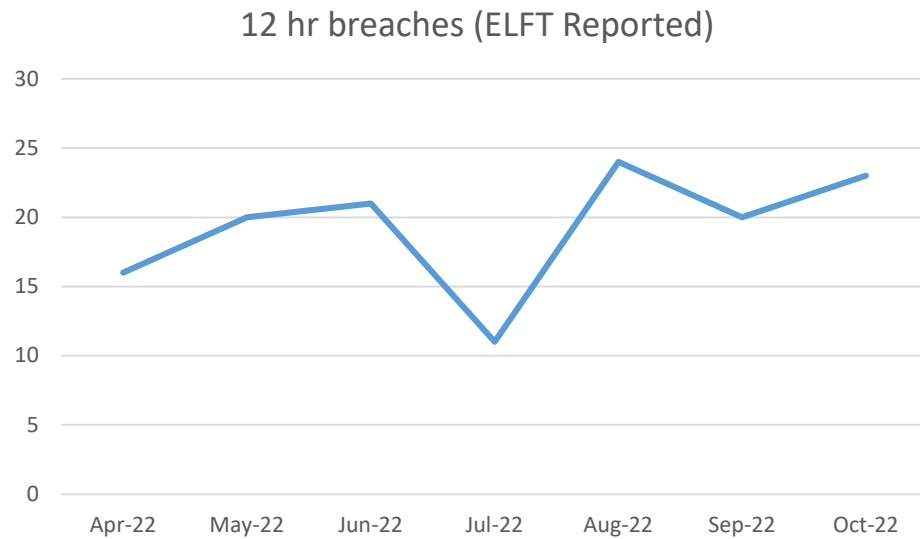
**We care**  
**We respect**  
**We are inclusive**

# A&E figures from NEL (with correction)





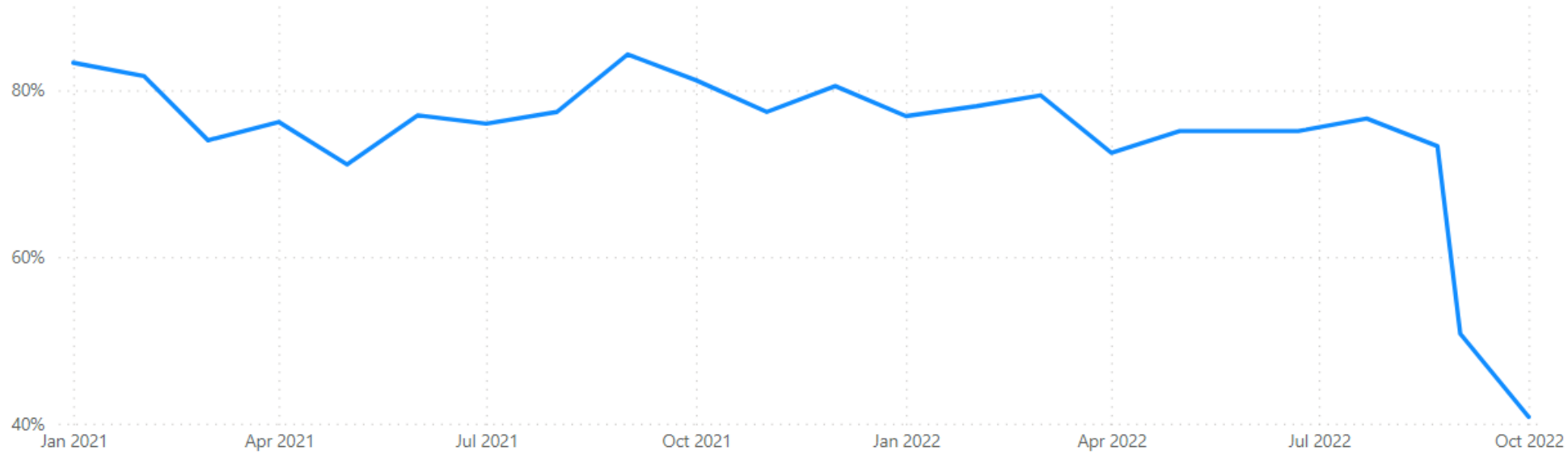
# 12 Hour Breaches



HPM Referrals



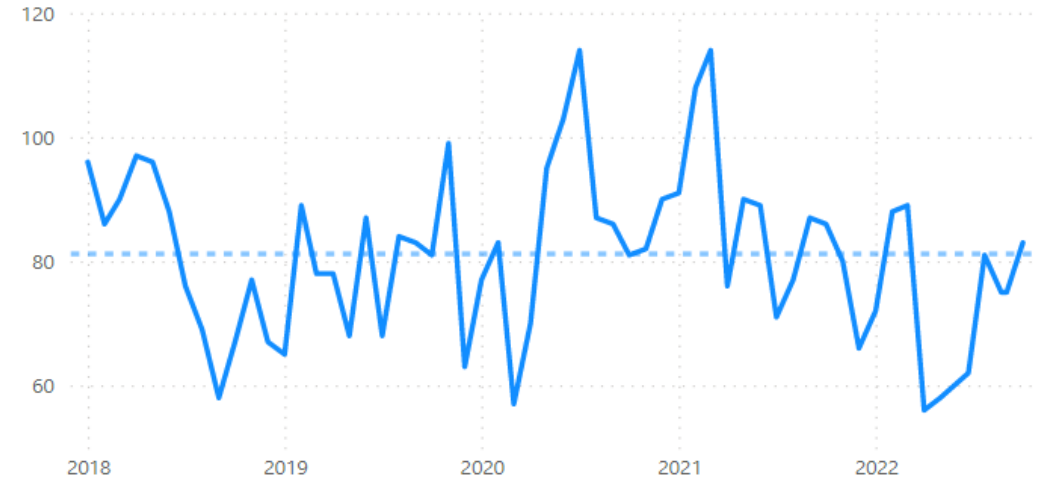
HPM Seen in 1 hour



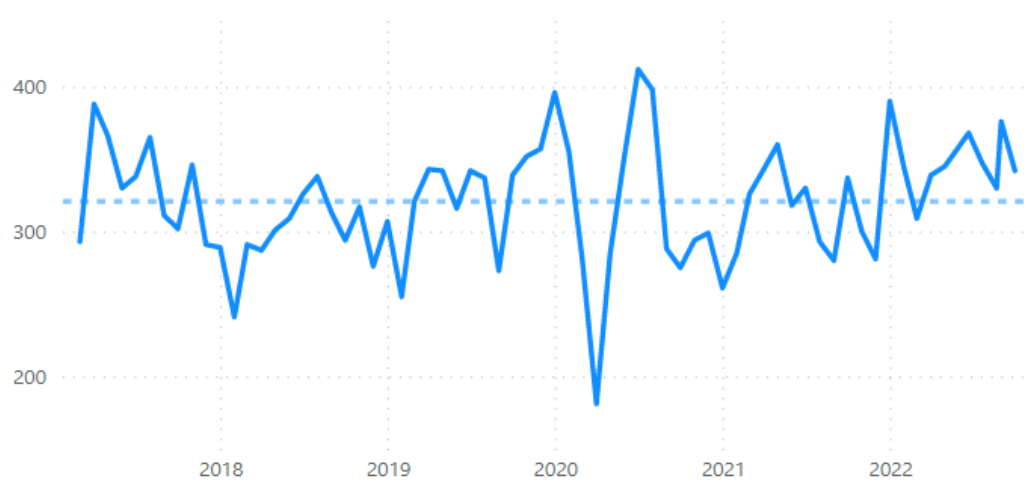
Crisis line Calls



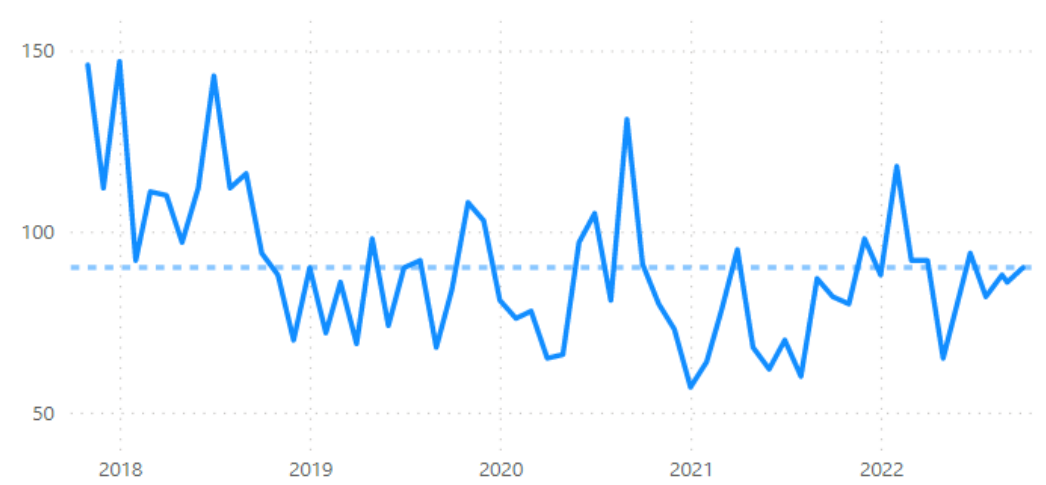
UAT Referrals



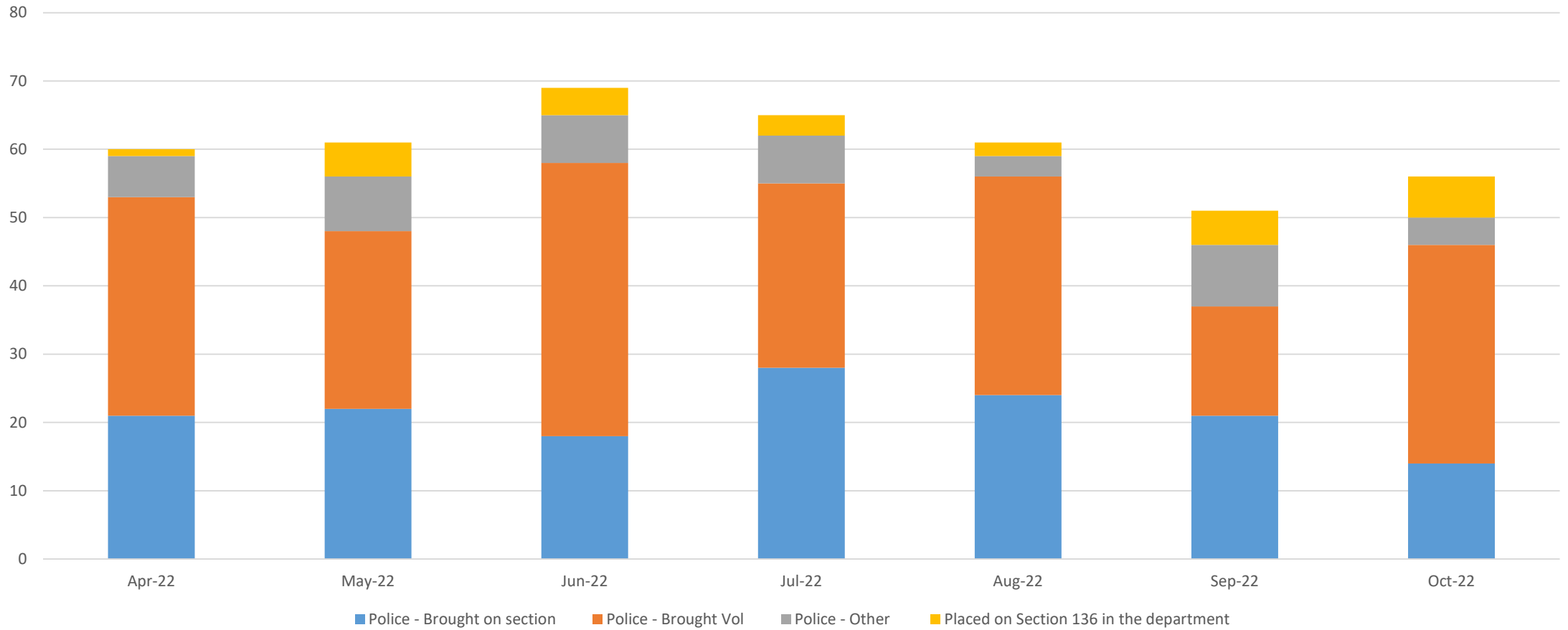
HPM Referrals



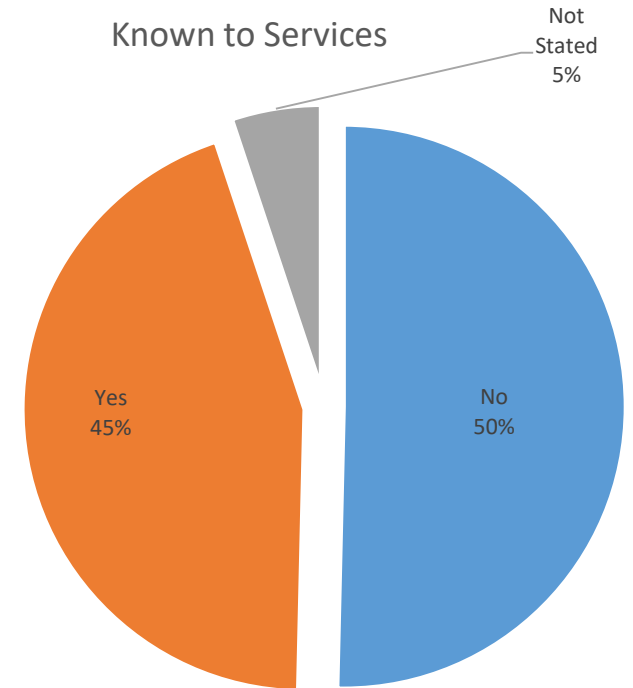
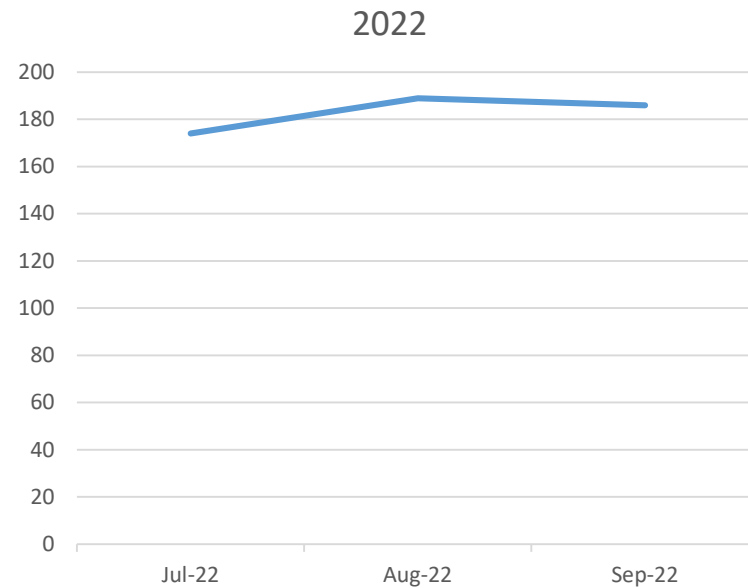
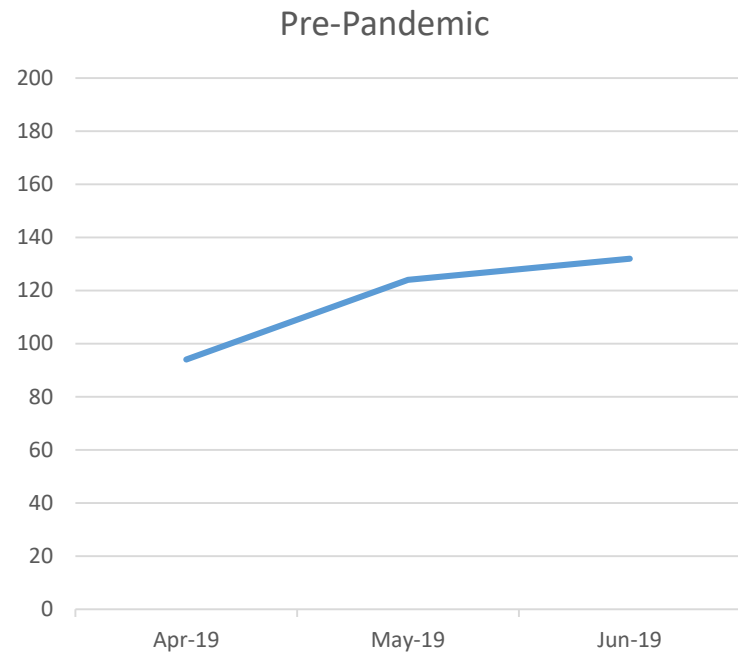
HTT Referrals



# HPM & Police



# Crisis Café contacts



# What's Changed? Why so many ED breaches?

- The last year has seen unprecedented Bed Occupancy pressures across all Mental Health Trust's in London
- London Wide/National issue - All Mental Health Trusts in London for much longer that ELFT have had insufficient bed capacity for the demand
- Mental Health Trusts outside London also have significant bed pressures .
- Locally & across London the key reason is not increased numbers of admissions – its increased length of stay – the numbers of patient's staying longer than 40 or 60 day

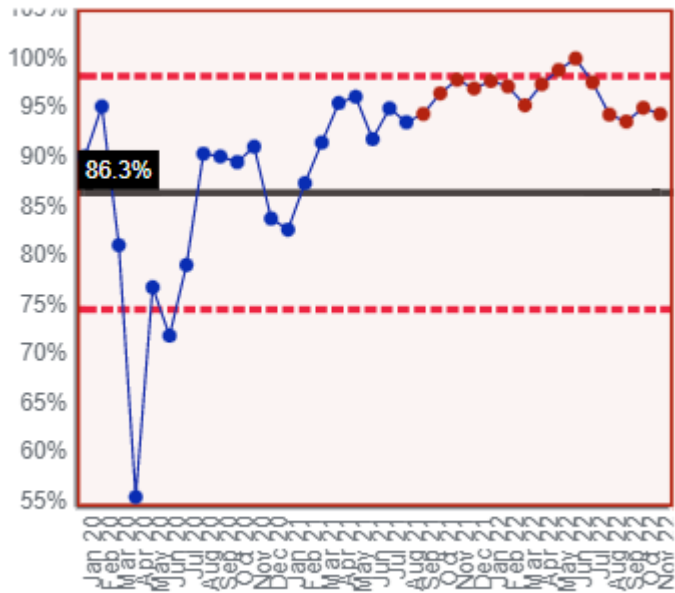
## Why is this happening ?

- **post Pandemic** MH patients requiring admission are **more complex** and **more unwell** and therefore take longer to be medically optimised. - Service Users who had been well for several years – presenting unwell & in crisis – **All Trusts experiencing this change**
- **Housing Crisis** - It is taking Longer to identify temporary/general needs accommodation - what previously was identified in 3 days - can now routinely take 1-2 weeks
- It is taking longer to get Landlords to make any necessarily repairs before someone can be discharged home
- **Community Teams under pressure** - managing increased need and complexity in the Community - staffing and recruitment issues
- **Locally – some reduction in Bed Capacity & Flexibility** - we decommissioned 2 male acute beds - We have 38 Female and 50 Male acute beds. No longer able to flex Male /Female capacity

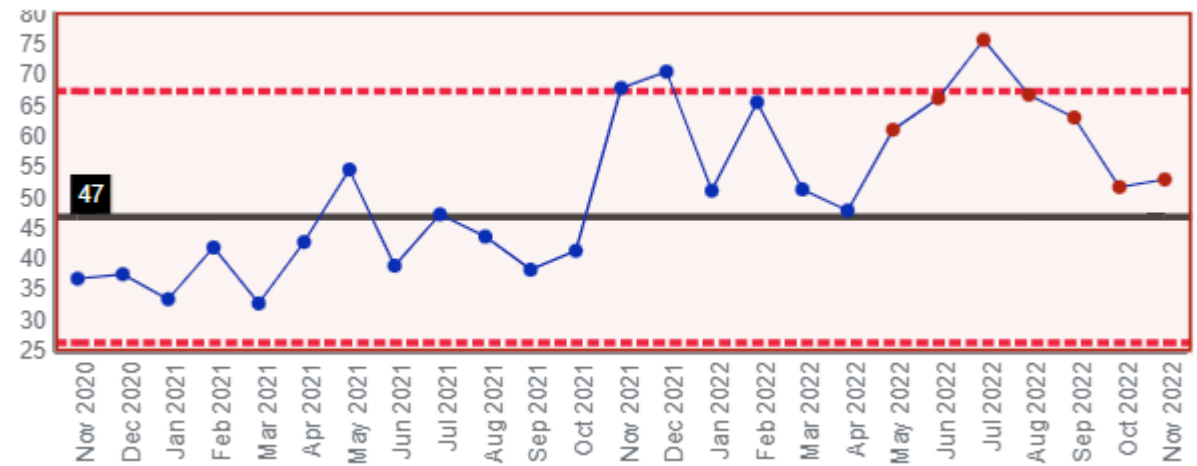


# Inpatient unit

% Occupancy - 10057 (XmR Chart)



Average length of Stay (No of Days) (C chart)



# What Steps are We Taking in Response to this Challenge?

- We all agree that its not acceptable for people in Mental Health Crisis to wait more than 12 hours in A&E - when they need to be in hospital
- We work incredibly hard along with our Acute Hospital colleagues to avoid this happening or reduce delays
- Since 2018 – An Escalation protocol has been in place in order to avoid 12 hour breaches for patients in A&E – escalated to Senior Managers within 4-6 hours
- Our Number of long stay patients is reducing and discharge planning /throughput is improving

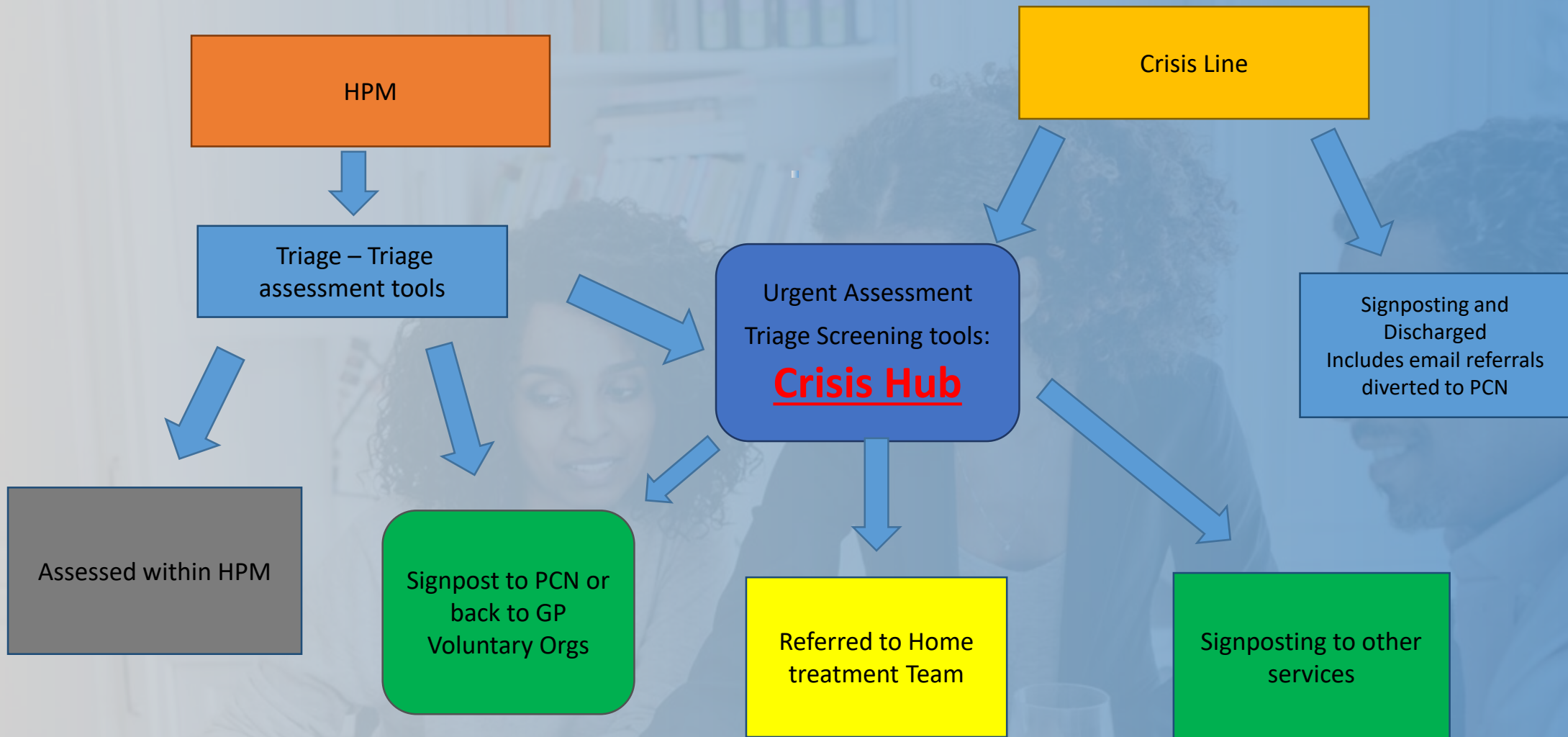
## What steps have we taken to reduce length of stay , improve discharge planning and increase capacity

- Monitor length of stay through weekly reporting - keep the issue visible and a priority
- Weekly Complex Case Discussions with Consultants and MDT
- Improved communication and decision making along the patient discharge path ways
- Increased buy in from Senior Clinicians In to finding solutions to this problem – Capacity & Flow QI Group - lead by Clinical Director
- Established a Social Work Discharge Team - which works across the wards with Non Care Coordinated Patients
- Use B&B as a transition and to avoid Housing causing delays – only for patients ready for discharge
- Extra Funding for additional Psych Liaison staff between now and March –
- New Crisis Hub in Raybould Centre - due to open in February 2023 -
- Contracted Additional Bed capacity in the Private Sector – 40 beds until the end of March





# Crisis Assessment Hub



## Crisis Alternative Services

- Crisis Café – Open 7 days a week – Mon-Fri evenings, Sat/Sun afternoons
- SUN – Service User Network – open access crisis support groups facilitated jointly by therapist and peer worker.
- SOS – Support offered to individual and their social system following Open Dialogue model
- Urgent Assessment Team – assessments of people in crisis either at their home or at team base, 24/7 – 4-24 hours post referral
- Crisis Line
- ALSO – High Intensity User Service – MDT including mental health clinicians working with frequent attenders to ED. QI project looking at reducing presentations of this cohort by 30%.



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**We respect**  
**We are inclusive**

## Reason for increase in presentations

### Various theories:

- Hackney has large number of single households – less family support
- One of the highest proportion of people with SMI in the country
- Hackney/Homerton is seen as a ‘favoured’ site for mental health support (e.g high number of police bringing people to HUH as opposed to other Eds. And co-location of HBPoS
- Increased social stressors, cost of living, post-Covid



**We care**  
**We respect**  
**We are inclusive**

**City and Hackney Health and Care Board  
8th December 2022**

<b>Title of report</b>	Draft for discussion: a framework for mutual accountability between north east London's place partnerships and NHS North East London
<b>Author</b>	Charlotte Pomery, Chief Participation and Place Officer Christopher Cotton, Director of ICS Transition
<b>Presented by</b>	Charlotte Pomery, Chief Participation and Place Officer
<b>Executive Summary / Summary of Key Issues</b>	<p>This paper sets out proposals for how place partnerships and the integrated care board should interact with each other (and with provider collaboratives), alongside place partnerships' role in delivering the ICS's key strategic priorities. It also suggests metrics to underpin place partnerships' accountability for improving local quality and performance. It concludes by explaining how NHS North East London will support in each of these areas. The final, agreed version of this document is designed to support north east London's place partnerships, working with provider collaboratives and NHS North East London, to deliver the four core objectives of integrated care systems:</p> <ul style="list-style-type: none"> <li>• to improve outcomes in population health and healthcare;</li> <li>• to tackle inequalities in outcomes, experience and access;</li> <li>• to enhance productivity and value for money; and</li> <li>• to support broader social and economic development.</li> </ul>
<b>Purpose of Paper / Ask of the Board</b>	<p>For Discussion</p> <p>This item invites discussion about the draft framework, which aims to enable north east London's place partnerships and integrated care board to reach a common understanding of shared ambitions, mutual expectations, and way of working.</p>
<b>Engagement</b>	<p>This document is being discussed with each of north east London's place partnerships. Following the completion of engagement between NHS North East London and each place partnership, a final draft will be agreed by all parties.</p> <p>The places of north east London have a long history of successful pace-based working. Strengthening and spreading this across north east London is critical to our overall success because places are:</p> <ul style="list-style-type: none"> <li>• where the NHS, local authorities, and the voluntary and community sector integrate delivery, supporting seamless and joined up care;</li> <li>• where we will most effectively tackle many health inequalities through prevention, early intervention, and community development, including at neighbourhood level;</li> <li>• where diverse engagement networks generate rich insight into residents' views;</li> <li>• where we can build detailed understandings of need and assets on a very local basis and respond with appropriate support; and</li> </ul>

	<ul style="list-style-type: none"> <li>• where the NHS and local authorities as a partnership are held democratically accountable.</li> </ul> <p>This mutual accountability framework, once agreed by all parties, is designed to support place partnerships to fulfil these functions, in the interests of all residents.</p>
<b>Specific Risks</b>	<p>There is a risk that, without clear articulation of the roles and responsibilities of each part of the integrated care system, partners will collectively not allocate resources and deliver transformation to best drive improvements to health, wellbeing, and equity in north east London. This document is, alongside complementary work being done on both culture and structures across the integrated care system, part of the mitigation of this risk.</p>



## A framework for mutual accountability between north east London's place partnerships and NHS North East London

### Introduction

North east London's place partnerships are uniquely placed to drive the integration between health and care that will improve residents' wellbeing, through co-produced approaches that build on community assets. As partnerships, they understand their communities and the inequalities that residents face. Reshaping north east London's health and care system so that it is equitable, delivers improved wellbeing for everyone, and is financially sustainable, will happen only if we work together to deliver at neighbourhood, place, collaborative, and system. Each element of the system needs to be accountable for its part of our improvement journey and to work together alongside residents and communities to effect change sustainably.

This draft document continues our discussion about what NHS North East London asks place partnerships to hold accountability for and, in turn, what the partnerships can expect NHS North East London to achieve for them. It will sit alongside an equivalent document that focuses on the role of provider collaboratives to help build our understanding of how the system overall will work best.

We recognise that our system is new and evolving, and much of this draft document seeks to outline the principles which will guide this evolution to support improved health and wellbeing for local residents.

*Zina Etheridge* – Chief Executive Officer, NHS North East London

### Background

The North East London Health and Care Partnership (NELHCP) brings together the NHS, local authorities, and community organisations across north east London to work in partnership with local people to support them to live healthier, happier lives.

Our approach is built on an understanding that partnership, conversation and collaboration underpin all that we do. We see that place shapes and strengthens system and that system enables and builds place, underlining our appreciation of the need for our workforce to participate through a range of inter-connecting networks (operating at neighbourhood, place, collaborative, system, region, nation) in order to be most effective in improving outcomes for everyone. NHS North East London has adopted the principle of subsidiarity to encapsulate this approach as applied to governance, decision-making, strategy, and delivery of models of care. This means we will facilitate tasks being performed at the most local level, closest to those most likely to be directly affected, and only carry out tasks that cannot be carried out at that more local level.

As north east London's integrated care system, we are ambitious and actively draw on best practice locally and internationally. We are clear that we are moving beyond performance management to maximising value, and beyond our individual responsibilities to create a shared endeavour and mutual accountability for delivering benefit and opportunity for our residents. We are committed to continuous improvement and innovation across and with all partners, meaningful

co-production and resident participation, and working in integrated ways together to provide better health and care outcomes for our growing and diverse population of over two million people. At the heart of our partnership is a shared commitment to meaningful participation with residents and partners, a passion for equality and addressing health inequalities, and ensuring that system collaboration underpins continuous improvements to population health and the integrated delivery of health and care services. To operate effectively, we understand that our system needs to develop continually, to be resilient, and to respond coherently and in partnership to emergencies and emerging challenges.

Our seven place partnerships and our five provider collaboratives are crucial building blocks of North East London's integrated care system. Together they play distinct but crucially interdependent roles in driving the improvement of health, wellbeing, and equity for all residents. As we mature as a system, we will increasingly call on each other to support the achievement of outcomes and to enable the collaboration and partnership on which we all rely. We recognise that this support will look different for different pathways but we recognise the fundamental importance of building relationships, sharing perspectives and working alongside local residents to facilitate this support.

The places of north east London have a long history of successful place-based working. Strengthening and spreading this across north east London is critical to our overall success because places are:

- where the NHS, local authorities, and the voluntary and community sector integrate delivery, supporting seamless and joined up care;
- where we will most effectively tackle many health inequalities through prevention, early intervention, and community development, including at neighbourhood level;
- where diverse engagement networks generate rich insight into residents' views;
- where we can build detailed understandings of need and assets on a very local basis and respond with appropriate support; and
- where the NHS and local authorities as a partnership are held democratically accountable.

Aligned to this, our collaboratives play a critical role in bringing together NHS provider trusts, primary care networks, and VCSE organisations across the whole of north east London to make use of their combined resources and expertise. We have collaboratives for acute care; mental health, learning disabilities, and autism; community services; primary care; and the VCSE sector. Across these five collaboratives, partners are focused on:

- reducing unwarranted variation and inequality in health outcomes, access to services and experience;
- improving resilience by, for example, providing mutual aid;
- ensuring that specialisation and consolidation occur where this will provide better outcomes and value;
- spreading innovation and best practice; and
- ensuring a strong voice for users of their services and other provision in ICS decision-making.

#### Principles for working together as place, collaborative, and system

- Our approach is built on a shared understanding of subsidiarity: that decisions are best taken closest to those most affected by them. There is freedom to lead, innovate, experiment, and deliver through place partnerships, without non-value-adding interventions from NEL-wide structures.

- Subsidiarity will be enabled by financial and functional delegation to place sub-committees and to provider collaboratives where required.
- Aligned to this is a shared belief that the place partnerships created in our new arrangements are equal partnerships, with organisations, including collaboratives, coming to the table as equal partners to improve outcomes for local residents.
- Our model of working together sees place partnerships holding responsibility for the health and wellbeing of their local population, for key local outcomes, for improving care and support, and for reducing health inequalities, calling on collaboratives and NHS North East London to support.
- Our ambition is for system to support the journey towards greater integration strategically and operationally, building on best practice in places and recognising this might look different in each place.
- We are committed to working from existing arrangements in each place to develop the capacity and infrastructure that best supports place partnerships to respond to the specific and varied health and wellbeing needs of their local populations.
- NHS North East London will play a role in facilitating partners across the patch to enable effective place working, including problem-solving with and on behalf of place partnerships, advocating for the centrality of place, and organising teams and processes in ways that recognise the relevance of place.
- NHS North East London supports the approach that places shape the system and the system shapes places, and will address behaviours that promote the idea of it as an organisation standing apart from places rather than built from them, such as how its teams communicate and how north east London-wide work is described.
- Place partnerships and provider collaboratives are equal and co-dependent partners in the improvement of health, wellbeing, and equity. They will frequently rely on each other to achieve their objectives. For example, provider collaboratives will often depend on place partnerships for the insight required to ensure that north east London-wide programmes of work meet the varied needs of communities across north east London. Equally, place partnerships will rely on provider collaboratives to leverage the capacity and expertise that enables their residents to be cared for in the quickest and safest way possible. The links between place partnerships and provider collaboratives will come from the overlap of leaders, focused engagement on particular areas work, and formally through the population health and integration committee of the Integrated Care Board.
- Place partnerships will recognise their role within, and contribution to, the wider system in line with the principle of subsidiarity. This means that, whilst places work principally to respond to the needs and aspirations of their local residents and communities, they will also work in alignment with co-created wider approaches and, along with provider collaboratives, to deliver local elements of wider programmes. Whilst some such approaches and programmes may span north east London, some may cover identified geographies within this or dedicated communities for example.

#### Delivering care and support that improve health, wellbeing, and equity

Our shared work to improve health, wellbeing, and equity combines outcomes and priorities identified by each place partnership with north east London-wide programmes in which places play a critical strategic and delivery role alongside collaboratives and NHS North East London.

We are already identifying clear and quantifiable outcomes goals – co-produced with our residents – so that we can be clear about the impact we are making. Where these already exist, they will be at the front and centre of the outcomes model.



Area	Place partnership accountabilities
<b>Overall ambition</b>	<p>Place partnerships will be responsible for the health and wellbeing of their local populations. In order to support this, a key role of place partnerships will be to convene a range of partners and enable their contribution to the delivery of integrated local care, based on smaller neighbourhoods and reflecting the system and community assets held locally.</p> <p>Each place will facilitate and co-ordinate the work necessary across collaboratives and geographies to ensure that all residents can access same-day urgent care when they need it and deliver continuity of care for agreed cohorts of residents in line with the Fuller Stocktake and any associated policy or legislative developments.</p> <p>Through prevention and earlier intervention, focused on the wider determinants of health and wellbeing, place partnerships will help to reduce the proportion of the population needing the most acute health and social care, including hospital stays and residential and nursing care, creating health and wellbeing for a wider range of residents for longer. Partners will also work together in integrated ways to minimise pressure on the social care front door, including by promoting earlier intervention and the use of community assets that support residents to avoid reaching crisis.</p> <p>In the context of a rapidly growing population, this approach is key to moderating the growth in demand for both NHS health provision and local authority social care, which is critical to our system's long-term sustainability.</p>
<b>Leadership and infrastructure</b>	<p>Places hold a number of key strategic functions for the integrated care system, including:</p> <ul style="list-style-type: none"> <li>• relationships with local authorities, local providers, community groups, and residents;</li> <li>• participation and co-production with residents;</li> <li>• the insight to understand and tackle local population health and inequalities;</li> <li>• supporting system financial sustainability; and</li> <li>• building integrated models of insight, planning, and delivery.</li> </ul> <p>In order to fulfil these functions, places will need the resources identified in the proposal for core place teams, as well as support from north east London-wide teams who will provide embedded teams or individuals working at place. Places will be supported by an effective financial strategy and the requisite delegations for decision making.</p> <p>We envisage the leadership role at place as a system leadership role that builds on the strengths and assets of local communities and of our system, actively convening conversations, facilitating different perspectives, hosting partners to share best practice and building collaborative approaches. We will need to remind ourselves constantly of our system gaze, scanning a range of elements to build the strengths-based system we need.</p>
<b>Neighbourhood working</b>	<p>The place partnership will facilitate strong connections within each neighbourhood, building integrated teams encompassing NHS and social care services, the wider local government offer, and community-led care and support. Along with a central role for primary care, including the primary care</p>

	<p>collaborative, this joined-up locality working will strengthen the integration of health and care and directly drive better local outcomes.</p> <p>➤ <i>How NHS North East London will help</i></p> <p>Where a lack of geographical coherence of primary care networks poses a challenge to neighbourhood working in a place, NHS North East London will work with the primary care collaborative and places to support and drive the alignment of footprints to maximise the impact of neighbourhood working.</p>
<b>Partnership working</b>	<p>The place partnership will promote and enable the widest possible view of partnership working. This means working beyond statutory health and care organisations and ensuring that representatives from (for example) the voluntary sector, housing, and police are actively involved in the work of the partnership. This wide view of partnership includes a default to meaningful engagement of, and co-production with, residents.</p> <p>The place partnership lead and NHS North East London will together support the development of the partnership as a high-functioning executive team. This includes the encouragement of peer collaboration and constructive debate between partners, along with transparency and candour about organisational challenges. The Place Partnership Lead, the Director of Partnerships, Impact and Delivery, the Clinical Lead, and the collaboratives' leads in each place will together manage the business of the partnership as well as leading co-production, innovation, and the sharing of best practice.</p> <p>➤ <i>How NHS North East London will help</i></p> <p>NHS North East London will connect place partnerships with each other, including robust mechanisms to share learning and leading practice across place partnership leads, clinical and care professional leaders, and staff from all levels in partner organisations. NHS North East London will also provide elements of development support across the seven places, by agreement with the place partnership leads.</p>
<b>Mental health and wellbeing</b>	<p>The place partnership, working closely with provider collaboratives at place, will develop and, through its partners, deliver integrated services that enable residents with mental ill-health to live well in the community. This will focus on agreed priority cohorts and prioritise prevention and more equitable access to services.</p> <p>The place partnership lead will ensure a strong focus on the wider mental wellness agenda, including access to employment and access to community-based care and support networks, rather than our collective historic default to focus on the acute end of mental health services.</p>
<b>Babies, children, and young people</b>	<p>Place partnerships, working closely with provider collaboratives at place, will make sure that north east London's places are the best places for babies, children and young people to develop and grow.</p> <p>Place partnerships will take an all-age approach, with parity between the needs of babies, children, young people, and adults, as the basis for sustainable long-term improvements to population health and wellbeing.</p> <p>The place partnership lead will drive creation of a coherent approach to early years, adolescents, and young people up to the age of 24, bringing in partners from across the NHS, local government (families, education, housing), and community organisations, working with parents and families and building holistic support for all babies, children and young people.</p>
<b>Workforce</b>	<p>The place partnerships will lead local design of more integrated workforce models, based around neighbourhoods and focused on community delivery</p>

	<p>by a broad range of clinical and care professionals alongside VCSE. Place partnerships will also enable local employment by forging effective links with local education and training institutions.</p> <p>The place partnership lead will sponsor this work whilst participating in, and facilitating broader place contributions to, NEL-wide work on broader systemic issues relating to recruitment, retention, design of new roles, and skills development across north east London.</p>
<b>Long-term conditions</b>	<p>Place partnerships have a significant role in ensuring a strong focus on prevention and early intervention, convening work across collaboratives, places and system and facilitating the creation of health-promoting communities and neighbourhoods. Partnerships will support the co-ordination of end-to-end pathway responses for residents at risk of and experiencing long-term conditions, working at different geographies to facilitate the best outcomes for local residents and communities.</p> <p>Please see the annex for further detail.</p>
<b>Community-based care</b>	<p>Place has a significant role in co-ordinating care in the community, ensuring a strong focus on prevention and early intervention, working across collaboratives, places and system and creating health-promoting communities and neighbourhoods for all.</p> <p>Much of the focus will be on a multi-agency approach to Ageing Well, ensuring that north east London is a good place to age, for example with dementia-friendly policies which could be met by the all-age approach supported by place partnerships.</p> <p>Place partnerships will seek to ensure residents can be supported at the end of their lives, dying with dignity in the place of their choice. This could include ensuring good information, advice, and guidance, palliative care at home, effective community support, and residential options are all available, reflecting the cultural and specific needs of our diverse populations. Place partnerships will ensure informal carers are well supported through the experience of end-of-life care for their loved ones.</p> <p>Please see the annex for further detail.</p>
<b>Learning disability and autism</b>	<p>Recognising the leadership role for local authorities in valuing people with learning disabilities and autism to lead fulfilling lives, place partnerships will bring together partners at a place level, including to improve the levels of employment, independent living, and quality of life for people with a learning disability. Place partnerships will enable good system working and ensure the needs of people with learning disabilities and autism are considered across all pathways.</p> <p>Place partnerships will work with all partners to seek to ensure people with learning disability and autism do not experience inequality of outcomes across any health or wellbeing domain, as reflected here and in performance and quality metrics.</p> <p>Place partnerships working across partners will be accountable for improving the rates of Learning Disability Health Checks carried out annually, and how the outcomes of these checks are followed through. Place partnerships will work with the Mental Health, Learning Disability and Autism Collaborative to ensure that Transforming Care responses are timely and support the principles of independent, community-based living for this cohort.</p>
<b>Carers</b>	<p>Place will play an active role in facilitating and joining up work across partners to ensure that carers are valued, supported to care, and able to</p>

	<p>enjoy fulfilling lives beyond their caring responsibilities. This will include developing a joint carers' strategy and action plan, as well as delivering on the NHSE metrics and deliver against specific targets on carer assessments, commissioning carer support agencies, etc.</p> <p>Place partnerships will work with local authority leads to ensure carers' strategies reflect wider system working and build awareness of the need for identification and support to carers to be system-wide. Place partnerships will deliver strengthened carers' offers that reflect the needs of their local communities and build best practice.</p>
<b>Homelessness</b>	<p>Recognising the leadership role of local authorities, place partnerships will be responsible for improving the health and wellbeing of those sleeping rough or facing homelessness by:</p> <ul style="list-style-type: none"> <li>• ensuring GP registration and primary care support to this cohort;</li> <li>• improving access to secondary and tertiary care as appropriate;</li> <li>• recognising the needs of the homeless population for all levels of support, care, and treatment across mental and physical health; and</li> <li>• co-ordinating local support to the street homeless population and participating in work led by local authorities work to improve their health and wellbeing outcomes.</li> </ul>
<b>Asylum seekers and refugees</b>	<p>Recognising the leadership role of local authorities, place partnerships will be responsible for improving the health and wellbeing of asylum seekers and refugees, including those accommodated in Home Office hotels, by:</p> <ul style="list-style-type: none"> <li>• ensuring GP registration and primary care support to this cohort;</li> <li>• improving access to secondary and tertiary care as appropriate;</li> <li>• recognising the needs of the asylum seekers for all levels of support, care, and treatment across mental and physical health; and</li> <li>• co-ordinating local health and wellbeing support to the asylum seeker and refugee population and participating in work led by local authorities to improve their health and wellbeing outcomes.</li> </ul>
<b>Person-centred care</b>	<p>Place partnerships will be held accountable for enabling person-centred care in their local area. This will include bringing together a range of initiatives that support residents and communities to be at the centre of decisions that are made around their care, reflecting the principle of 'Nothing about us, without us'. Ways of testing effectiveness in this area could include rates of satisfaction and levels of personal health budgets and direct payments in a specified area and for specific communities.</p>
<b>Health creation and primary prevention</b>	<p>Place partnerships will lead for ensuring that the wider determinants of health are effectively understood and influence approaches to all areas of accountability. Place partnerships will lead on the involvement of the whole local authority and wider partners to build an effective model for addressing wider determinants and their impacts on health and wellbeing. Place partnerships will be held accountable for supporting models to reduce health inequalities and improve health and wellbeing through a series of performance and quality metrics, attached.</p>
<b>Immunisations</b>	<p>Place partnerships are key in enabling uptake of immunisations across all communities in a local area. They will be accountable for the vaccination and immunisation rates of their local population, across children and adults and for routine and reactive vaccination programmes. Places will be required to</p>

	ensure capacity for all vaccination and immunisations activity and to support take up with a focus on inequalities and ensuring equitable take up across all communities.
<b>Local system flow</b>	As the principal forum for local health, care and wellbeing partners, place partnerships have a critical role in addressing more immediate operational pressures whose resolution require input from multiple organisations.  The place partnership lead will ensure that place-based mechanisms exist to convene relevant partners as required to maintain consistent and adequate system flow, as well as to respond to periodic additional pressures. This will be with the support of the relevant commissioning and transformation teams from within NHS North East London and will ensure the pressures on all parts of the system are paid equivalent attention.

Accountability for improving performance and quality at place

Many of the performance and quality metrics – and related outcomes for residents – that NHS North East London is required to deliver can be achieved only through effective collaboration in place partnerships. Each partnership is working on a performance and quality metrics framework that will set out in greater detail the metrics for which place partnerships are responsible and will be held accountable, whether the lead is with the NHS, the local authority, or other partners.

These metrics are a combination of performance and quality metrics contained in NHS North East London’s operating plan, which is agreed each year with NHS England; the Better Care Fund Plans approved by Health and Wellbeing Boards in each local authority area; and in place partnership delivery plans, based on locally-identified priorities. The partnership will monitor performance and quality, identify trends and clusters of concern, agree and implement corrective action where necessary, and sense check data quality, with the support from the relevant local and north east London-wide commissioning and transformation teams from NHS North East London.

<b>Target set by NHSE// London or national or regional policy or guidance ambitions driving locally developed targets</b>	<b>Requirement set by national guidance for both health and care</b>
<b>22/23 Operational Planning Metrics</b>	<b>Better Care Fund</b>
<ul style="list-style-type: none"> <li>• Hospital Discharge Pathway activity</li> <li>• Community Waiting List</li> <li>• 2 Hour Crisis Response</li> <li>• Virtual Ward</li> <li>• NHS 111 referrals into SDEC</li> <li>• LD Healthchecks</li> <li>• LD inpatients</li> <li>• Personal Health Budgets</li> <li>• Social Prescribing</li> <li>• Personalised Care and Support Plans</li> <li>• GP appointments</li> <li>• Extended access</li> <li>• 18 weeks access for Children's Wheelchair</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of inpatients who have been in hospital for longer than 14 days</li> <li>• Percentage of inpatients who have been in hospital for longer than 21 days</li> <li>• Percentage of hospital inpatients who have been discharged to usual place of residence</li> <li>• Unplanned hospitalisation for chronic ambulatory care sensitive conditions</li> </ul>

How NHS North East London will help

NHS North East London will direct its people to work with place partnerships to develop their approaches in each of the areas described above, specific to the local context. This includes offering the tools, capacity, and skills required. It will build up north east London-wide approaches from work done at place. These north east London-wide approaches will aim to remove systematic barriers which obstruct effective place-level work. It will also work with places to direct additional available financial resources to support work in these areas.

Additional commitments from NHS North East London:

Theme	Commitment
<b>Localism and subsidiarity</b>	<ul style="list-style-type: none"> <li>NHS North East London will operate, and shape the wider north east London health and care partnership, around a <i>default to place</i> – the assumption that places (and neighbourhoods within them) are the optimum organising footprint for our work unless there is a clear reason for operating at a larger scale</li> <li>NHS North East London will provide its leaders at place with sufficient autonomy and flexibility to work in the ways required to deliver for their places, as well as encouraging and enabling this way of working in provider trusts</li> <li>NHS North East London will ensure the ICB Board effectively delegates to Place Sub-Committees the functions and financial influence required to deliver its accountabilities</li> </ul>
<b>Capacity to deliver</b>	<ul style="list-style-type: none"> <li>NHS North East London will lead all partners across the health and care partnership to devise an integrated workforce strategy that sets out how the workforce needed in each place will be delivered</li> <li>NHS North East London will organise its own workforce so that it supports the work of each place partnership, including through a core team based permanently in each place and an extended team at place drawn from colleagues working in NEL-wide structures</li> <li>NHS North East London colleagues who are part of the extended team will spend time in the places to which they are aligned, building local knowledge and relationships</li> <li>NHS North East London will encourage other partners who work across multiple places to align their structures and teams to place partnerships, where this supports delivery of place partnerships' objectives</li> <li>NHS North East London will fund the substantial portion of clinical and care professional leadership roles operating at place</li> </ul>
<b>Money</b>	<ul style="list-style-type: none"> <li>NHS North East London will lead the development of a system-wide financial strategy which will move investment into community health services and support the transformation required for place partnerships to deliver their objectives</li> <li>NHS North East London will support the development of a strategic overview of all funding enabling health and wellbeing in each place – including money spent by the NHS, local government, the direct schools grant and other education spending, and other public services – to create the insight required for each place partnership to exert influence across a greater spread of relevant investment</li> <li>NHS North East London's financial strategy will drive a levelling up agenda so that the money spent on health services in each place is increasingly in line with relative need and reflects the pressures of population growth</li> </ul>
<b>Data and insight</b>	<ul style="list-style-type: none"> <li>NHS North East London will provide place partnerships with the shared data and insight collectively agreed to be required to improve local outcomes, focused on outcome measures, service performance, and the information needed to plan and evaluate local transformation work</li> <li>NHS North East London will provide capacity for bespoke local analysis commissioned and directed by place partnerships</li> </ul>

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|  | <ul style="list-style-type: none"> <li>• NHS North East London will also lead on working across partners to resolve issues that inhibit effective provision and sharing of data, including information governance, conflicting data sets, and unclear points of contact</li> </ul> |
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## Annex

We recognise that there are some specific areas where place partnerships and collaboratives working together will need to determine by pathway how we best enable population health and wellbeing.

Examples of areas where we may work to define roles in more detail include:

### • Long Term Conditions

- In addition to the roles and functions outlined above, places could be required to:
  - understand local needs, have insight into local communities and plan for future needs;
  - deliver engagement and outreach into our diverse communities to build awareness and community support;
  - innovate to deliver primary and secondary prevention;
  - identify and manage long-term conditions;
  - develop integrated teams that support people with rising and complex needs, which will encompass a lot of long-term conditions management (Fuller);
  - empower patients to manage their own health as far as possible;
  - support people to live independently and well at home, avoiding admission to hospital or long-term care;
  - develop out of hospital services that support people with long-term conditions;
  - implement a consistent community-based rehabilitation offer; and
  - share best practice, identifying opportunities to work on a cross-borough basis and making pathways into secondary care as simple as possible.

### • Ageing Well

- In addition to the roles and functions outlined above, places could be required to:
  - understand local needs, have insight into local communities and plan for future needs;
  - deliver engagement and outreach into our diverse communities to build awareness and community support;
  - innovate to deliver primary and secondary prevention for older residents and those in need of community-based care;
  - develop integrated teams that support people in need of community-based care, aligning with implementation of the Fuller Stocktake;
  - empower patients to manage their own health as far as possible;
  - support people to live independently and well at home, avoiding admission to hospital or long-term care;
  - develop out-of-hospital services that support and are accessible to local residents;
  - implement a consistent community-based rehabilitation offer; and

- share best practice, identifying opportunities to work on a cross-borough basis and making pathways into secondary care as simple as possible.

Draft for comment



## City & Hackney Health and Care Board Development Session

Thursday, 08 December 2022

<b>Title of report</b>	NEL Financial Strategy Update
<b>Author</b>	Steve Beales, Assistant Director, NHS North East London (NEL)
<b>Presented by</b>	Steve Beales, Assistant Director and Henry Black, CFPO
<b>Executive summary</b>	Paper sets out proposals for our future financial framework in NEL, including how we will move to a greater population focus for funding and our approach to investment in transformation. The group are asked for views on the proposed framework.
<b>Action required</b>	Discussion
<b>Previous reporting</b>	Earlier work on the financial strategy has been discussed at a number of forums including: NEL CFO Leadership Forum; ICS Strategy Task and Finish Group; various PbP forums; and the Finance, Performance and Investment Committee
<b>Next steps/ onward reporting</b>	This paper is being discussed at each of the seven PbPs, as well as number of NEL-wide forums, before being submitted to NHS NEL's Finance, Performance and Investment Committee (FPIC) in January 2023.
<b>Conflicts of interest</b>	None
<b>Strategic fit</b>	Supports ICS aims: <ul style="list-style-type: none"> <li>• To improve outcomes in population health and healthcare</li> <li>• To tackle inequalities in outcomes, experience and access</li> <li>• To enhance productivity and value for money</li> <li>• To support broader social and economic development</li> </ul>
<b>Impact on local people, health inequalities and sustainability</b>	The framework aims to improve health and care outcomes for NEL residents through changes to funding arrangements. No equalities impact assessment has been undertaken.
<b>Impact on finance, performance and quality</b>	The report describes our policy intent as a system. While there are no direct additional resource implications, it does discuss how existing resources will be better managed.
<b>Risks</b>	We are trying to balance financial stability (of organisations and of the system) over the short to medium term, with financial and operational sustainability over the medium to long term. There is an inherent risk in this balance and we'd be grateful on views from partners on whether we have the right mix.

# NEEL Financial Strategy Update

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Key messages from the financial framework currently under development

# The ambitions of our financial framework

Our new financial framework will need to iterate over time as we ‘learn by doing’ and we are keen to work with partners to develop it further.

We have a number of ambitions for what we want the new financial framework to help us achieve. These are aligned to our system design principles and include:

## Improving quality and outcomes for residents

- **Incentivising transformation and innovation** in clinical practice and the delivery of services to improve resident outcomes
- Supporting delivery of **care closer to patients’ homes**, specifically investing resources in services that take place outside of the hospital environment to reduce demand for acute and specialist services

## Securing greater equity for our residents

- Refocusing how the system spends its money **to focus on population health**, including proactive investment in measures that keep people healthier
- **Increasing investment in prevention**, primary care, earlier intervention and the wider determinants of health, including environmental sustainability
- **Levelling up investment** and addressing any historic anomalies in funding distribution

## Maximising value for money

- Supporting our providers to **reduce transactional costs, improve efficiency** and reduce waste and duplication
- **Supporting the financial stability** of our providers and underpinning a medium-term trajectory to financial balance for all partners
- **Recognising existing challenges**, including that NEL is, as a SOF 3 ICS, financially challenged with a growing population and BHRUT in SOF 4 for financial performance.
- Ensuring we do not **create unnecessary additional financial risk**, especially in the acute sector

## Deepening collaboration between partners

- Supporting the **integration of health and social care** for people living with long term conditions who currently receive care from multiple agencies
- Ensuring that all partners are able to **understand and influence** the total amount of (ICB) resources being invested in residents’ care.

# We face significant challenges, both now and over the longer term

NEL faces significant challenges over the coming years, including increased demand for urgent and emergency care, a substantial backlog of elective care, workforce shortages and a cost-of-living crisis among many of our staff.

The system also faces significant financial tightening, with (unfunded) inflation and the removal of covid funding already creating pressure and more tightening expected across the whole public sector.

NEL also expects to have significant population growth over the coming years.

**With this financial framework we are trying to achieve financial stability over the short to medium term – recognising the significant challenges the system faces this year and next – while also ensuring that we have a sustainable model over the medium to long term, by beginning the transformation of services now**

To support new ways of working and the improvement of health and wellbeing outcomes, we are developing a financial framework which:

- **Moves, over time, to a population-based financial planning and funding approach**
- **Allocates funding in a way that recognises the costs of care provision**
- **Supports transformation via a system investment pool**

# Moving to a population-based approach

The ambition of PHM is to draw a cause-and-effect line between all the money we spend and the health and wellbeing outcomes impacted. In the meantime, there are three main ways in which the framework is supporting a shift to a more population-focused funding arrangement:

- Reducing inequalities in care provision and outcomes by ensuring that where we spend our money reflects the needs of our population.
- Increasing the proportion of our ICB budget that is spent on prevention and early intervention year-on-year.
- Providing financial support for the testing and deployment of interventions and care models that seek to improve health and wellbeing outcomes.

Historically there has been a discrepancy between the amount each place receives when weighted for population need estimated at between 6% and 9.3%. However, the national funding formula is based on incomplete and often inadequate data which doesn't accurately reflect the gap between population need and service provision.

**The proposed approach for reducing inequalities is therefore that, as a system, we define a core set of services that should be available to everyone and that we focus funding uplift on ensuring that that minimum service exists everywhere, before then moving on to target additional funds into areas with poorer outcomes.**

# Reflecting the costs of care provision to support partnership working

During financial year 2022/23 the whole NHS is still transitioning from the top down emergency funding regime, which channelled funding direct to front line service providers based on actual expenditure in response to the pressures of the pandemic

Beginning with the 2023/24 financial year, revenue allocations (and associated savings requirements) will be made through a central process to one of three settings: i) place committees of the ICB (which operate in close alignment with the wider place partnership in each place), ii) directly to trusts, or iii) be held centrally by the ICB.

The approach will enable partnership working rather than an unhelpful focus on finances and contractual negotiation. **We will use the following two principles when determining which budgets**, for which services, sit with different parts of the system:

- **Trust partners** (NELFT, ELFT, Barts Health, BHRUT, Homerton and London Ambulance Service) should hold and manage budgets for the care they provide and should receive “block payments” directly from NHS NEL to cover this.
- For non-trust budgets the default assumption is that **place committees** (on behalf of PbPs) hold budgets, unless coordination/planning for the services concerned is best done over a larger footprint (in which case they will either be held by the ICB centrally, or by one of the place committees on behalf of several).

## Creating headroom for investment

The financial framework will support NEL to have a sustainable health and care system over the medium and long term through the creation of an ICS investment pool, with the core goal of dampening demand for more acute services

**For 2023/24 a proportion of the ICB's budget will be allocated to the ICS investment pool. This should be set at an ambition of 1% (based on the 2022/23 budget, 1% equates to ~£40m).**

To ensure that the investment pool is used as effectively as possible, funding decisions will be based on evidence and will use an open book/transparent process, so that it is clear to all partners how money has been spent and the impact expected.

**Each place-based partnership are asked to ensure that they have investable plans, agreed by partners, for transformation and service improvement that will lead to (at least) a 150% return on investment in reduction in acute demand for 2024/25 versus forecast levels.**

Savings from demand reductions greater than 150% will be reinvested in the system, with 50% of additional savings used for future years' investment pools and 50% invested at the discretion of the relevant PbP.

## City and Hackney Health and Care Board

8<sup>th</sup> December 2022

<b>Title of report</b>	North East London Integrated Care Strategy Development
<b>Author</b>	Emily Plane, Head of Strategy and System Development – BHR, NHS North East London
<b>Presented by</b>	Hilary Ross, Director of Strategic Development, NHS North East London
<b>Executive summary</b>	<p>Considerable progress towards integration has taken place across North East London. Places have been working with their health and wellbeing boards, through preparation of Better Care Fund plans, or the previous non-statutory Integrated Care Systems (prior to the Health and Care Act 2022) to develop strategies and approaches that support more integrated health and care.</p> <p>The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007, and requires integrated care partnerships (ICPs) to write an integrated care strategy.</p> <p>The Integrated Care Partnership strategy will need to set out how the assessed needs (building on place joint strategic needs assessments) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE). In City partners identified five key priorities through their joint health and wellbeing strategy, based on local insights:</p> <ul style="list-style-type: none"> <li>• Good mental health</li> <li>• A healthy urban environment</li> <li>• Effective health and social care integration</li> <li>• All children have the best start in life</li> <li>• Promoting healthy behaviours</li> </ul> <p>Hackney recently refreshed its strategy, based on extensive engagement with local residents, identifying three strategic priorities:</p> <ul style="list-style-type: none"> <li>• Improving mental health / reducing mental ill health</li> <li>• Increasing social connectedness</li> <li>• Supporting greater financial wellbeing</li> </ul> <p>The City and Hackney health and care board agreed to adopt these 3 priorities, alongside the 4 ICS priorities, as their strategic focus areas –this is driving the development of the partnership Integrated Delivery Plan.</p>



	<p>Development of the North East London Integrated Care System Strategy provides partners in City and Hackney with the opportune moment to ensure that the strategy of the Integrated Care System reflects their locally agreed priorities.</p> <p>The development of the integrated care strategy can be used to agree the steps that partners, working closely with local people and communities, will take together to deliver system-level, evidence-based priorities in the short-, medium- and long-term. These priorities should drive a unified focus on the challenges and opportunities to improve health and wellbeing of people and communities throughout the area of the integrated care partnership.</p> <p>This paper provides an update on the approach and proposed content of the development of the North East London Integrated Care System Strategy.</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• Consider, discuss and comment on the proposed approach to develop the North East London Integrated Care Strategy</li> <li>• Comment on, and shape the development and content of the strategy</li> </ul>
<b>Action required</b>	Discussion
<b>Previous reporting / discussion</b>	This report has been discussed with partners through NHS North East London wide groups, with the proposed approach being shared via email with Hackney Partnership leads, and discussed at the Hackney Health and Wellbeing board meeting on 9 <sup>th</sup> November and the City Health and Wellbeing Board meeting on the 25 <sup>th</sup> November 2022.
<b>Next steps / onward reporting</b>	This report will be shared widely with all partners from across North East London, including Places, Health and Wellbeing Boards, Overview and Scrutiny Committees in each of the North East London Places.
<b>Conflicts of interest</b>	None identified at this stage.
<b>Strategic fit</b>	<p>This report aligns to the following ICS aims:</p> <ul style="list-style-type: none"> <li>• To improve outcomes in population health and healthcare</li> <li>• To tackle inequalities in outcomes, experience and access</li> <li>• To support broader social and economic development</li> </ul>
<b>Impact on local people, health inequalities and sustainability</b>	Development of the North East London Integrated Care System Strategy is an opportunity for us to articulate the key population health and inequalities challenges that we have across the system, ensuring a strong focus and commitment going forward to addressing these.



<b>Impact on finance, performance and quality</b>	There are no additional resource implications/revenue or capitals costs arising from this report. The cost of developing the strategy has been met from within existing resources.
<b>Risks</b>	Timescales are short ahead of the submission of the first draft of the strategy, however, the Partnership is dedicated to developing the content of the strategy locally with our Places, Health and Wellbeing Boards and partners and are keen for them to shape and own it, ensuring that it reflects our key challenges, and agreed direction of travel. Our intention for this to be an ongoing process, rather than a one off document, should help to mitigate the risk around the short timeframe that we have to develop the initial draft.

**1.0 Introduction**

- 1.1 Considerable progress towards integration has taken place across North East London. Places have been working with their health and wellbeing boards and local partners, through preparation of Better Care Fund plans, or the previous non-statutory Integrated Care Systems (prior to the Health and Care Act 2022) to develop strategies and approaches that support more integrated health and care.
- 1.2 The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007, and requires integrated care partnerships (ICPs) to write an integrated care strategy.
- 1.3 The Integrated Care Partnership strategy will need to set out how the assessed needs (building on place joint strategic needs assessments) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE). It will build on existing work and momentum to further the transformative change needed to tackle challenges such as reducing disparities in health and social care; improving quality and performance; preventing mental and physical ill health; maximising independence and preventing care needs, by promoting control, choice and flexibility in how people receive care and support.
- 1.4 The integrated care strategy will set the direction of the system across the area of the integrated care board and integrated care partnership, setting out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life. It presents an opportunity to firmly ground the approaches of our Place based Partnerships to do things differently to before, such as reaching beyond ‘traditional’ health and social care services to consider the wider determinants of health or joining-up health, social care and wider services.
- 1.5 In City partners identified five key priorities through their joint health and wellbeing strategy, based on local insights:



- Good mental health
  - A healthy urban environment
  - Effective health and social care integration
  - All children have the best start in life
  - Promoting healthy behaviours
- 1.6 Hackney recently refreshed its strategy, based on extensive engagement with local residents, identifying three strategic priorities:
- Improving mental health / reducing mental ill health
  - Increasing social connectedness
  - Supporting greater financial wellbeing
- 1.7 The City and Hackney health and care board agreed to adopt these 3 priorities, alongside the 4 ICS priorities, as their strategic focus areas –this is driving the development of the partnership Integrated Delivery Plan.
- 1.8 Development of the North East London Integrated Care System Strategy provides partners in City and Hackney with the opportune moment to ensure that the strategy of the Integrated Care System reflects their locally agreed priorities.
- 1.9 This paper provides an update on the approach and proposed content of the development of the North East London Integrated Care System Strategy.
- 2.0 Proposed approach to develop the North East London Integrated Care Strategy**
- 2.1 We are proposing to sign off the interim North East London Integrated Care System Strategy at a full meeting of the integrated care partnership in January 2023.
- 2.2 To achieve this tight deadline, we will work closely with the North East London Place based Partnerships, Health and Wellbeing Boards, Overview and Scrutiny Committees and partners over the next several months to co-develop the content of the strategy, building on the significant engagement work that has already taken place across the system to identify our key priorities (babies, children and young people; mental health; long term conditions; and workforce and employment).
- 2.3 There is a requirement for the strategy to be refreshed annually and we intend for the strategy to support an ongoing process of system development, learning and improvement as opposed to production of a one-off static document.
- 2.4 **Appendix 1** sets out a proposed timeline for engagement over the next several months with key groups and partners. We are in the process of engaging with key groups within each Place based Partnership to get slots on agendas.

### **3.0 Proposed content of the strategy**

- 3.1 We have established a range of workstreams to support development of the strategy. There is a workstream on data and analytics which is meeting fortnightly with whole system representation. In addition to producing a Population Health Profile for NEL, we have undertaken rapid reviews of local JSNAs and health and wellbeing strategies. The Healthwatch team has also undertaken an analysis of insights in relation to the four ICS priorities which will inform the workshops.
- 3.2 A series of stakeholder workshops are currently taking place aimed at progressing the four Integrated Care System priorities. Stakeholder events have taken place during October and November focusing on our priorities of babies, children and young people; mental health; long term conditions; and workforce and employment. Over 120 people from across the system attended a workshop on our system response to the cost of living increase on 6 October.
- 3.3 **Appendix 1** sets out in more detail the proposed content of the strategy, which we are keen to seek feedback and input from partners on to further shape.

### **4.0 Risks and mitigations**

- 4.1 Timescales are short ahead of the submission of the first draft of the strategy, however, the Partnership is dedicated to developing the content of the strategy locally with our Places, Health and Wellbeing Boards and partners and are keen for them to shape and own it, ensuring that it reflects our key challenges, and agreed direction of travel. Our intention for this to be an ongoing process, rather than a one off document, should help to mitigate the risk around the short timeframe that we have to develop the initial draft.

### **5.0 Recommendations**

- 5.1 Members are asked to:
- Consider, discuss and comment on the proposed approach to develop the North East London Integrated Care Strategy
  - Support identification of your key priorities and challenges locally, particularly based on your local knowledge and insights, to feed into development of the strategy

### **6.0 Attachments**

- 6.1 **Attachment 1** - North East London Integrated Care Strategy development update

Emily Plane, Head of Strategy and System Development, Barking and Dagenham, Havering and Redbridge, December 2022



# North East London Integrated Care Strategy development

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City and Hackney Health and Care Board

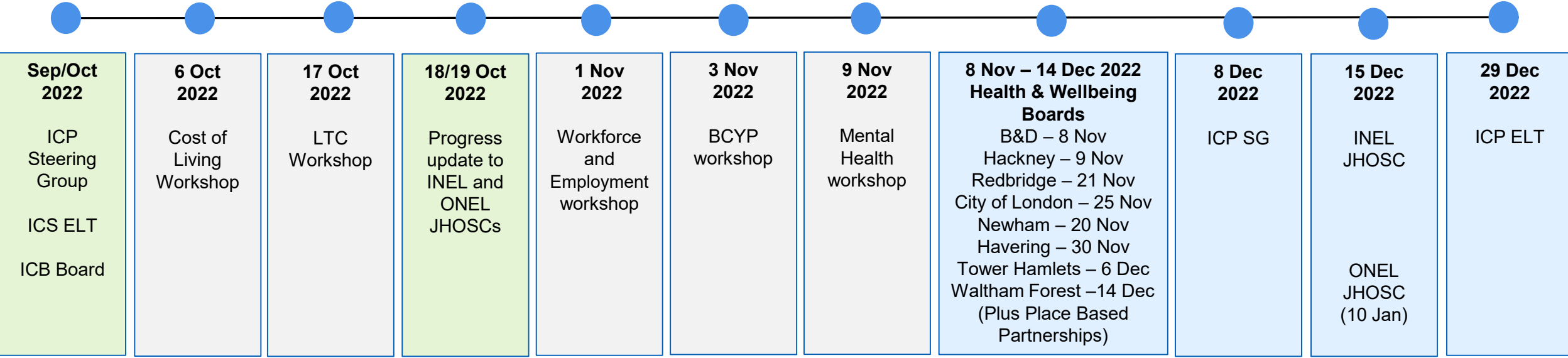
8<sup>th</sup> December 2022

# Summary of key points

- In July our **Integrated Care Partnership** was formally established. This is a statutory committee that brings together a broad set of system partners (including local government, the voluntary, community and social enterprise sector, NHS organisations and others) to develop an integrated care strategy for the area.
- System partners across the North East London Health and Care Partnership have already reached collective agreement on **our ICS purpose and four priorities** to focus on together as a system . These priorities will be at the heart of our integrated care strategy in NEL.
- The Department for Health and Social Care has issued **guidance for integrated care strategies** with a suggestion that partnerships might aim to produce an interim strategy around December 2022 ahead of further guidance in June 2023.
- As per the timeline in the next slide, the intention in NEL is to **sign off the interim strategy** at a full meeting of the integrated care partnership in **January 2023** following a period of engagement. There is a requirement for the strategy to be refreshed annually and we are keen to position the strategy in NEL as an **ongoing process of system development, learning and improvement** as opposed to production of a one-off static document.
- Our current focus is on **developing content** for the strategy and engagement. There is a workstream on data and analytics which is meeting fortnightly with whole system representation. In addition to producing a Population Health Profile for NEL, we have undertaken rapid reviews of local JSNAs and health and wellbeing strategies. The Healthwatch team has also undertaken an analysis of insights in relation to the four ICS priorities.
- A series of **stakeholder workshops** are taking place during October and November focused on progressing our priorities of *babies, children and young people; mental health; long term conditions; and workforce and employment*. Over 120 people from across the system attended a further workshop on our system response to the cost of living increase on 6 October.
- The **engagement plan** in North East London includes discussions with local health and wellbeing boards and joint overview and scrutiny committees as well as place based partnerships ahead of sign off by the full partnership in January 2023.

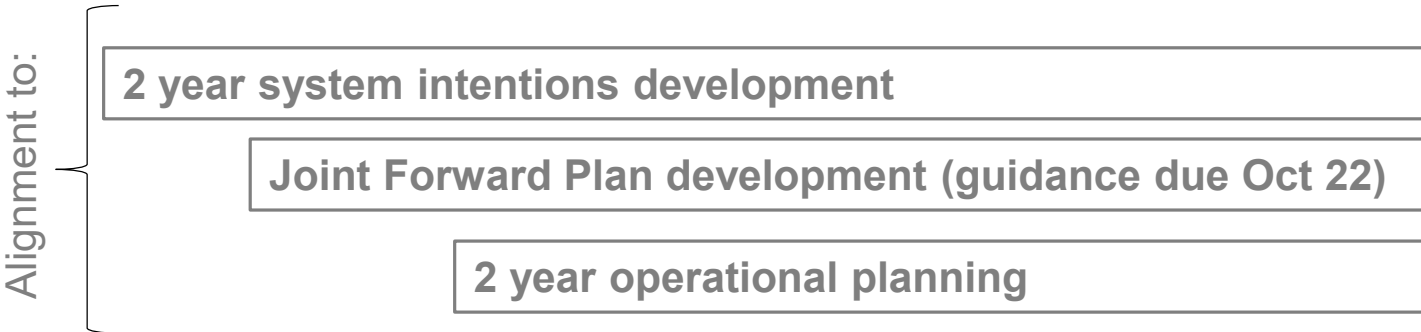
# Integrated care strategy timeline and key milestones

September / October 2022      November 2022      December 2022



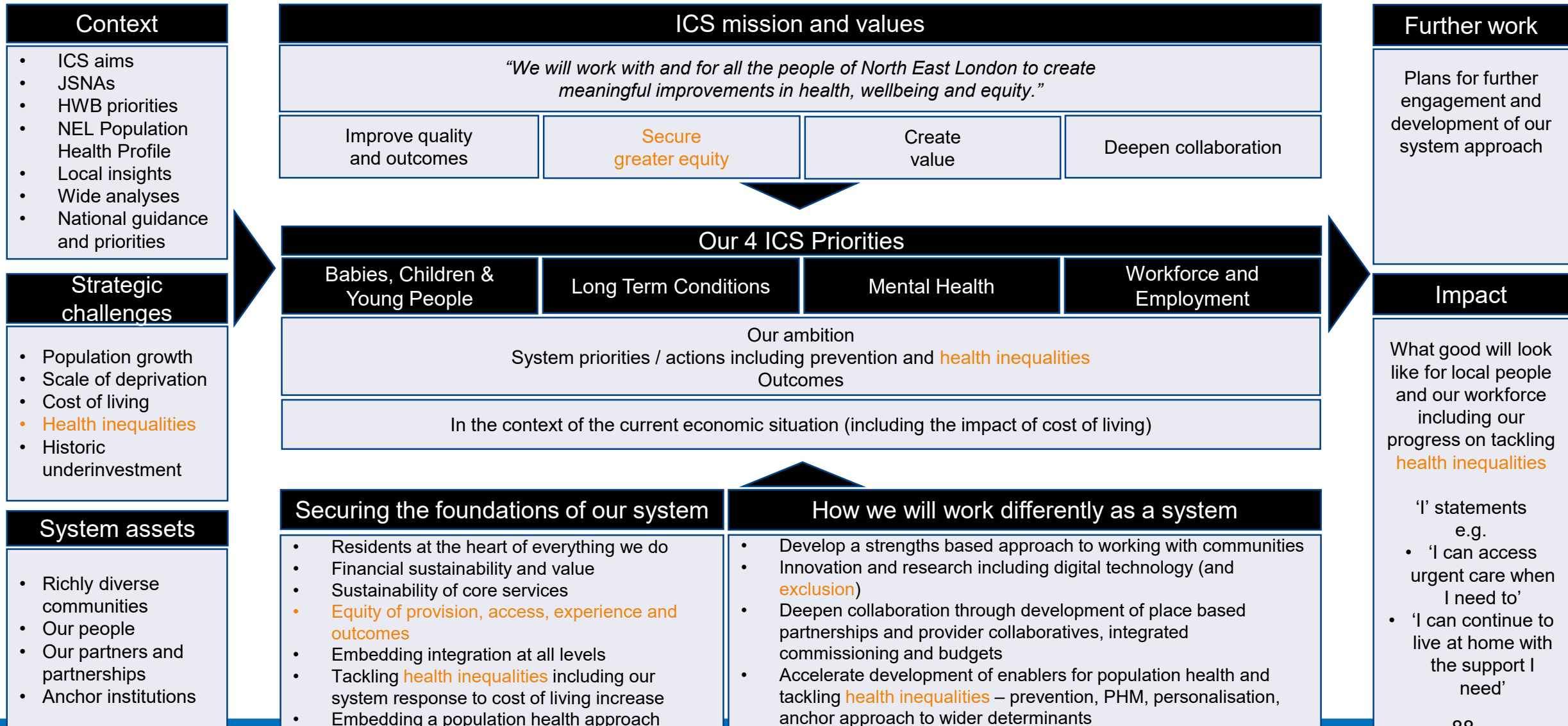
*Agree principles and approach*      *Content development*      *Engagement*

**Interim Integrated Care Strategy Sign Off:**  
**Full Meeting of Integrated Care Partnership**  
**11 January 2023**



The ICB Board will be meeting on 25 January 2023 and will need to consider the Integrated Care Strategy in development of the NHS Joint Forward Plan due before April 2023

# Draft outline structure





# Example content development: key themes and actions from the Cost of Living Workshop

Over 120 stakeholders from all parts of our system attended a workshop on 6 October – attendees represented a wide range of backgrounds and seniority.

Stakeholders across the system in NEL share motivation and a sense of urgency to address this key challenge for staff and residents.

There was broad agreement on some key priorities that would benefit from urgent action at the system level as well as recognition of the need for sustained action.

Next steps were agreed at a meeting of the NEL Clinical Advisory Group on 12 October and included further follow up discussions with clinical and care professional leads about how we can improve support for vulnerable people through our frailty pathways.

## Key themes / priorities from the workshop

- Develop platform / mechanisms for sharing practice and ideas across the system
- Establish system wide group to share and develop workforce initiatives – potential priorities discussed included opening up work places across NEL to wider groups of staff across the partnership, increasing access to support for care staff, support for emotional wellbeing
- Use our collective voice to influence regional and national policy (eg travel concessions/support for health and care staff)
- Sustained support for community and voluntary sector through the new collaborative
- Development of proposals to support people with cost of prescriptions, particularly those with multiple long term conditions
- Identification and targeted support for those most vulnerable and/or at risk of hospital admission in our communities

# New system strategy and planning landscape



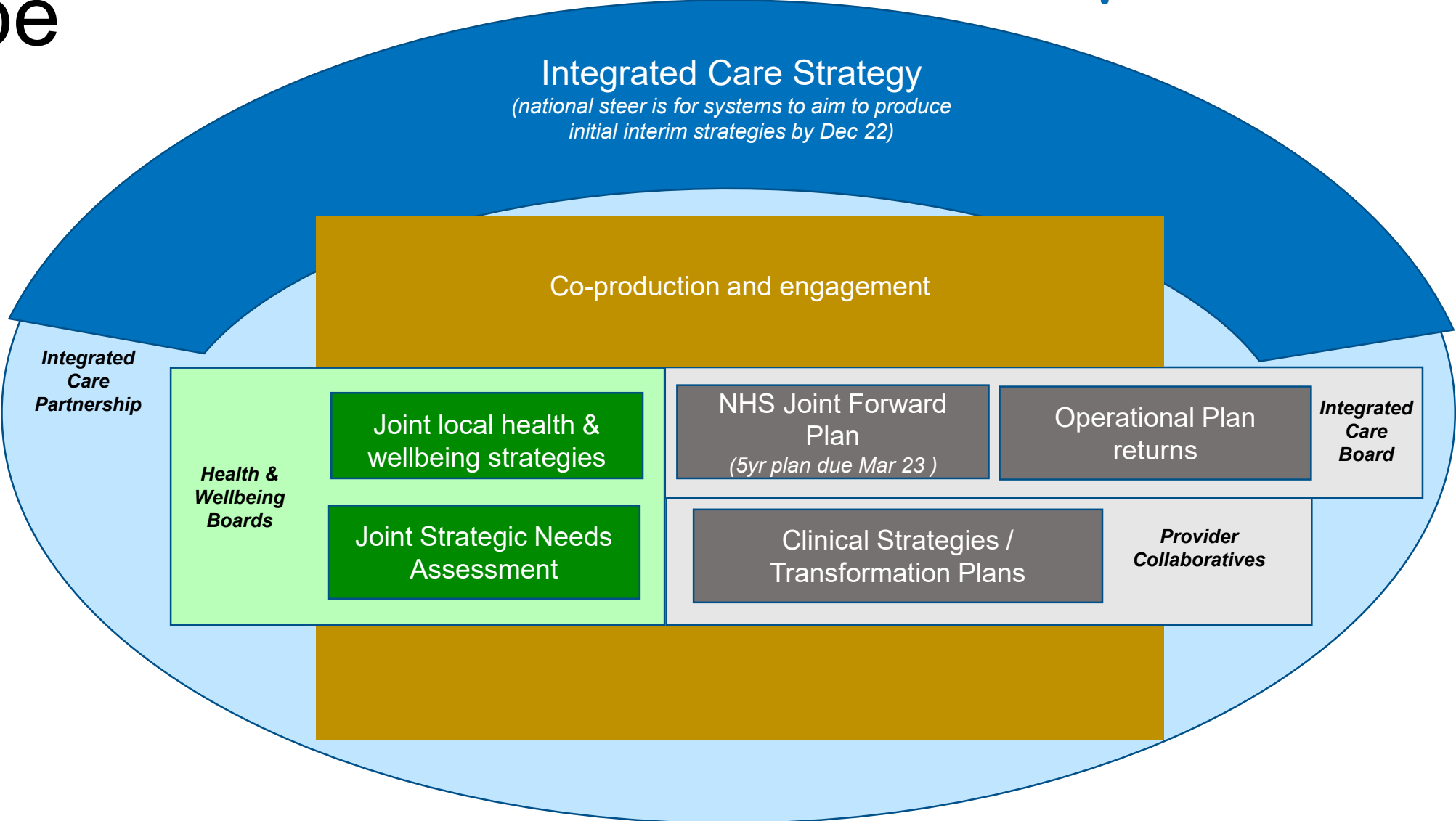
**Assumptions**

The ICP Integrated Care Strategy will be the overarching strategy for the system.

It will set direction for the system including the new NHS Joint Forward Plan required in March 23 and our operational plan (now covering two years).

The strategy must address local JSNAs and there will need to be alignment with local health and wellbeing strategies.

Co-production and engagement with the full range of stakeholders including local people will be key.



# Integrated Care Strategy

- The integrated care strategy is an opportunity to work with a wide range of people, communities and organisations to develop evidence-based system-wide priorities that will improve the public’s health and wellbeing and reduce disparities.
- The integrated care strategy must set out how the assessed needs (identified in the joint strategic needs assessments) of the integrated care board and integrated care partnership’s area are to be met by the exercise of functions by the integrated care board, partner local authorities, and NHSE.
- These commissioners must have regard to the relevant integrated care strategy when exercising any of their functions, so far as relevant.

## Statutory Requirements – Must do’s

1

Must set out how the ‘assessed needs’ from the joint strategic needs assessments in relation to its area

2

Must consider whether the needs could be more effectively met with an arrangement under section 75 of the NHS Act 2006

3

Must have regard to the NHS mandate in preparing the integrated care strategy

4

Must involve local Healthwatch organisations and people who live and work in the area

5

Must consider revising the integrated care strategy whenever they receive a joint strategic needs assessment

### Key risk and issues:

- JSNAs across NEL are not always consistent in approach.
- Some of our JSNAs are significantly out of date.

### Mitigation:

- Engage with our place based partnerships to confirm key local priorities

## Localising the strategy - reflecting our key challenges and context

1

Further insight beyond JSNAs (eg NEL Population Health Profile) and resident feedback / population insights

2

Demand forecasting based on population size and growth

3

Focusing on our four key NEL system priorities

4

Inequalities a thread across our strategy

We will be engaging with Health and Wellbeing boards, Place based Partnerships, Overview and Scrutiny Committees and other partners over the coming weeks , and are particularly keen to get input on the following:

## Reflecting local priorities

Based on your JSNA's, and local insights - what are the local priorities and outcomes you would like to see reflected in the system-wide strategy?

## Developing system enablers

Where could the system add value to your local priorities?

What are the key outcomes you would like to see within the 4 system priorities -

- *Babies, Children and Young People*
- *Long Term Conditions*
- *Mental Health*
- *Workforce and Employment*

## Tackling health inequalities

What are your key wider determinants of health that are impacting on poorer outcomes for your residents?

What are your priorities for addressing health inequalities locally?