Public Document Pack

Integrated Commissioning Sub Committee

Date: **THURSDAY, 10 SEPTEMBER 2020**

Time: **10:00AM**

Venue: **VIRTUALLY**

Members: Randall Anderson
Marianne Fredericks
Ruby Sayed

Enquiries: **alex.harris2@nhs.net**

Join Microsoft Teams Meeting

NB: Part of this meeting could be the subject of audio or video recording

John Barradell
Town Clerk and Chief Executive

AGENDA

1. **AGENDA PACK**

For Decision
(Pages 1 - 138)

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

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

Joint Meeting in public of the two Integrated Commissioning Boards on Thursday 10 September 2020, 10.00 – 12.00
Microsoft Teams

Join Microsoft Teams Meeting

Item no.	Item	Lead and purpose	Documentation type	Page No.	Time
1.	**Welcome, introductions and apologies**	Chair	Verbal	-	10.00
2.	**Declarations of Interests**	Chair *For noting*	Paper	3-7	
3.	**Questions from the Public**	Chair	None	-	
4.	**Minutes of the Previous Meeting & Action Log**	Chair *For approval*	Paper	8-14	
Covid-19 response					
5.	**Update on Integrated Care Partnership Board / Neighbourhood Health and Care Partnership Board Development**	David Maher *For discussion*	Paper	15-33	10.05
6.	**Childhood Adversity, Trauma and Resilience (ChATR/ ACEs) - Draft City & Hackney Approach**	Amy Wilkinson *For approval*	Paper	34-39 (Appendices attached)	10.40
7.	**Find Support Services – Update Paper**	Susan Lyons *For noting*	Paper	40-44 (Hyperlinks in report)	11.10
8.	**Digital Divide – Update Paper**	Megan Dibb-Fuller *For noting*	Paper	45-50	11.30

Hackney

CITY OF LONDON

NHS
City and Hackney Clinical Commissioning Group

				(Hyperlinks in report)	
9.	**Integrated Commissioning Register of Escalated Risks**	Matthew Knell *For noting*	Paper	51-60	11.45
10.	**M4 Finance Report**	Sunil Thakker / Ian Williams / Mark Jarvis *For noting*	Paper	61-72	11.50
11.	**AOB & Reflections**	All	None	-	11.55
For information items					
-	**Integrated Commissioning Glossary**	*For information*	Paper	73-77	-

Date of next meeting:

8 October, Format TBC

Integrated Commissioning
2020 Register of Interests

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

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
				Local Medical Committee	Member	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				CHUHSE	Member	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
Anntoinette	Bramble	05/06/2019	Member - Hackney Integrated Commissioning Board	Hackney Council	Deputy Mayor	Pecuniary Interest
				Local Government Association	Member of the Children and Young Board	Pecuniary Interest
				Schools Forum	Member	Pecuniary Interest
				SACRE	Member	Pecuniary Interest
				Admission Forum	Member	Pecuniary Interest
				HSFL (Ltd)		Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Urstwick School	Governor	Non-Pecuniary Interest
				City Academy	Governor	Non-Pecuniary Interest
				Hackney Play Bus (Charity)	Board Member	Non-Pecuniary Interest
				Local Government Association	Member	Non-Pecuniary Interest
				Lower Clapton Group Practice	Registered Patient	Non-pecuniary interest
Marianne	Fredericks	26/02/2020	Member - City Integrated Commissioning Board	City of London	Member	Pecuniary Interest
				Farringdon Ward Club	Member	Non-Pecuniary Interest
				The Worshipful Company of Firefighters	Liveryman	Non-Pecuniary Interest
				Christ's Hospital School Council	Member	Non-Pecuniary Interest
				Aldgate and All Hallows Foundation Charity	Member	Non-Pecuniary Interest
				The Worshipful Company of Bakers	Liveryman	Non-Pecuniary Interest
				Tower Ward Club	Member	Non-Pecuniary Interest
Christopher	Kennedy	09/07/2020	Member - Hackney Integrated Commissioning Board	Hackney Council	Cabinet Member for Health, Adult Social Care and Leisure	Pecuniary Interest
				Lee Valley Regional Park Authority	Member	Non-Pecuniary Interest
				Hackney Empire	Member	Non-Pecuniary Interest
				Hackney Parochial Charity	Member	Non-Pecuniary Interest
				Labour party	Member	Non-Pecuniary Interest
				Local GP practice	Registered patient	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
Randall	Anderson	15/07/2019	Member - City Integrated Commissioning Board	City of London Corporation	Chair, Community and Children's Services Committee	Pecuniary Interest
				n/a	Self-employed Lawyer	Pecuniary Interest
				n/a	Renter of a flat from the City of London (Breton House, London)	Non-Pecuniary Interest
				Member	American Bar Association	Non-Pecuniary Interest
				Masonic Lodge 1745	Member	Non-Pecuniary Interest
				Worshipful Company of Information Technologists	Freeman	Non-Pecuniary Interest
				City of London School for Girls	Member - Board of Governors	Non-Pecuniary Interest
				Neaman Practice	Registered Patient	Non-Pecuniary Interest
Andrew	Carter	12/08/2019	City ICB advisor / regular attendee	City of London Corporation	Director of Community & Children's Services	Pecuniary Interest
				Petchey Academy & Hackney / Tower Hamlets College	Governing Body Member	Non-pecuniary interest
				n/a	Spouse works for FCA (fostering agency)	Indirect interest
David	Maher	19/06/2019	Accountable Officers Group Member ICB regular attendee/ AO deputy	City and Hackney Clinical Commissioning Group	Managing Director	Pecuniary Interest
				World Health Organisation	Member of Expert Group to the Health System Footprint on Sustainable Development	Non-Pecuniary Interest
				NHS England, Sustainable Development Unit	Social Value and Commissioning Ambassador	Non-Pecuniary Interest
Rebecca	Rennison	26/08/2020	Member - Hackney Integrated Commissioning Board	Freelance Project Work		Pecuniary Interest
			Deputy Mayor and Cabinet Member for Finance, Housing Needs and Supply	Hackney Council	Cabinet Member for Finance and Housing Needs	Pecuniary Interest
				Cancer52Board	Member	Non-Pecuniary Interest
				Clapton Park Tenant Management Organisation	Board Member	Non-Pecuniary Interest
				North London Waste Authority	Board Member	Non-Pecuniary Interest
				Residential Properties		Non-Pecuniary Interest
						Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				Co-Operative Party	Member	Non-Pecuinary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Fabian Society	Member	Non-Pecuniary Interest
				English Heritage	Member	Non-Pecuniary Interest
				Pedro Club	Board Member	Non-Pecuniary Interest
				Chats Palace	Board Member	Non-Pecuniary Interest
Henry	Black	03/03/2020	NEL Commissioning Alliance - CFO	Barking, Havering & Redbridge University Hospitals NHS Trust	Wife is Assistant Director of Finance	Indirect interest
				Tower Hamlets GP Care	Daughter works as social prescriber	Indirect interest
				NHS Clinical Commissioners Board	Member	Non-financial professional
Jane	Milligan	26/06/2019	Member - Integrated Commissioning Board	NHS North East London Commissioning Alliance (City & Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)	Accountable Officer	Pecuniary Interest
				North East London Sustainability and Transformation Partnership	Senior Responsible Officer	Pecuniary Interest
				n/a	Partner is employed substantively by NELCSU as Director of Business Development from 2 January 2018 on secondment to Central London Community Services Trust.	Indirect Interest
				Stonewall	Ambassador	Non-Pecuniary Interest
				Peabody Housing Association Board	Non-Executive Director	Non-pecuniary interest
Mark	Rickets	24/10/2019	Member - City and Hackney Integrated Commissioning Boards	City and Hackney Clinical Commissioning Group	Chair	Pecuniary Interest
			Primary Care Quality Programme Board Chair (GP Lead)	Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow	Non-financial professional interest
			Primary Care Quality Programme Board Chair (GP Lead)	GP Confederation	Nightingale Practice is a Member	Professional financial interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	Professional financial interest

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

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

and

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

Minutes of meeting held in public on 13 August 2020
Microsoft Teams

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

Cllr Christopher Kennedy	Cabinet Member for Health, Adult Social Care and Leisure (ICB Chair)	London Borough of Hackney
Cllr Caroline Woodley	Cabinet Member for Families, Early Years and Play	London Borough of Hackney
Cllr Rebecca Rennison	Cabinet Member for Finance, Housing Needs and Supply	London Borough of Hackney

City & Hackney CCG Integrated Commissioning Committee

Dr. Gary Marlowe	Governing Body GP Member	City & Hackney CCG
Jane Milligan	Accountable Officer	City & Hackney CCG
Honor Rhodes	Governing Body Lay member	City & Hackney CCG

City Integrated Commissioning Board

City Integrated Commissioning Committee

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

In attendance

Amaka Nnadi	Finance Consultant	City & Hackney CCG
David Maher	Managing Director	City & Hackney CCG
Denise D'Souza	Director of Adult Social Care	London Borough of Hackney
Diana Divajeva	Principal Public Health Analyst	London Borough of Hackney

Jake Ferguson	Chief Executive Officer	Hackney Council for Voluntary Services
Jonathan McShane	Integrated Care Convenor	City & Hackney CCG
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Jon Williams	Executive Director	Healthwatch Hackney
Laura Sharpe	CEO	City & Hackney GP Confederation
Matthew Knell	Head of Governance & Assurance	City & Hackney CCG
Nina Griffith	Workstream Director: Unplanned Care	Homerton University NHS FT
Paul Coles	General Manager	Healthwatch City of London
Philip Glanville	Mayor of Hackney	London Borough of Hackney
Richard Fradgley	Director of Integrated Care	ELFT
Dr. Sandra Husbands	Director of Public Health	London Borough of Hackney
Sunil Thakker	Director of Finance	City & Hackney CCG
Stella Okonkwo	Integrated Commissioning Programme Manager	City & Hackney CCG
Apologies – ICB members		
Dr Mark Rickets	Chair	City & Hackney CCG
Cllr Anntoinette Bramble	Cabinet Member for Education, Young People & Childrens' Social Care	London Borough of Hackney
Other apologies		
Andrew Carter	Director, Community & Children's Services	City of London Corporation

1. Welcome, Introductions and Apologies for Absence

1.1. The Chair, Randall Anderson, substituting for Cllr Chris Kennedy, opened the meeting.

1.2. Apologies were noted as listed above.

2. Declarations of Interests

2.1. The **City Integrated Commissioning Board**

- **NOTED** the Register of Interests.

2.2. The **Hackney Integrated Commissioning Board**

- **NOTED** the Register of Interests.

3. Questions from the Public

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

4. Minutes of the Previous Meeting & Action Log

4.1. The **City Integrated Commissioning Board**
- **APPROVED** the minutes of the previous meeting.
- **NOTED** the action log.

4.2. The **Hackney Integrated Commissioning Board**
- **APPROVED** the minutes of the previous meeting.
- **NOTED** the action log.

5. Support for Care Homes During the Pandemic

5.1. Nina Griffith introduced the item. She noted that there were now daily check-ins in place from the local authority towards care homes. This also links in with the Gold command priorities and the System Operational Command Group (SOCG) as appropriate. The Commissioning Support Unit (CSU) also provided infection prevention control support. Further support had been received from Mind (voluntary sector mental health organization).

5.2. At the beginning of the pandemic, the two biggest challenges were in relation to PPE and testing.

5.3. Gary Marlowe asked if some testing could be carried out via the trusts. He also further asked what the protocol was for discharging patients back into care homes. Nina Griffith responded that in March the guidance had stated that all patients who were medically optimized should be discharged. This led to many patients being discharged into care homes very quickly.

5.4. Sandra Husbands noted that some care homes would struggle to isolate people, particularly in a second peak of covid-19, especially if this was combined with a flu outbreak. The current protocol, however, was to administer a covid-19 antigen test before patients were discharged.

5.5. Nina Griffith noted that Housing With Care had been embedded throughout all the work we had done but was not reflected in the figures contained in the report.

5.6. The **City Integrated Commissioning Board**
- **NOTED** the report.

5.7. The **Hackney Integrated Commissioning Board**
- **NOTED** the report.

6. Integrated Commissioning Operating Model & CCG Merger

6.1. David Maher introduced the report. He noted that the principle embedded throughout this work was one of exception; things were, generally speaking, better done locally. Therefore, we were emphasizing place-based partnerships.

6.2. The membership of the proposed Integrated Care Board would need to be revised to accommodate provider colleagues. This would be coupled by a robust delineation between decisions taken by commissioners and ones which providers could provide input for, in order to avoid any potential conflicts of interests. There were also conversations happening about the appropriateness of budget pooling.

6.3. In terms of next steps, we would need to look at our ongoing work over September and October between two lenses: the Integrated Care Partnership Board and the Neighbourhood Health and Care Board. The latter would need to develop a transition group, which would be worked on between now and September. We would then need to recognize that there is a longer piece of work to do beyond October to support the transition towards a single NE London CCG. Those groups would be led by lay-members and further membership would be elected. David Maher and Jonathan McShane would take an executive lead. We would be holding an October ICB development session with a view towards bringing a transitional working draft to January's ICB.

6.4. Randall Anderson noted that the Neighbourhoods / Primary Care Networks structure was not contained in the diagram; we needed to know what could also be done at that level. David Maher responded that the NHCB would work out the detail of that. Gary Marlowe highlighted the need for clinical representation, and for this to not just be officer-led; City & Hackney had been a successful system due to the high level of clinical input. David Maher agreed, and highlighted the need to have both primary and secondary care representation.

6.5. Honor Rhodes also highlighted the need to ensure that there was sufficient lay representation on the subsidiary boards. David Maher responded that two lay members would be sufficient, then we would need an elected member from City & Hackney, a community and voluntary services member and a Primary Care Network clinical director.

6.6. Jane Milligan added that this was part of our integration journey. We were creating something new to create integration at every level, but this was a work in progress. We needed to progress from silo working towards working as a whole system, and in order to do that things would need to change.

6.7. The **City Integrated Commissioning Board**

- **NOTED** the report.

6.8. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

7. Proposal for the Prevention Workstream

7.1. Sandra Husbands noted that the Prevention Workstream director role was currently vacant. This presented a good opportunity to advance the project to embed prevention

throughout all that we do. To this end, it was proposed that an analytical hub be developed to inform the prevention actions that would now be embedded in the other work-streams. Public Health would input to all of the work-streams.

7.2. The **City Integrated Commissioning Board**

- **NOTED** the report.

- **APPROVED** the recommended option, to disband the prevention workstream, embed prevention in each workstream and create a population health hub, as set out in the report.

7.3 The **Hackney Integrated Commissioning Board:**

- **NOTED** the report.

- **APPROVED** the recommended option, to disband the prevention workstream, embed prevention in each workstream and create a population health hub, as set out in the report.

8. Risk Registers

8.1. The registers were introduced by Stella Okonkwo and Matthew Knell.

8.2. Randall Anderson asked what specifically was meant by the term "vulnerable patients" in the planned care register.

- **Definition of vulnerable patients to be clearly defined in the risk register.**

8.3. Honor Rhodes asked why there were no risks in relation to digital delivery – was this a result of us being completely assured around this area? David Maher highlighted that this was a risk that should be included on the registers.

- **Future registers to contain a risk in relation to digital delivery.**

8.4. Dr. Sandra Husbands also noted that we needed to ensure we do more to follow-up on people who were at risk of deterioration. David Maher noted that this issue had been flagged up by the Clinical Advisory Group, particularly as it related to digital provision.

9. M3 Finance Report

9.1. The report was introduced by Amaka Nnadi. There were no comments or questions.

9.2. The **City Integrated Commissioning Board**

- **NOTED** the report.

9.3 The **Hackney Integrated Commissioning Board:**

- **NOTED** the report.

AOB & Reflections

- Honor Rhodes highlighted that things were being lost by the inability to meet in person. However, she noted that the quality of reports received by the ICB was, generally speaking, very good.
- There was a discussion about meeting in person – it was suggested that this may be feasible by October.

The meeting ended at 11:31am.

City and Hackney Integrated Commissioning Programme Action Tracker

Ref No	Action	Assigned to	Assigned date	Due date	Status	Update
ICBMay-4	Sunil Thakker to bring back updated progress report on **CCG contracting position.**	Sunil Thakker	14/05/2020	Aug-20	Open	Guidance still not received - on the forward planner for October.
ICBMay-5	David Maher and Jonathan McShane to share a paper at a future ICB on the **provider alliance approach to service delivery, outcomes and patient experience.**	Jonathan McShane	14/05/2020	Jul-20	Open	
LOBJul-2	Sandra Husbands to make sure information on **opening times and locations of testing centres** is cascaded to local authorities.	Sandra Husbands	09/07/2020	Aug-20	Closed	Item completed before the August ICB.
LOBJul-3	**Data integration dashboard** to be taken to the comms and engagement enabler group.	Jon Williams	09/07/2020	Aug-20	Closed	This has been followed-up.
ICBJul-1	ICB to receive a report at a future meeting on the **digital divide** caused by moving to virtual by default services.	David Maher	09/07/2020	Sep-20	Closed	On the agenda.
ICBJul-2	Report on **Adverse Childhood Experiences** to be brought back to a future ICB.	Amy Wilkinson	09/07/2020	Sep-20	Closed	On the agenda.
LOBAug-1	Diana Divajeva to discuss **age distribution of covid-19 cases** with Honor Rhodes.	Diana Divajeva	13/08/2020	Sep-20	Open	
LOBAug-2	Sandra Husbands to include **infection levels in the City of London** in future reports.	Sandra Husbands	13/08/2020	Sep-20	Closed	City figures are now reported separately in update report.
ICBAug-1	**Definition of vulnerable patients** to be clearly defined in the risk register.	Matthew Knell	13/08/2020	Sep-20	Closed	This has now been expanded in the Planned Care register.
ICBAug-2	Future registers to contain a **risk in relation to digital delivery.**	Matthew Knell	13/08/2020	Sep-20	Closed	This is noted in risk CYPMF20 on the escalated register.

Title of report:	Integrated Care System & Neighbourhood Health and Care Development
Date of meeting:	13 September 2020
Lead Officer:	David Maher – Managing Director, City & Hackney CCG
Author:	David Maher, Jonathan McShane, Nic Ib
Committee(s):	ICB – 13 September 2020
Public / Non-public	Public

Executive Summary:

The attached papers outline the strategic objectives and timelines of the NE London One CCG program. Also attached is a document outlining the development of the Neighbourhood Health and Care Partnership in the City & Hackney area.

Recommendations:

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

- To **NOTE** the documents.

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

- To **NOTE** the documents.

Strategic Objectives this paper supports:

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

Specific implications for City

None.

Specific implications for Hackney

None.

Patient and Public Involvement and Impact:

N/A – briefings attached for information.

Clinical/practitioner input and engagement:

N/A – briefings attached for information.

Communications and engagement:

N/A – briefings attached for information.

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

East London Health & Care Partnership

NEL CCG Merger Programme

Update to the ICB

10 September 2020

Objectives

East London Health & Care Partnership

Strategic Objectives

- To establish a single CCG organisation to provide strategic commissioning leadership, lead strategic planning and support the development of the ICS for north east London.
- To create a strategic framework where decisions are made as close to the patient as possible. Adopting the 80:20 principle that the vast majority of decisions and activity are done at a local level.

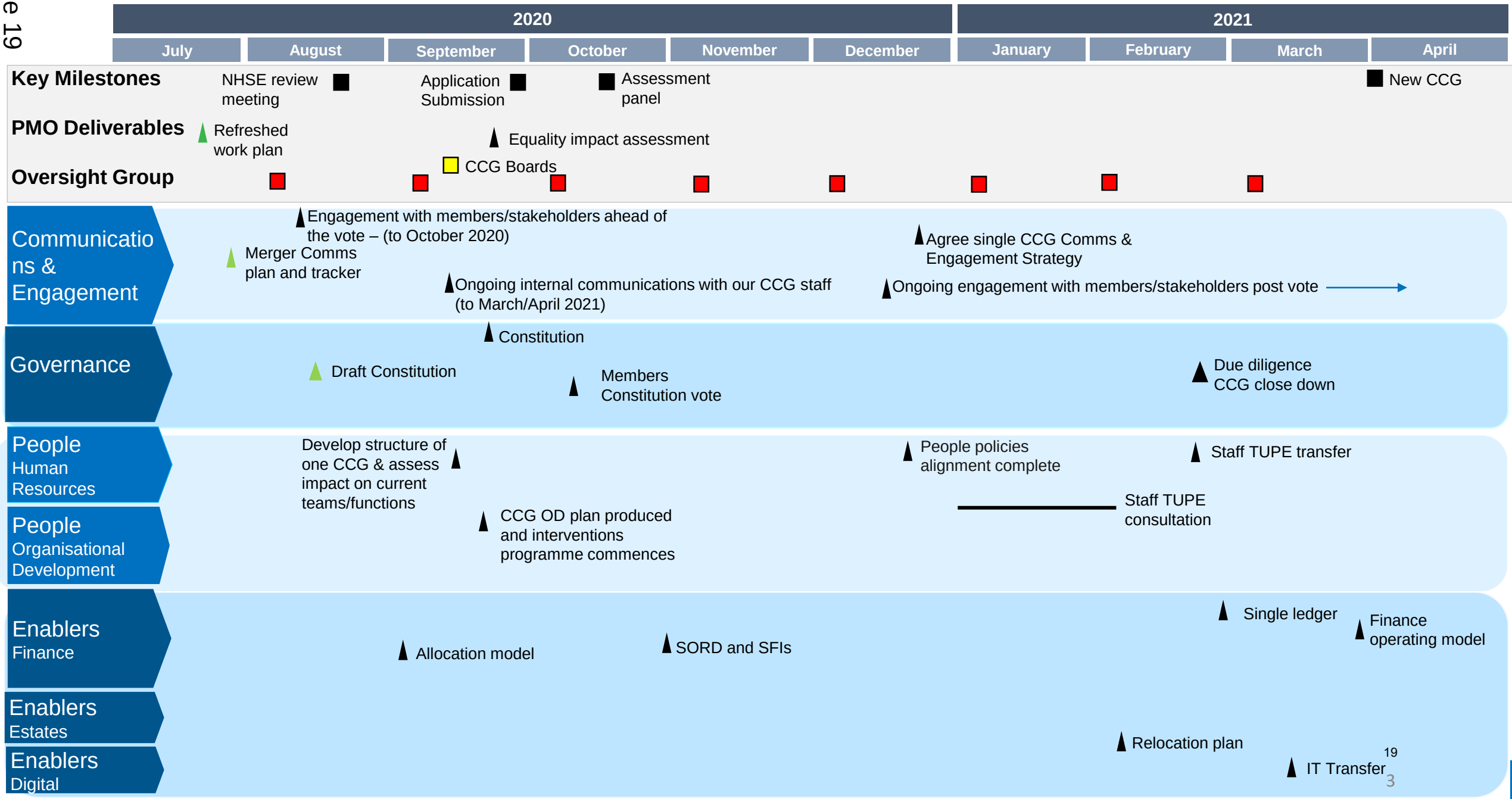
Strategic Enablers

- A clear accountability framework that identifies what occurs at NEL level, what at the ICP level and what at the Borough and neighbourhood level.
- A staffing structure that deploys the right skills and experience to the right place.
- Single governance, assurance and delivery frameworks.
- A clear operating model and financial framework for the new CCG.
- Engaged and developed staff, partners and stakeholders.

Operational Objectives

- Create efficiencies in working and release resources to front line services
- More rapid and collective decision making.
- Staffing structures for the CCG with staff deployed against the refocussed priorities identified through the LTP and local ICPs.
- Establish a robust assurance framework that clearly shows accountabilities and responsibilities for delivering high performing services and meeting national standards.
- A CCG that enhances the development of the new ICS way of working.

Workstreams – Key Deliverables Time Line



Key Deliverable Dashboard

East London

Workstream	Key deliverables	Due	Status	Comments
Governance	New constitution for NEL CCG	Sep 20	On track	Draft complete based on NHSE model
	Streamline CCG governance. Transfer to ICPs & NEL/ICS governance in shadow form	Nov 20		
	Hold vote with members on constitution	Oct 20	In progress	TBC from 9 Oct
	Due diligence for closedown and transfer to new organisation/system	Feb 21		
	New operating model for CCG (complementary to ICS operating model)	Apr 21		
Enablers	Financial allocation model	Sep 20	In progress	
	Standard Financial Instructions; Scheme of Reservation and Delegation	Oct 20	On track	
	Finance operating model	Apr 21	On track	
	Estate – Infrastructure in place to accommodate workforce	Apr 21		Need to confirm key estates tasks
	Digital - Single IT systems in place	Apr 21		Need to confirm key IT tasks
People – HR & OD	Development understanding of any structural changes to establish a single CCG	Aug 20	On track	
	Consult with staff in scope of changes to form/function of their area if necessary	Oct 20	In progress	
	Aligned set of people management policies & procedures for use as a single CCG	Dec 20		
	Organisation Development plan for NEL CCG	Sept 20	In progress	
	TUPE consultation with all staff for transfer to one CCG in April	Feb 21		
Communi-cations & Engagement	Refreshed comms & engagement plan to support and deliver CCG merger	Jul 20	On track	
	Revised engagement material	Jul 20	On track	
	New communication & engagement tracker	Jul 20	In progress	
	Post approval comms and engagement events	Oc-Ap 21		

Headlines from the Programme Director

East London Health & Care Partnership

1. Application update:
   - SROs informed on document requirement needs for submission
   - First drafts expected in early September
   - NHSE excel template 1st draft complete
2. Governance/Voting update:
   - Scheduled for 13-15th October
   - Meetings with lawyers (ICPs leads and Enablers SRO)
3. Engagement:
   - Engagement document dissemination to staff and stakeholders
   - Chairs leading GP engagement
   - Engagement plan in place
   - Meetings with LMCs
4. Workstream plan updated
   - All plans updated
   - Workstreams on track to deliver

Overarching programme risks

East London Health & Care Partnership

	Risk/Issue	Mitigation activities
1	GP/Member support for changes	Communication paper complete. CCG Chair led engagement with GPs. Focus on local benefits of integrated care systems Embed an 80:20 rule on decisions and power
2	Wider stakeholder support for changes	As above.
3	Staff anxiety around changes	Close working between Comms & Engagement and OD workstreams to devise an engagement plan for staff and support initiatives.
4	AfC implementation consistency for inner and outer London staff	Will investigate how other areas on London have managed this problem. Seeking legal advice.
5	SBS procurement in April 2021 may impact transactional finance functions	This is a national procurement. Guidance being sought from national team.
6	Ensuring documents ready and approved for submission to NHSE for 30.09.20	Tailored email to SROs with list of desired documentation for sign off mid September and submission 30th September. Example docs supplied.

Next steps

East London Health & Care Partnership

- Review outcomes of NHSE Gateway review 26th August
- Merger documentation to be finalised for September
- Schedule of meetings with LMCs
- Initial draft constitution agreed with legal advisors and shared ahead of wider distribution
- Feedback on round of meetings with ICP leads on local governance
- Communication and engagement plan finalised
- Each system engaging with member, local authorities and local HealthWatch
- CCG Governing Body reports to be prepared for approval

An update to ICB on the development of proposals for both an Integrated Care Partnership Board (ICPB) and a Neighbourhood Health and Care Board (NH&CB)

An outline of the proposed remit, timescales and desired outputs of the ICPB and NHCB Transition Groups, September 2020

Background and purpose

- As part of the new Integrated Care Operating Model and CCG Merger proposals presented to ICB in August, it was recommended that the local system should work up the practical details of how the new arrangements might operate by running a time-limited development process, concluding at the end of October 2020

- This process will establish further detail in relation to both boards. This document sets out the proposed approach to develop:

  – "..proposals for the role, remit, process and composition of the new **Integrated Care Partnership Board** along with any sub-structure, supporting process and resourcing. Included within the remit would be specific proposals for how a delegated budget for health and social care resources might be received and managed by this Board.

  – "…proposals for the role, remit, process and composition of the **Neighbourhood Health and Care Board** along with the supporting arrangements for leadership and work across the 8 neighbourhoods / PCNs and within each. Included within the proposals would be the composition of the Board and its leadership, and the top-line reporting structure to an overall system leader including proposals for leadership at the Neighbourhood and PCN level. The proposals would include the financial responsibilities and source of funding for the work of the Board and services within its remit."

- To develop these proposals, two Transition Groups will operate during September and October, with the outputs of the two Groups being brought together at a follow-up ICB development session at the end of October.

  – "Each [Transition Group] would be steered by a small group of elected members and non-executives with the detailed work being led by an Executive working with nominated individuals from the relevant stakeholder organisations."

Review Process for the two Transition Groups

- The lead executives, **David Maher**, for the **ICPB Transition Group**, and **Tracey Fletcher** for the **NH&CB Transition Group**, will publish a list of areas for consideration (see slides 4 and 5) and invite feedback on these from key stakeholders. There will then be a range of consultative interviews with key stakeholders over the next few weeks feeding into a report with draft proposals for how our local system will change to reflect the new arrangements in City and Hackney and North East London
- The interviews will be a chance for candid and reflective discussion on the issues from a number of different perspectives, with the outputs collated into a report and revised proposals
- The reports resulting from the interviews held by each Transition Group will then be circulated to all stakeholders who were interviewed, in advance of two stakeholder workshops towards the end of the process
- These workshops will debate the emerging themes and revised proposals which came out of the consultative interviews, and seek consensus before putting final draft proposals forward to the ICB Development Session in late October
- Emerging thinking will be shared between the two Transition Groups in advance of their workshops.

ICPB Transition Group: Proposed areas for consideration

Purpose and remit of the ICPB

- How will the purpose of the ICPB be different from the current ICB
- What are its governance principles?
- How might Terms of Reference need to change and how will these formally be agreed by the local system?

Membership

- Overall membership of the group balancing representation with size to create an effective group.
- Executive and non-executive representation
- Thinking through how the democratic accountability of ICB can be maintained in the ICPB.
- Creating a board that reflects the diversity of City and Hackney.

Relationship with NEL

- Understanding how delegation of resources and responsibilities to the City and Hackney ICP will work and the respective roles of ICPB and NHCB

Role of Sub Groups

- Understand which sub groups report to ICPB/NHCB/both
- Understanding how the sub groups support the work of the ICPB

Relationship with NHCB/PCNs/Neighbourhoods

- What are the distinct remits of ICPB and NHCB?
- What is the assurance role of ICPB in relation to work of NHCB and how is that carried out?
- How does ICPB empower NHCB and Neighbourhoods/PCNs in turn?

Resources

- What support will be necessary for the ICPB to operate effectively?

Maintaining a focus on reducing inequalities and population health outcomes

- How will ICPB support local system transition from a focus on activity-based outcomes towards a focus on population health outcomes?
- How will the system assure itself of delivery of population health outcomes at PCN and Neighbourhood level?

Relationship with Health and Wellbeing Boards

- Developing a clear understanding of the respective remits of HWBs and the ICPB
- Understanding relationship between ICPB plans and strategies and the Health and Wellbeing Strategies of the two local authorities
- Understanding the role of the Population Health Hub and how this supports work of the ICPB

NH&CB Transition Group: Proposed areas for consideration

What is the purpose and remit of the NH&CB?

Exploratory questions include:

- What is the fundamental purpose of the NH&CB?
- What agreement or framework will underpin the relationship between the ICPB and the NH&CB?
- What will be the Terms of Reference and membership and how will these formally be agreed by the local system?
- What will be the relationship between the NH&CB and its proposed sub-groups for operational delivery, system finance, and system quality and safety?
- What will be the roadmap for moving from transitional to permanent arrangements (and membership)?

How might we develop an agreement to underpin formal collaboration between organisations?

- How will local system organisations hold each other to account for delivery of system outcomes and financial balance as a result of collaboration work on the NH&CB?
- What executive and delivery support functions will be necessary to operate the NH&CB?
- How will system risk be managed between individual organisations and the NH&CB?

How will we ensure effective clinical and practitioner leadership?

- How will the Transition Group ensure that the NH&CB has adequate clinical and practitioner leadership?

How will PCNs and Neighbourhoods be represented, supported and have appropriate devolved powers?

- How will PCNs be represented on the NH&CB?
- What is the roadmap for how the NH&CB will interact with PCN and Neighbourhood decision-making governance?
- What is the roadmap for clarifying responsibilities for population health outcomes and associated resources with PCNs / Neighbourhoods?

How will we manage system finance and performance?

- How will the organisations collaborate as a local system under the NH&CB to manage system financial balance and delivery of population health outcomes?

How will we take a system approach to safety and quality?

- How will the organisations collaborate to deliver an acceptable level of safety and quality?

Maintaining a focus on reducing inequalities and population health outcomes

- How will the local system transition from a focus on activity-based outcomes towards a focus on population health outcomes?
- How will the system ensure delivery of population health outcomes at PCN and Neighbourhood level?

ICPB Transition Group: Proposed key stakeholders

For one-to-one meetings

- PCN Clinical Directors
- Homerton – Sir John Gieve ,Tracey Fletcher and Claire Hogg
- ELFT – Mark Lam, Navina Evans and Richard Fradgley
- GP Confederation – Deborah Colvin and Laura Sharpe
- LBH – Tim Shields, Sandra Husbands, Chris Kennedy, Philip Glanville, Ben Hayhurst
- City of London – Randall Anderson and Andrew Carter
- Healthwatch Hackney – Jon Williams
- City of London Healthwatch – Ana Lekaj
- HCVS – Jake Ferguson
- Workstream Directors
- City and Hackney CCG - Sunil Thakker, Anna Garner, Jenny Singleton, Ann Sanders, Catherine Macadam

Proposed membership for Steering Group

- The Executive lead for this group will be David Maher, supported by Jonathan McShane
- The Steering Group is responsible for working up proposals to ICB, it is not responsible for decision-making, and as such, members of the group are not acting under delegated authority of their organisations. Final decisions on the proposals for a new Integrated Care Operating Model will be taken by ICB and the Boards of the statutory organisations in City and Hackney
- Proposed membership:
  - Randall Anderson, City of London
  - Marianne Fredericks, City of London
  - Chris Kennedy, LB Hackney
  - Philip Glanville, LB Hackney
  - Honor Rhodes, City and Hackney CCG
  - Sue Evans, City and Hackney CCG
  - NED, Homerton
  - NED, ELFT
  - NED, GP Confederation
  - City of London Healthwatch
  - Healthwatch Hackney
  - HCVS
  - Representative of Primary Care Networks

NH&CB Transition Group: Proposed key stakeholders

Board member interviews

- Consultative interviews will be held with non-executive directors of statutory organisations and lay Governing Body members of the CCG, providing an appropriate mix of experience, challenge and local knowledge
- The focus of these interviews will be to:
  - Ensure that the principles underpinning the Integrated Care Partnership Board are applied to the Neighbourhood Health and Care Board, for example ensuring that resources and power are delegated as much as possible towards care delivery
  - Seek assurance that the right leadership and culture will be in place
  - Seek assurance that the voice of patients and residents will be heard in the development of the NH&CB
  - Seek assurance that robust systems and culture will be in place to effectively manage system risk and ensure safety and safeguarding
  - Ensure that good governance considerations are addressed with regard to conflict of interest, procurement and delegated financial responsibilities
  - Provide challenge and peer support to the delivery group in the work that they carry out
- It's proposed that the following individuals will be approached to participate:
  - Anne Sanders, CCG Governing Body Lay Member
  - Siobhan Carke, CCG Governing Body Nurse Member
  - A non-executive director from the Trust Board of the Homerton University Hospital FT
  - A non-executive director from the Trust Board of East London FT
  - Dr Sandra Husbands, Director of Public Health, City of London and London Borough of Hackney

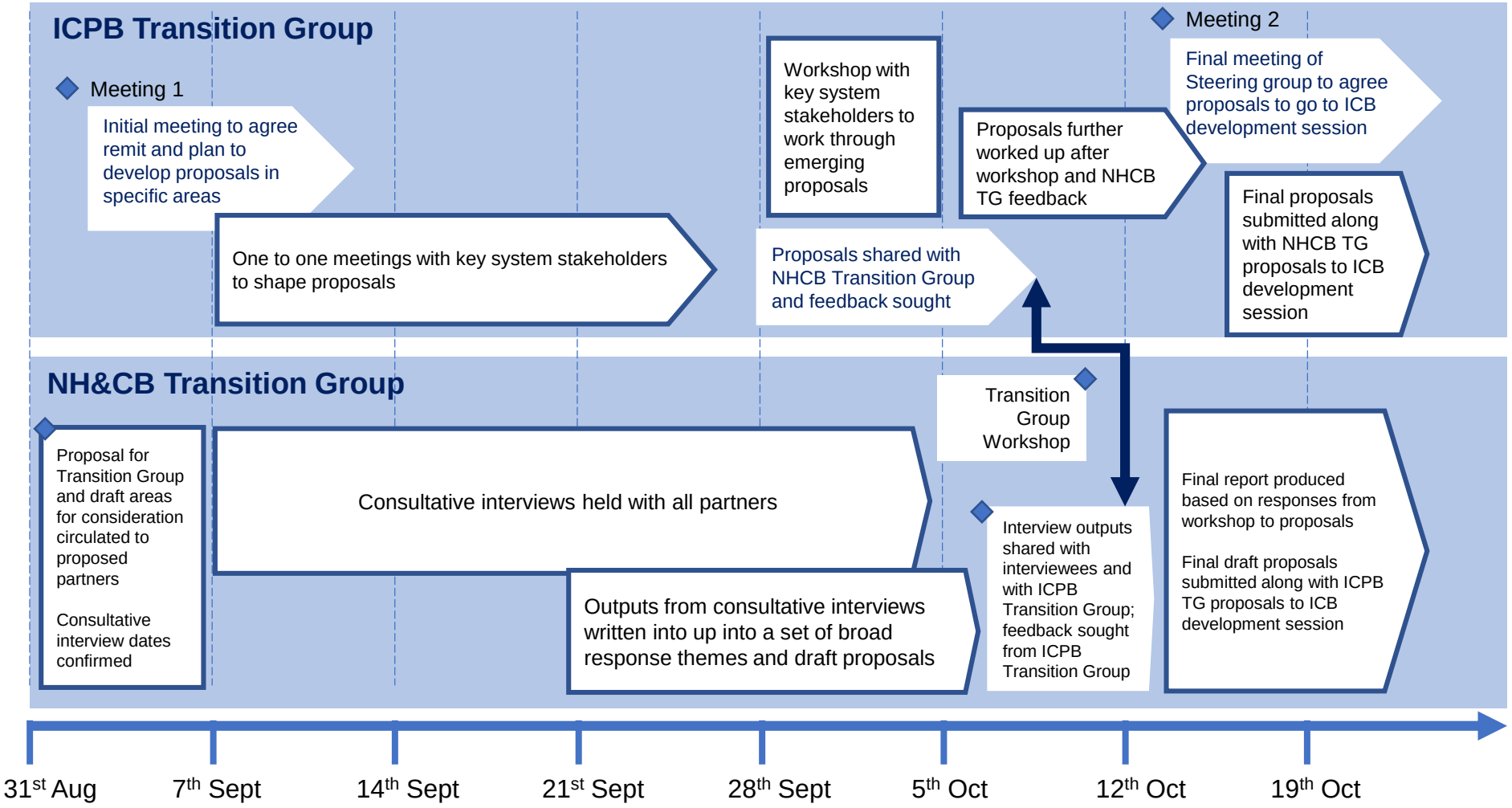
PCN Clinical Director interviews

- We will ask the 12 PCN clinical directors to share their views and intentions both as a group and individually, to ensure that the emerging thinking of the PCNs drives the construction of the NH&CB, and in particular we consider the future issues of subsidiarity and delegation of powers and responsibility, as well as considering effective and practical issues of representation and leadership within the whole-system structure for City and Hackney

Organisational and functional lead interviews

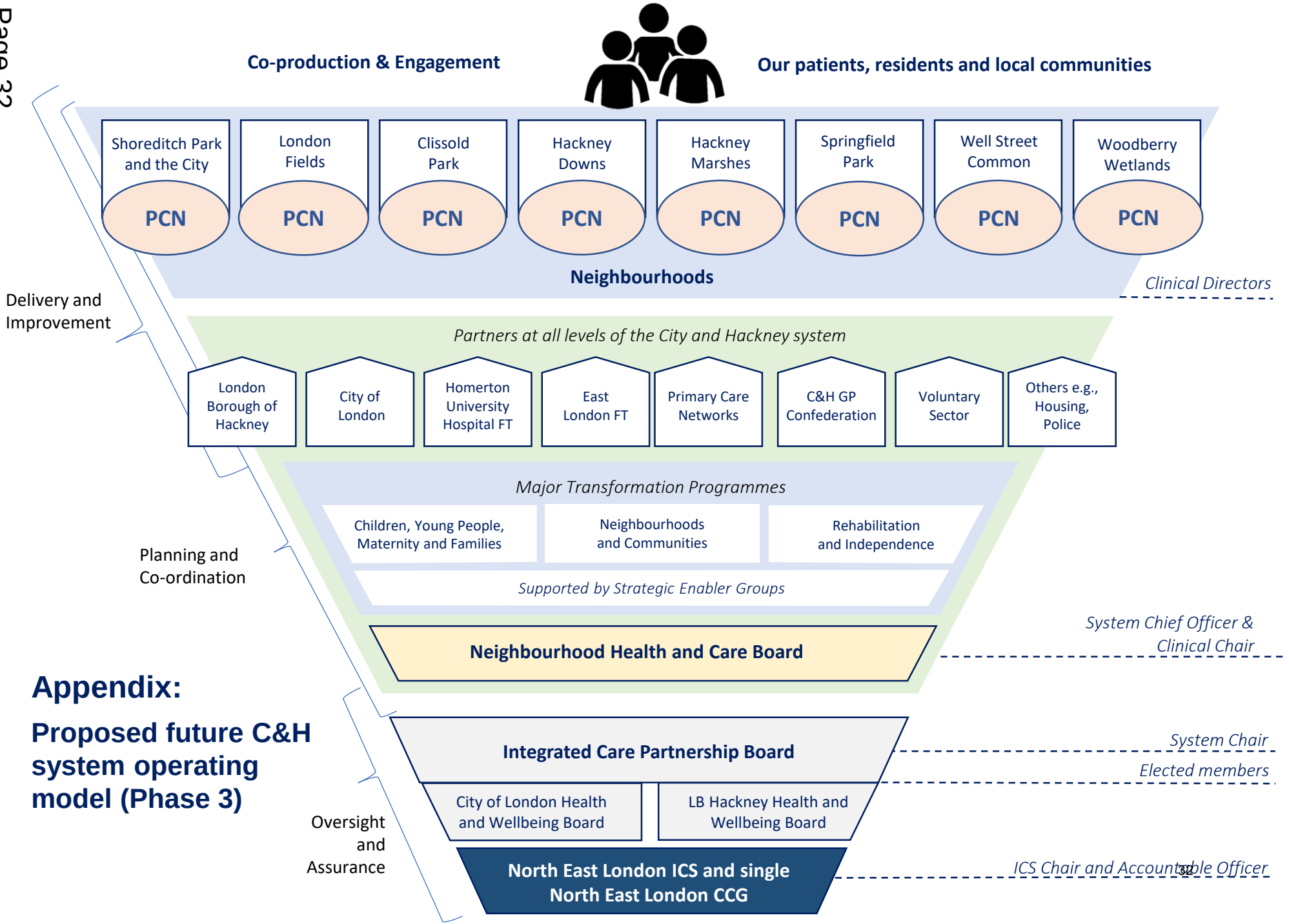
- Interviews will be held with organisational and functional leads who have been involved in both the AOG, the Provider Alliance and the Community Services Development Board (which could all be considered as precursors to the development of the NH&CB) and the SOCG:
  - Richard Fradgley, Director of integration, East London Foundation Trust
  - Laura Sharpe, Chief Executive, City and Hackney GP Confederation
  - Anne Canning, Group Director, Children, Adults and Community Health, London Borough of Hackney
  - Andrew Carter, Director of Community and Children's Services, City of London Corporation
  - An executive of the Homerton (to be determined)
  - Integrated Commissioning Workstream Directors
  - Sunil Thakkar, Director of Finance, City and Hackney CCG
  - Jenny Singleton, Head of Quality, City and Hackney CCG
  - Anna Garner, Lead for Performance and Inequalities on the Transition Group, City and Hackney CCG
  - Vanessa Morris, Chief Exec, MIND in the City, Hackney and Waltham Forest

Proposed timescales for the Transitional Groups



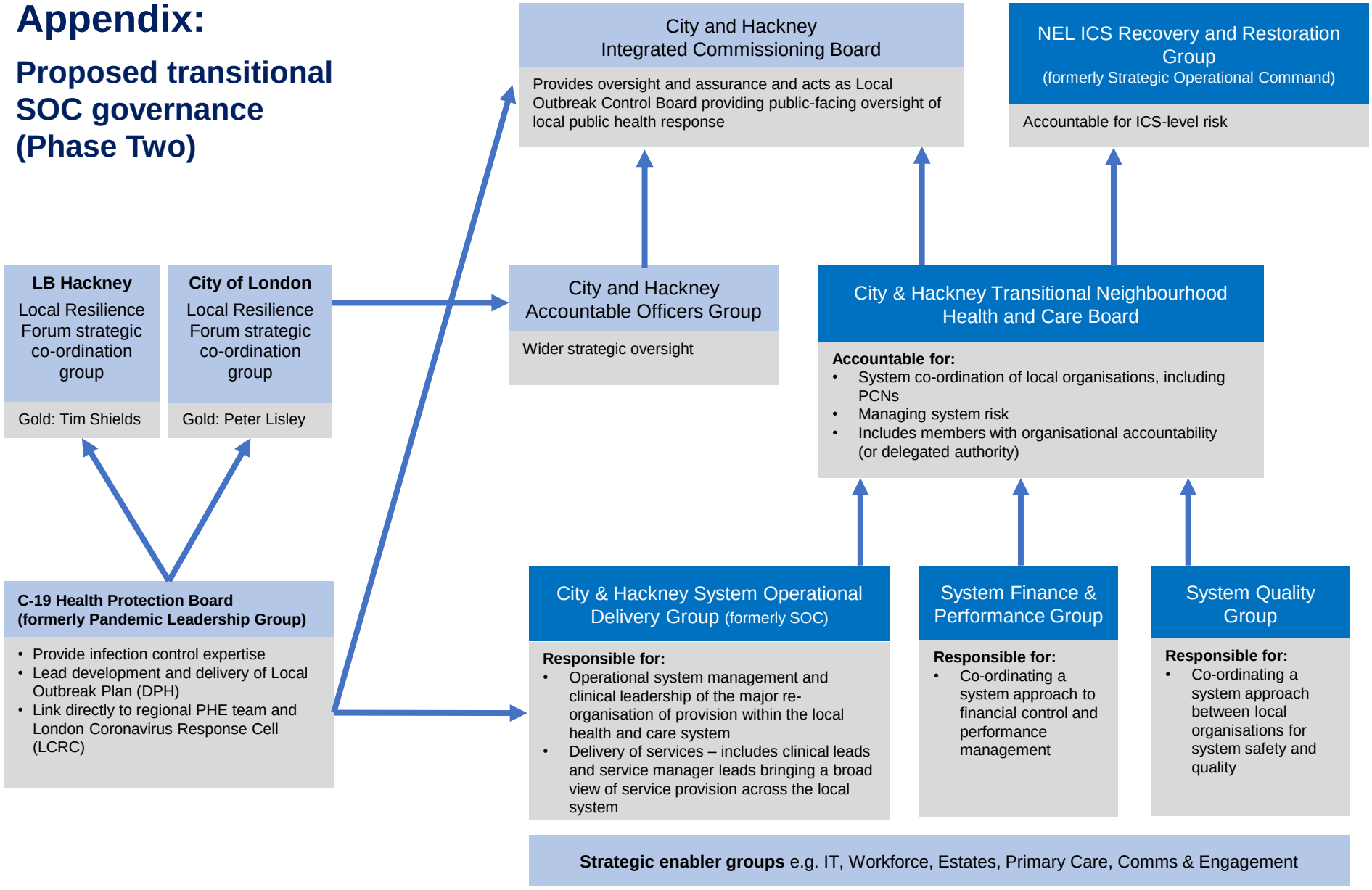
Appendix:

Proposed future C&H system operating model (Phase 3)



Appendix:

Proposed transitional SOC governance (Phase Two)



Title of report:	Childhood Adversity, Trauma and Resilience (ChATR/ ACEs) - Draft City & Hackney Approach
Date of meeting:	10 September 2020
Lead Officer:	Amy Wilkinson, Workstream Director
Author:	Jenny Zienau and Matt Hopkinson
Committee(s):	Integrated Commissioning Board, 10 September 2020
Public / Non-public	Public

Executive Summary:

Introduction

This paper proposes an approach to tackling and addressing the root causes and impact of Adverse Childhood Experiences (ACEs) in City & Hackney.

Addressing childhood adversity is one of the key transformational priorities for the CYPMF workstream, and in the context of the COVID-19 pandemic, the need to support the most vulnerable in City & Hackney is even greater than before.

'An Approach to Childhood Adversity, Trauma and Resilience' expresses a vision and key strategic objectives, and describes a programme of work for 2020-2025, focusing on system approaches and enablers; the development of an ACE and trauma-aware workforce; and the development of specific interventions which aim to prevent or reduce the impact of ACEs and build resilience in individuals, families and communities. We aim to:

- Increase awareness of ACEs and their impact across the integrated health, education and care system at all levels to drive positive change;
- Equip front-line practitioners with the necessary understanding, resources and support to take action to tackle the prevalence and impact of ACEs.
- Tackle the root causes of ACEs and factors which we know to be harmful to children from conception through to adulthood (including the impact of neglect abuse, toxic stress and all factors which undermine parenting capacity).
- Create a community of practice to identify and utilise assets, resources and best practice to help us work with families, communities and each other to co-produce interventions and action that work to tackle adversity, build resilience and support recovery from trauma.

Background

A wide range of stakeholders across the system have worked on informing and shaping the approach over the past year, designing a coordinated local response to the international work on Adverse Childhood Experiences (ACEs), that has emerged over the past 20 years. City and Hackney has a broad range of innovative and trauma informed interventions and has developed resilience focussed ways of working in pockets. The approach brings this work together, and proposes widening it out across the whole system, implementing a cultural shift in our universal practice, and ensuring our focus has the inequalities in outcomes highlighted by COVID and Black Lives Matters at its core, and works for City and Hackney communities.

In July 2019 we held a stakeholder engagement event (including primary and secondary care, social services, education, and voluntary and community sector organisations) which focused on identifying the challenges and needs, and beginning to think about how we can work as a system to make lasting positive change (*Appendix A*).

Central to this discussion was the recognition that prevention and early intervention are crucial; that individual and community resilience are vital factors in mitigating the impact of adversity; and that we need to take a holistic, system approach, which is founded on enhanced understanding of ACEs and trauma throughout the health and social care workforce.

Building on the workshop and through ongoing system engagement and a needs assessment carried out through Autumn 2019, we have developed a strategic approach to addressing Childhood Adversity, Trauma and Resilience (ChATR), with a programme of work which will run from 2020-2025 in alignment with the CYPMF Emotional Health and Wellbeing Strategy. While this work has been developed through the CYPMF workstream, stakeholders working across all age groups, and with families, have been involved, and we will be working closely with the other system work stream, and the population health hub to roll this out.

Key Elements of the Approach

Developing a Framework (an 'ACEs' strategy)

In consultation with our stakeholders, we have drafted a City and Hackney needs analysis, position statement and vision for 2020-2025. This is outlined in the draft City and Hackney Childhood Adversity, Trauma and Resilience Approach attached.

Workforce Development (*see ChaTR Approach p.42-46*)

We are working to build our key areas of innovative practise that currently exist create a modular programme of training to raise the level of awareness and expertise across all services. This includes:

- A core training module covering ACEs definition and the impact of adversity and of trauma on health and wellbeing; exploring how this applies to us as individuals and to how services interact with children, young people, adults and families (including some content on self-care and supervision).
- A series of multi-disciplinary training sessions bringing together practitioners from different disciplines who work with people of a particular age group (perinatal, 0-5s, 5-11s, etc.) to reflect on practice through case studies and sharing ideas, problems and best practice.

Childhood Adversity, Trauma and Resilience Hub (*see ChaTR Approach p.46-49)*

The development of awareness and best practice in City & Hackney will be supported by an online resource and networking hub which will include all training resources as well as other practical tools and resources that can be used by practitioners in their work with children, young people families and communities. The hub will also provide links to external resources (articles, videos, case studies, etc.) to enable further learning, professional development and awareness raising activity.

We hope to use the hub as a framework on which to continue to develop a community of practice. All trainees will be given access to the hub resources, and will also be invited to join a discussion forum (which we are currently testing with the project group, using Slack) with the intention of fostering ongoing dialogue, to support the sharing of knowledge and encourage more joined-up ways of working between teams and agencies.

Engagement

We are developing an engagement plan for the whole of the CYPMF workstream, which will include specific focus on Childhood Adversity, Trauma and Resilience, and will be informed by the recommendations of the Hackney Young Futures Commission.

We are very keen to make best use of the new reward and recognition policy for co-production, since it gives us a chance to engage in a much more meaningful way than before. We are planning to hold two online events in mid-September to recruit to specific roles for young people and parents to work with us on co-production across a range of workstream projects. Specific to the ACEs work, this engagement will support the design and delivery of training, ensure we are using appropriate and inclusive language, and help us develop specific interventions.

Interventions (*see ChATR Approach p.50*)

Following workforce development and the resource portal, the subsequent phase of the approach will be to develop specific interventions to test, which aim to prevent, intervene early and mitigate against Adverse Childhood Experiences and build resilience in individuals, families and communities. Interventions will be informed by the strategic objectives and build on existing services or address gaps identified. Possible interventions could include, for example, universal domestic violence trauma-recovery service for families; passporting assessments between services to avoid re-traumatising people, or responding to the recommendations of young people in the Young Futures commission to develop a healing space in the community.

Recommendations:

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

- To **NOTE** the report;
- To **APPROVE** the Approach to Childhood Adversity, Trauma and Resilience.

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

- To **NOTE** the report;
- To **APPROVE** the Approach to Childhood Adversity, Trauma and Resilience.

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☒	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	

Specific implications for City

The City of London work on ACEs has informed development of the wider approach. Where appropriate, specific CoL interventions are also in place (led by Rachel Green).

Specific implications for Hackney

The approach covers the whole of the workforce in Hackney, and specific interventions will be tailored for specific groups, where this would have more impact, as we deliver the project.

Patient and Public Involvement and Impact:

The ChATR Project Group has included a PPI representative from Healthwatch from the outset. Co-production, and ensuring the voices of children and families are heard and represented, is an essential part of the approach. Our intention is for the CHATR project to be a major point of focus for the CYPMF workstream engagement plan beginning in September.

Clinical/practitioner input and engagement:

The ChATR Approach represents the product of extensive conversations and dialogue between health and social care practitioners across a wide range of organisations and disciplines across City & Hackney over the last 18 months. This engagement is evidenced by the outcomes of the ACEs Workshop in July 2019 and the papers of the ACEs Project Group.

Communications and engagement:

An engagement sub-group has been set up (with input from the CCG Communications and Engagement Team, Healthwatch and the Hackney Young Futures Commission) to support the development of an engagement plan for the Children, Young People, Maternity and Families Workstream, which includes the detail of engagement around the ChATR project.

The CYPMF Workstream Engagement Plan will be taken to the PPI Committee in October.
Through September and October the Approach is also being discussed by a range of groups including the Children's Safeguarding Board, the CCG Safeguarding Advisory Board and the Hackney Health & Wellbeing Board.

Equalities implications and impact on priority groups:

Adverse Childhood Experiences can affect anyone; however they impact disproportionately on certain groups, both in terms of exposure to potentially traumatising experiences (such as poverty, community violence, etc.) and in terms of the presence or absence of factors affecting resilience.

Safeguarding implications:

None.

Impact on / Overlap with Existing Services:

None.

Supporting Papers and Evidence:

Appendix A - Illustration of outputs of system-wide ACEs workshop, July 2019 Appendix B – Childhood Adversity, Trauma and Resilience: A City & Hackney Approach Appendix C – ChATR Project Action Plan Appendix D - Early Intervention Foundation Report Ecology Model Appendix E - Approach to Vulnerable Groups

Sign-off:

CYPMF Strategic Oversight Group – 15 July 2020 Director Sign-off - Amy Wilkinson – Children, Young People, Maternity and Families Workstream Director

Title of report:	Find Support Services programme update
Date of meeting:	10 September 2020
Lead Officer:	Rob Miller, Director of Hackney ICT (accountable officer) Jayne Taylor, Consultant in Public Health (sponsor)
Author:	Meg Dibb-Fuller (Digital Product Lead) Susan McFarland-Lyons (Senior ICT Delivery Manager)
Committee(s):	City & Hackney IT Enabler Programme Board (ongoing, bi-monthly) City & Hackney Comms and Engagement Enabler Programme Board (ad hoc, last taken where the programmes were endorsed July '20))
Public / Non-public	Public

Executive Summary:

This paper is to provide a project update only. There is no financial ask as IT Enabler has committed funding to support the setup and delivery of this project.

Our vision has always been to provide residents, social prescribers and health and care professionals with access to relevant, local, up-to-date voluntary and community organisations offering help to City & Hackney's diverse community. The product is designed to have minimum overhead requirements once it becomes business as usual (BAU).

Recommendations:

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

- To **NOTE** the report

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

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	Y	See vision above
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	Y	See vision above
Ensure we maintain financial balance as a system and achieve our financial plans	☐	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☐	
Empower patients and residents	Y	See vision above

Specific implications for City

This is a City & Hackney Digital Programme. See main report below.

Hackney

CITY OF LONDON

NHS
City and Hackney
Clinical Commissioning Group

Specific implications for Hackney

This is a City & Hackney Digital Programme. See main report below.

Patient and Public Involvement and Impact:

Ongoing engagement with patients/ residents from inception to date has guided the development and delivery of this product. Details below.

Stakeholder	Short term	Medium - Long term
Patients/ residents	1. Improved access to consistent and accurate data on local services and activities in the local community 2. Better informed about local opportunities that can help to meet mental and physical health needs	1. Change behaviour by proactively taking earlier action to engage in local services and activities to avoid or delay future poor health 2. Reduces duplication and improves quality of service - helping patients/ residents find support and "channel shift" to digital self-services 3. Improved population health outcomes - reduction in prevalence of preventable long-term health conditions 4. Empowered to take greater control of their health & wellbeing via access to consistent & accurate data

Clinical/practitioner input and engagement:

Ongoing engagement with clinicians/ practitioners from inception to date has guided the development and delivery of this product. Details below.

Stakeholder	Short term	Medium - Long term
VCSOs	1. Data management - potential to integrate with internal data/ CRM systems 2. Demonstrate the impact of your service - retrieve analytics for funding applications. Retrieve reports to inform service improvement 3. Upskilling - raise online profile through digital training 4. Potential to gain users and level out	1. Increasing referrals to, and uptake of, prevention and wellbeing services by local population 2. Sustainable local health and care system - reduced demand for treatment and care services 3. People are supported to live more independently and are connected to their communities and the support they need at

	capacity across organisations	the right time
Social Prescribers & other community navigators (e.g. Wellbeing Practitioners)	1. Ability to raise the profile of their service and capture local knowledge for patients, residents and their peers to benefit from 2. Reduced admin duties freeing up time to spend on direct service delivery	
GP Practice staff	1. Provides patients with a more holistic, personalised care plan if able to signpost to a trusted community data source	
MECC practitioners	1. Provides staff with a single, easily accessible trusted data source, on what health and wellbeing services and groups are available locally 2. Facilitates onward referral or signposting to local services which will holistically meet service users' mental & physical health needs	
Social care workers	1. Provides staff with an easily accessible single, trusted data source, on what health and wellbeing services and groups are available locally 2. Provides a tool for staff to embed a 3 conversations strength based approach to practice	

Communications and engagement:

Comms & Engagement Enabler Group have remained informed and have endorsed this programme of work. A future consideration (as discussed with the group) is to explore how this can align to/ complement/ or even become the public facing C&H Integrated Care website, especially given the transition to a single CCG (and the local website perhaps ceasing to exist).

Comms Sign-off
Alice Beard and Jamal Wallace - both have been consulted and informed branding of the website

Equalities implications and impact on priority groups:

This product has been designed to cater for all. It follows the GDS accessibility framework and we are working closely with Hackney CVS's partner networks, and policy, to ensure we do our best to ensure this is a resource known to and used by the harder to reach groups. Of course this is proving difficult, but is a wider engagement piece that is out of scope for this project that we hope to support via this project.

Safeguarding implications:

The verification criteria (to get an organisation approved and listed on Find Support Services) has been codesigned and approved by LBH and HCVS Adults and Children's Safeguarding leads.

Impact on / Overlap with Existing Services:

This product is replacing Hackney iCare and Hackney Directory It is complementing City and Hackney Local Offers (note we are actively strengthening the pathways between the two) The City is pausing the re-comissioning of their FYi directory and seeing if this product could be the solution. More detail to follow as we transition to live. Hackney CVS will be actively promoting this product as the single source of truth of VCSOs, as will the Neighbourhoods Programme No link with NHS directories as of yet (need is different) - if there was to be a need to align these in the directories in the future, this could be explored. This is out of scope for this product right now.

Main Report

Background and Current Position

March-June

- We accelerated its launch to a live product in response to the pandemic. The current map is the result of that rapid roll out & was never intended to be the final solution, simply an interim measure. The product remains live in 'beta' so that it can continue to support Hackney's response to Covid-19.
- We continue to receive very positive responses of the prototype, some of which have been captured here. There have been 15k+ unique views of the web page & 150+ VCSOs are now listed.
- Our May IT Enabler update & funding proposal (£100k - spec here) was approved outside of the Board.

May-July

- In mid-July, we welcomed Nudge Digital as our supplier to build the next phase of the product.
- Our July/ Aug IT Enabler progress report included an ask to release the remaining funding (£100k). This has been actioned.

Aug

- 30+ stakeholders from across the system attended our show & tell (a demo) of the product & feedback was overwhelmingly positive (some is listed in the link above).
- Strengthening relationships and pathways with other products to minimize duplication of effort, build on what's in existence and not make the same mistakes as others. This includes:
  - NEL Digital First Programme team to explore how our infrastructure can be scaled & used as a

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foundation for a social prescribing service
    - City of London (CoL) - we're aiming to pilot adult and health services (that provide support to CoL residents) on the existing map from mid September. We'll then be looking to onboard CoL more 'formally' onto the product after that.
    - Hackney Local Offer (signpost where we can & vice versa) and our own Covid front door team (to direct residents who need help)
- More detail about what we've delivered can be found here

September - October

- Develop launch plan with LBH and C&H Comms & Engagement System Leads
- Finalise the sustainability plan (detail found here)
- Hire an administrator
- Plan the transition of this product into business as usual
- Share a project closure report with the IT Enabler Board

Options

N/A

Proposals

N/A

Conclusion

This product is a system-wide enabler for integrated working moving forward. We hope the product will have the intended impact once it transitions into BAU, and will be happy to come back to this Board with initial learnings as required.

Supporting Papers and Evidence:

September IT Enabler Report identifies key risks and the financial plan - see here

Sign-off:

City of London Corporation: **Simon Cribbens** City & Hackney CCG: **David Maher**

Title of report:	Digital Divide (digital skills) programme update
Date of meeting:	10 September 2020
Lead Officer:	Rob Miller, Director of Hackney ICT (accountable officer) Jayne Taylor, Consultant in Public Health (sponsor)
Author:	Meg Dibb-Fuller (Digital Product Lead) Susan McFarland-Lyons (Senior ICT Delivery Manager)
Committee(s):	City & Hackney IT Enabler Programme Board (ongoing, bi-monthly) City & Hackney Comms and Engagement Enabler Programme Board (adhoc, last taken where the programmes were endorsed July '20))
Public / Non-public	Public

Executive Summary:

Organisations from across the City & Hackney Integrated Care Partnership are exploring how they can collectively support people in developing their digital skills, connectivity and infrastructure. To support their ambitions around digital inclusion, and with the imminent threat of a second wave of COVID-19, we must coordinate all activity to ensure it is implemented quickly and effectively.

As a result of Coronavirus, the need to 'get online' to do basic day-to-day activities has dramatically increased. Not just for patients and residents, but for the workforce too.

As part of this digital inclusion programme (overseen by Rob Miller - Director of Customer Services & ICT @ LBH), a core team is looking at how we can improve people's **digital skills via their motivations** and enabling them to get a basic understanding of how to navigate the digital world. The team is working closely with Health, Council and Voluntary Sector partners to align all activity where possible (including Assistive Technology, Remote Consultation, Telehealth and the Digital First Programme Team)

Deliverables

1. **Digital skills website**

> Set up a minimum viable digital skills website
> Conduct ongoing user research with end-users (inc. residents, patients, carers, individuals in care homes and health care professionals)
> Create and iterate content (15+ video guides covering 'get started' and health apps)
> Promote content across all partners (health, councils and VCS) and encourage reuse with other boroughs and organisations

2. **Digital Buddies programme**

> Developed the original Salford Foundation programme and adapted to Hackney and City
> Set up the participant administration process and training for the programme
> Engaged schools to become partners and provide buddies - two have so far been recruited
> Engaged Hackney IT to provide Support Apprentices as buddies as part of their curriculum
> Promoted the scheme to the Hackney Circle older people network and other elders groups - 15 'beneficiaries' have expressed interest and we now have a waiting list

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> Co-developed the Digital skills website so content matched beneficiaries' motivations
> Created a comms plan for promotion of the programme across networks

More detail about what we've delivered can be found here

To maintain progress, we are seeking funding from IT Enabler to fund:

- 0.5 FTE of Digital Lead time on this project for c. 4 months (Sept-Dec)
- funding for the development of a system-wide digital website to create, host and store all 'get-started content'

NB: Staff from Hackney Council are currently provided free of charge.

Recommendations:

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

- To **NOTE** the report and continue to align any digital skills work where possible. Below summarises our recommendation for next steps.

During the lockdown period the City of London put in place a targeted scheme for those without the financial means to secure internet access. The scheme provided a preloaded data dongle to enable connection to shielding households with a suitable device. The City is exploring how it can build on this approach to deliver a wider reaching project to utilise digital inclusion to support those at risk of or experiencing financial exclusion.

We plan to build on the work the City has already done, and engage with City focussed groups (such as City Connections, Only Connect and the City's community library services) to test, iterate and help shape how the digital skills strand develops in coming months.

To ensure skills, data and equipment poverty are covered, we suggest:

- a City representative attends the fortnightly stand-up (meeting led by Rob Miller) to share what work has been done, and align each of the strands where we can
- a City representative joins the core Digital Skills team to help us achieve what's set out above
- **Please advise**

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

- To **NOTE** the report;

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

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☐	

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Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☐	
Ensure we maintain financial balance as a system and achieve our financial plans	☐	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☐	
Empower patients and residents	✓	The aim of this programme of work is to empower residents and staff to engage with the digital world and ultimately to make their lives easier and more fulfilling. The programme allows them to take ownership of their own learning and development and is in line with other strengths-based approaches.

Specific implications for City

Benefits

Residents/ patients

> Reduce social exclusion for those having to self-isolate

>Supporting and enabling people to take control of their own health and wellbeing if having to self-isolate or don't feel comfortable in public spaces

> Enable friends and loved ones to stay in touch with those in care homes or isolating

> Provide continued access to education for those that need to attend school/ college

> Empower individuals to upskill & improve employability from home

>Increased confidence and motivation to access and use digital support and programmes

>Increased knowledge of digital programmes

>Behaviour change: changed perceptions and increased willingness to access further digital support/programmes in future

Workforce

> Empower individuals to feel confident when facilitating or setting up remote services or consultations

> Reduce digital inequalities within the workforce by providing them with an opportunity to learn in their own time

System

> Reduce health inequalities by improving use of online access to healthcare services

Specific implications for Hackney

As above

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Patient and Public Involvement and Impact:

The initial content of the Digital skills website was identified from knowledge of the wider digital conversation during lockdown. For example, numerous news reports of social isolation due to lack of digital skills for communication made 'How to Zoom' an easy choice to choose. The next round of content was devised around resident feedback, gathered via the Digital skills website and through conversations with older residents involved in the buddy programme as well as patient groups.

Clinical/practitioner input and engagement:

GPs and social prescribers have been involved in devising the content of the Digital skills page, for both staff and patients; and health professionals will continue to be so as we develop the range of tools further. We will prioritise content development with these teams.

We have found, however, that some of the tools that patients and staff are expected to use are not fit for purpose and there needs to be a broader conversation around whether these tools should be progressed at all. For example, MS Teams can be difficult for patients to access (especially for the first time, and without an NHS account) causing drop-off in virtual group consultation attendance. GP practices are also spending much time administering Patient Access but the fundamental tool is not user-friendly. The aim of this programme of work is to help end users develop digital skills rather than to shore up poor software. **It would be good to get guidance on who to discuss this further with in the system.**

Communications and engagement:

This work requires engagement with patient groups, the public or integrated care partners both in terms of identifying which skills users need to learn, as well as to publicise the learning mechanisms of the Digital skills website and Digital Buddy programme.

To date, we have marketed the Digital skills website to residents through Hackney Life, adverts on estate notice boards and waste trucks, stickers on devices given out by Hackney Council and partners, letters in Council food parcels and flyers at food banks. Partners in the voluntary and community sector have also helped eg Councillor Kennedy talked about the programme on Immediate Theatre's radio show.

We've also engaged GPs via their regular bulletins, presented at Community Navigator team meetings and are working with our pilot surgery at Springhill to send out texts to target audiences.

Comms Sign-off
Helen Clark and Maariyah from LBH external comms team have supported the comms messages to date.

We plan to take this project to the Comms and Engagement Enabler Group once funding has been received by the IT Enabler Programme. We were keen to put initial efforts into

the success of the pilot, given the small cohort of end-users, prior to scaling and receiving more formal guidance from Comms and Engagement Enabler Group.

Equalities implications and impact on priority groups:

The digital skills divide is largely felt by older residents who did not use computers or the Internet in their working lives. Hence why the Buddy programme is initially focussing on this demographic. We also know from the residents survey of 2018 that BME identifiers are more susceptible and we are building relationships with partner organisations to address this. We know from speaking with local organisations that some with ESOL also fall behind on digital skills and we have started to address language barriers on the Digital skills page. As we expand our Buddy programme, we will be able to match speakers of other languages more easily.

Safeguarding implications:

The buddy programme involves both under 18s and older, and potentially vulnerable, adults. We have developed a robust approach to both parties in the training of the buddies; and the administrator contacts both to ensure the service is progressing well with regard to safeguarding measures.

Impact on / Overlap with Existing Services:

By developing the digital skills of residents and patients, sectors will be able to provide services virtually, which brings both cost and efficiency savings.

By developing the digital skills of the workforce, patients and residents will be able to use services in the convenient, timely, user-friendly and 24/7 format that digital is able to provide.

Main Report

Background and Current Position

See executive summary.

Options

N/A

Proposals

N/A

Conclusion

We acknowledge this programme of work is ambitious and isn't going to be solved overnight, but believe we are taking the right steps, as a system, to deliver benefits to City and Hackney residents, patients, the workforce and the system.

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We seek endorsement of the digital skills strand of the digital programme from the senior leadership team and in-turn, will continue to work closely with the other three strands - collaborative working with voluntary sector and other partners, connectivity and devices.

Supporting Papers and Evidence:

- Digital Inclusion- a partnership response - Next steps (Owner - LBH Policy team)
- Supporting digital inclusion in response to COVID-19 (Owner - Rob Miller, Accountable Officer for the digital inclusion project)
- Notes from Rob Miller's fortnightly digital inclusion stand-up (attended by leads of each strand and partners from the system)
- Digital skills weeknotes

Sign-off:

[Papers for approval by the ICBs must be signed off by the appropriate senior officers. Any paper with financial implications must be signed by the members of the Finance Economy Group.
If there are any legal implications which require consultation with legal counsel, please make reference to that below.
Please ensure you have appropriate sign off for your report, along with the papers. Papers which have not been signed-off by the appropriate officers will not be considered]

Workstream SRO:

London Borough of Hackney:

City of London Corporation: **Simon Cribbens**

City & Hackney CCG: **David Maher**

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Title:	Integrated Commissioning Escalated Risk Registers
Date of meeting:	10 September 2020
Lead Officer:	Matthew Knell – Head of Governance & Assurance, CCG Workstream Directors
Author:	Workstream Directors & Programme Managers
Committee(s):	Integrated Commissioning Board, 10 September 2020
Public / Non-public	Public.

Executive Summary:

This report presents the escalated risks for the three Integrated Care Workstreams and the IC Operating Model / CCG Merger Program.

Updated Risks from Previous Meeting

IC Operating Model / CCG Merger

- There are no red-rated risks from this area of work; all risks in this program are either amber or green-rated.

Planned Care

- Risk PCC02 regarding out of area digital practices and other primary care related risks will be updated in September 2020 - the Primary Care Team will be taking revised and any new risks through their Committee structures in September 2020 and these updates will be available to the ICB and Governing Body as soon as possible. These updates will include a re-assessment of immunisation related risk in relation to primary care.

Children, Young People, Maternity and Families.

- CYPMF8 regarding childhood immunisation rates has increased in score from 10 to 15 (an amber to red rating, returning it to the BAF) from Q1 to Q2 2020/21 and since being revised for this exercise.

- CYPMF20 regarding safeguarding and looked after children is a new red rated risk which covers the local impacts of a NEL wide risk. Detailed information for this risk is under development and is not included in this circulation of the detailed reports.

Unplanned Care

- UC20 regarding the impact of health inequalities in unplanned care for local populations is a new red rated risk.

Planned Care

- PCTBC3 regarding access to elective services has decreased in score from 15 to 10 (red to amber from Q1 to Q2 2020/21) and as such, will be removed from the register next month, barring any change and return to a red status.

- PCTBC5 regarding acute contract financial pressures has been closed in Q2 2020/21 due to the move towards a block finance arrangement and this specific risk no longer being current:
    - An overarching risk to the local system around the block financial arrangements in place will be developed for September 2020.

- PC7 regarding No Cheaper Stock Obtainable (NCSO) medications has increased in score from a 4 to 20 (green to amber from Q1 to Q2 2020/21) to indicate its return to a cost pressure status.

- PC12 regarding a local adult complex obesity service has increased in score from 9 to 15 (amber to red status from Q1 to Q2 2020/21);

- Planned Care detailed risk reports are not available this month, the Team will be reviewing the risk register and securing approval from Planned Care Stakeholder meetings in September. This will include reviewing potential new risks, such as inequity and presentation of cancer. It will also respond to previous ICB and GB feedback more comprehensively. We will endeavour to update ICB and the Governing Body as soon as possible.

Recommendations:

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

- To **NOTE** the registers.

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

- To **NOTE** the registers.

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local	☒	The risk register supports all the programme objectives

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

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Supporting Papers and Evidence:

Risk register cover sheets in agenda pack.

Sign-off:

Siobhan Harper – Director: Planned Care

Amy Wilkinson – Director: Children, Maternity, Young People and Families

Nina Griffith – Director: Unplanned Care Carol Beckford – Transition Director

Children, Young People, Maternity and Families Workstream Risk Register - August 2020

Cover Sheet

				Residual Risk Score							Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
8	Risk that low levels of childhood immunisations in the borough may lead to outbreaks of preventable disease that can severely impact large numbers of the population	15	4	10	10	10	15	↑	Since the changes in health commissioning in 2013 Health and Social Care Act, responsibility for commissioning and delivery of all immunisations sits across a wide range of partners. There is no statutory commissioning role for the CCG or for local Public Health, although City and Hackney CCG has continually invested in supporting delivery of immunisations in order to tackle our local challenges. Partnership work was developed through the measles outbreak in 2018 and the ongoing non recurrent investment in the GP Confederation has been built on during the pandemic. Over the course of the recent Covid 19 surge residents/patients have not been accessing routine healthcare to usual levels, and this is a double blow to imms uptake given that it was already relatively poor. Key challenges associated with this include: families being reluctant to leave home due to restrictions, lack of information, assumptions that the NHS was not 'open for business', not wanting to put pressure on the NHS, and fear of infection being exposed to the virus through contact with other patients. a 2 year action plan to improve immunisations across the whole life course has been developed, with a number of pilots and interventions. These were set out in a paper to the ICB in June 2020.	15		✓		✓	
20	During Covid-19 a combined NEL Safeguarding and Looked After Children risks register has been in place and reviewed monthly by the designated nurses. The NEL key risks relate to reduced face to face contact between services, schools and children during the COVID-19 Pandemic, and the increased risks to children which result from this. It is nationally anticipated that there may be a surge of safeguarding issues identified when COVID-19 restrictions end and move to business as usual returns. These risks are mitigated in part by the mitigations relating to other LAC and safeguarding risks on the CYPMF Register (risks 2,5,11 and 15) but a NEL-level decision has been taken that until schools are back in September and we can see children, the risk level should be considered high. The CYPMF Strategic Oversight Group will be reviewing the risks and mitigations in detail for City & Hackney in September. The have not yet been fully scoped yet from a local perspective.	TBC	TBC				TBC	**Emergent Risk**		TBC	✓			✓	

Unplanned Care Workstream Risk Register - August 2020

Cover Sheet

				Residual Risk Score							Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
19 / UCTBC2	Risk that there is an increase in non-elective acute demand - either driven by a return to normal levels of admissions or a further peak in COVID-19 demand.	20	12	n/a	n/a	16		⟺	Delivery of the 'Think 111 First' to reduce A&E attendances SOC are overseeing a range of plans to strengthen community support including Neighbourhood Multi-Disciplinary Teams and Primary Care Long Term Condition Management Working with 111 to develop admission avoidance pathways through HAMU and Appropriate Care Plans Need to ensure robust escalation plan in place in advance of further covid peaks Bed modelling being undertaken across North East London to understand demand andd capacity in relation to a second peak and winter. Enhanced winter planning programme agreed through SOC.	TBC			✓	✓	
20 / UCTBC2	Risk that we do not understand and/or do not reduce the impact of health inequalities for local populations across the workstream, and this is exacerbated in the context of the COVID-19 pandemic.	20	12	n/a	n/a	16		⟺	The neighbourhoods programme is focused on addressing inequalities: -the neighbourhoods approach means that we take a population health approach across a small population of 30-50,000, which allows a very local focus on health needs and inequalities -the voluntary sector are key partners and are suppporting identification of inequalitie and in-reach into particular communities	TBC	✓	✓		✓	✓

Planned Care Workstream Escalated Risk Register - August 2020

Cover Sheet

				Residual Risk Score							Objective					Comments
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents	
PCTBC1	Vulnerable patients, including those with a long term condition/learning disability, struggle to access care due to changes to local services.	16	9	N/A	N/A	N/A	20	⟺	Access to services has improved since the height of the pandemic. CEG data suggests GP consultations are close to pre-COVID levels and phlebotomy activity is over 80% of pre-COVID level. Community Services are opening up routine f2f services with necessary infection control safeguards. Planned Care are working to launch a domiciliary service pilot for phlebotomy and LTC checks for vulnerable patients. The CCG will also be launching a transport service to enable vulnerable patients to attend their practice without using public transport. Planned Care ran an inequalities session to identify vulnerable groups and discuss what changes services could make to ensure vulnerable groups continue to have good access. This will be discussed with partners at Core Leadership Group and an action plan developed to ensure vulnerable groups have access. Primary Care also have CEG searches to identify vulnerable patients for proactive care.	16	√	√		√	√	Reported as PC1 to ICB due to error with template. Risk review will consider definition of vulnerable and how to report on patients presenting with cancer. GP Cancer referrals are near pre-COVID level- 90%+. Other avenues for diagnosising cancer, such as diagnosis during routine outpatient activity will also be considered.
PCTBC2	High number of outstanding CHC assessments as a result of the pause due to Covid-19.	15	9	N/A	N/A	N/A	15	⟺	There are 50 outstanding CHC assessments. All patients have had a care plan developed by relevant providers and a package of care is in place. The phase 3 letter instructs the NHS to resume assessments from 1st September 2020. Meeting to be held week commencing 10th August to discuss the instructions in the letter and plan for the resumption of CHC assessments.	15		√	√	√		Reported as PC2 to ICB due to template error.
PCTBC3	Patients do not access elective acute services- due to services being moved outside City and Hackney in order to reduce the COVID infection risk.	15	9	n/a	n/a	n/a	10		Weekly calls are in place to discuss utilisation of independent sector capacity. Looking at options for tracking the number of patient initiated cancelled appointments as part of the Outpatient and Elective Recovery Dashboard. This will enable effective reporting and tracking to understand the impact. NEL are responsible for communication and engagement to promote access. City and Hackney have developed a workplan for engagement to promote engagement at local level. This work will be undertaken with partners including Healthwatch, LBH and PPI Committee. Phase 3 letter sets significant targets for CCG/NEL to meet in terms of activity, which will lead on a push for greater activity at out of area sites.	10	√			√	√	Reported as PC3 to ICB due to template error.

				Residual Risk Score							Objective					Comments
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents	
PCTBC4	Limited acute provider elective/diagnostic capacity and routine service closure during COVID-19 results in longer waiting times for patients	20	9	n/a	n/a	n/a	20		At June 20, outpatient and diagnostics activity is at half of the level of pre-COVID. Daycase and Elective is at 30% of pre-COVID activity. CCG holds weekly meetings with HUH to discuss the recovery. An outpatient and elective recovery dashboard has been developed to track progress and the Outpatient Transformation Programme has been re-geared to deliver the recovery. NEL are working with the systems to lead on the recovery- it is particularly focusing on daycase/elective. Access to independent sector capacity will be in place until the end of March 2021.	15	√			√		Reported as PC4 to ICB due to template error.
PCTBC5	COVID-19 acute contract elective arrangements causes financial pressure for the CCG	Close	TBC	N/A	N/A	N/A	20		Propose to close this risk as while block arrangements puts pressure on C&H wider finances. This is a pan workstream risk and not specific to Planned Care. Further, the greater risk is in other areas of expenditure as reported to FPC by the Finance Team.	20			√			Not reported to ICB due to closing the risk, but Governance Team has asked for update before closure.
PC6	The 62 day target to begin cancer treatment is not consistently achieved	10	8	6	6	6	20		C&HCCG met 6 out of 8 cancer waiting targets in May 2020. This is broadly in line with cancer waiting performance pre-COVID. Performance for 62 day wait for screening referral has worsened since April, but numbers are relatively low with only an activity of 3 in May. The phase 3 letter has requested that local Cancer Collaboratives develop a local plan to ensure cancer waiting time targets are met. Development is ongoing and Cancer Collaborative met to discuss the key ideas in August.	10	√					Reporting as it has moved from red to orange.

				Residual Risk Score							Objective					Comments
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents	
PC7	B/ground to NCSO: During 2017/18, limited stock availability of some widely prescribed generics significantly drove up costs of otherwise low cost drugs. The price concessions made by DH to help manage stock availability of affected products, were charged to CCGs - this arrangement (referred to as NCSO) presents C&H CCG with an additional cost pressure.	15	4	4	4	4	20		For 2020/21, as of August 2020 prescribing data is only available for April &May 2020. Based on the 2 months data, the estimated annual cost pressure for NCSO is **£943,878** in addition to a cost pressure of **£86,070** for the associated cost pressure of increased Drug Tariff pricing for drugs prescribed. An additional cost pressure from increased costs of category M products as a consequence of DH announcement to claw back £15M from CCGs by increasing the cost of these drugs from June 2020. The cost impact for C&H CCG forJune2020-Mar2021 is estimated at **£480,618**. Previous low scores was due to it being managed within the Meds Management budget in 19/20. It is an ongoing cost pressure in 20/21.	15		√	√	√		
PC8	There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners	20	9	20	20	20	20		Joint funding work is still under completion and due to be complete by autumn 2020. A further multiagency workshop needs to take place to ratify the tool and processes to be used, this will then establish joint funding as business as usual. A new transition governance structure is in place but work is still being undertaken to ensure accurate data captured around needs and so transition can happen in a planned way as per Education Health and Care Plans and through use of the dashboard. Sign off of the final version of the LD Strategy has been delayed due to the COVID-19 response. Looking to be presented at the ICB in the near future.	15	√	√	√	√	√	
PC12	Failure to commission an Adult complex obesity Service	15	6	9	9	9	15		Delay in commissioning adult complex obesity service due to COVID. Business case has been approved and specification developed, but there are challenges with regards to securing funding for the service due to current block arrangements with the Homerton and the CCG's current position.	10	√			√		

				Residual Risk Score							Objective					Comments
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents	
PC13	No long term funding is secured for the Housing First programme and there is a risk that the service will finish at the end of the year 1 pilot	20	5	n/a	25	25	25		As part of the COVID-19 response, both LBH and CoL provided housing for all rough sleepers, including those with NRPF. LBH have committed to continuing this provision until the end of March 2021 and have procured two hotels near Finsbury Park to provide accommodation. CoL have also indicated they will carry on with the scaled up provision. The GLA are working with local authorities to decant the rough sleepers housed in their accommodation. The GLA are working with local authorities to ensure this transition is smooth. Health and Public Health are looking at how to coordinate wrap around care to ensure residents are well supported. This level of housing is in line with the principles of Housing First. Housing First had secured funding for the first year, but the outlook beyond this was less clear. Central Government made funding available for scaled up provision in the immediate response to COVID, but it's unclear whether funding will be made available in the medium-long term.	20	/	/		/	/	

Title of report:	Consolidated Finance (income & expenditure) 2020/2021 Month 4
Date of meeting:	10/09/20
Lead Officer:	Anne Canning, London Borough of Hackney (LBH) Jane Milligan, City & Hackney Clinical Commissioning Group (CCG) Simon Cribbens, City of London Corporation (CoL)
Author:	Fiona Abiade for IC Finance Economy Group
Presenter:	Sunil Thakker, Executive Director of Finance, City & Hackney CCG Mark Jarvis, Head of Finance, Citizens' Services, City of London Ian Williams, Group Director, Finance and Corporate Resources, LBH
Committee(s):	City Integrated Commissioning Board Hackney Integrated Commissioning Board Transformation Board
Public / Non-public	Public

Executive Summary:

At month 4, the CCG reported a YTD overspend of £1.392m against a YTD allocation of £162.4m.This position includes an allocation top-up of £2.296m to fully cover all COVID and other overspends from M1 to M3. The remaining outstanding value of £1.392m is to be reimbursed by NHSE in order for the CCG to breakeven.

At Month 4, LBH is forecasting an overspend of £6.6m inclusive of £4.9m in relation to Covid-19 expenditure - this is across both pooled and aligned budgets. Covid-19 related expenditure includes significant investment to support the market through uplifts to care providers, additional staffing and PPE costs. The remaining £1.7m overspend is driven by care package costs in Learning Disabilities (LD) and Physical and Sensory Support which are within Planned Care, further details are set out below.

At Month 04, the City of London Corporation is forecasting a year-end favourable position of £0.4m mainly driven from older people residential care under spends.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report.

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report.

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

Deliver a shift in resource and focus to prevention to improve the long term	☐	

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

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

Sign-off:

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

City of London Corporation: Mark Jarvis, Head of Finance

City & Hackney CCG: Sunil Thakker, Director of Finance

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

Integrated Commissioning Fund
Financial Performance Report

Month 4 - 2020/21

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ity and Hackney CCG – Position Summary at Month 04, 2020/21

- In response to COVID-19, a temporary financial regime had initially been put in place to cover the period 1 April 2020 to 31 July 2020. This has now been extended for a further two months, whilst the restart plan for NEL is being developed. The ICB will be updated in due course on planning arrangements on a year to go basis.
- The revised financial regime and service changes will likely have an impact on the CCG's financial position and affordability against the revised 6 month allocation provided by NHSE/I.
- The difference between projected monthly net expenditure and the 2020/21 monthly allocation will be retrospectively adjusted by NHSE/I, ensuring the CCG's cumulative surplus is not impacted for the period.
- Table 1 summarises the baseline categories and high-level approach to calculating the 2020/21 expected expenditure
- Table 2 overleaf reflects the 4 month allocation and financial performance at workstream level, however in the main these are being reported to break even
- In addition to this BCF budgets (which constitute the 'Pooled Budgets') are still in the process of being finalised between the CCG, London Borough of Hackney and City of London.

Table 1

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

ity and Hackney CCG – Position Summary at Month 04, 2020/21

	ORG	WORKSTREAM	Annual Budget £000's	YTD Performance Budget £000's	YTD Performance Spend £000's	YTD Performance Variance £000's	Forecast Outturn £000's	Forecast Variance £000's
Pooled Budgets	Commissioned	Unplanned Care	6,153	4,489	4,489	0	6,153	0
		Planned Care	2,228	2,196	2,189	7	2,220	8
		Prevention	88	88	88	0	88	0
		Childrens and Young People	0	0	0	0	0	0
	Pooled Budgets Grand total		8,469	6,774	6,767	7	8,462	8

	ORG	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's
Aligned	Commissioned	Unplanned Care	40,453	40,765	40,644	121	40,460	(7)
		Planned Care	70,412	71,263	71,158	105	70,476	(64)
		Prevention	1,207	1,207	1,207	0	1,207	0
		Childrens and Young People	18,978	19,510	19,657	(147)	18,978	(0)
		Corporate and Reserves	6,530	6,530	8,007	(1,477)	7,856	(1,326)
	Aligned Budgets Grand total		137,580	139,275	140,673	(1,398)	138,977	(1,398)
Subtotal of Pooled and Aligned			**146,049**	**146,049**	**147,441**	**(1,392)**	**147,439**	**(1,390)**
In Collab	Primary Care Co-commissioning		16,332	16,332	16,332	0	16,332	0
Grand Total			**162,381**	**162,381**	**163,773**	**(1,392)**	**163,771**	**(1,390)**
CCG Total Resource Limit			**162,381**					
SURPLUS			**(0)**					

- **Pooled budgets:** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF), Integrated Independence Team (IIT) and Learning Disabilities. At Month 04 these are expected to break even.
- **Aligned budgets:** The adverse £1.392m YTD and £1.390m forecast within Corporate and reserves is being driven by Covid 19 related expenditure per above.
- Non-recurrent schemes and QIPP Transformation schemes continue to be on-hold.
- Primary Care commissioning is reporting a break even position at Month 4.

- At month 4, the CCG reported a YTD overspend of £1.392m against a YTD allocation of £162.4m.
- This position includes an allocation top-up of £2.296m to fully cover all COVID and other overspends from M1 to M3. The remaining outstanding value of £1.392m is to be reimbursed by NHSE in order for the CCG to breakeven.
- In line with the new financial regime, these reimbursements are made on a retrospective basis, therefore the top-up allocations for M4 are expected to be made in M5.
- At Month 4, the Acute portfolio is reporting a break even position which is in line with planned values. In accordance with NHS response to covid-19, NHS Provider's block payments for M1-M6 will remain the same, allowing a break even position for M5 and M6. However, the M7- M12 block payments will be flexed meaningfully to reflect delivery on activities and performance, with trend and activity information available for reporting.
- Mental Health and Community Services also broke even against the block payments in month 4. In addition, the Prescribing budget has managed to absorb any increases relating to cost pressures from high cost drugs and drug tariff increases within the allocation. This position may change once the national forecasting data is made available. The remainder of the allocation once block payments are made to NHS organisations, were utilised to fund the rest of the CCG's portfolio.
- Non-COVID related overspend has reduced in M4 with programme and corporate costs smoothing over the months. The reported position excludes all non-recurrent spend that was earmarked for 2020/21, therefore the position reported to date is a prudent view.
- Following the Phase 3 letter published on the 31st July 2020 and the mandate to set plans for elective restart by September, the CCG is preparing a forecast outturn for the remainder of the year which will take into account the increased activity and the related financial constraints. Risks and mitigations are required in order to manage not just the CCG's financial balance but also the City & Hackney system balance. Work is ongoing with the Homerton to produce a draft plan by 1st September 2020.

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

London Borough of Hackney – Position Summary at Month 04, 2020/21

	ORG Split	WORKSTREAM	Total Annual Budget £000's	Pooled Annual Budget £000's	Aligned Annual Budget £000's	YTD Performance Budget £000's	YTD Performance Spend £000's	YTD Performance Variance £000's	Forecast Fcast Spend £000's	Forecast Variance £000's	Forecast Prior Mth Variance £000's
Pooled and Aligned Budgets	Commissioned & Directly Delivered	LBH Capital BCF (Disabled Facilities Grant)	1,525	1,525	-	508	99	409	1,525	-	
		LBH Capital subtotal	1,525	1,525	-	508	99	409	1,525	-	
		Unplanned Care (including income)	6,697	1,238	5,460	2,232	2,009	223	6,517	181	
		Planned Care (including income)	71,668	35,803	35,864	23,889	25,349	(1,460)	78,440	(6,772)	
		CYPM	9,539	-	9,539	3,180	1,358	1,821	9,539	-	
		Prevention	24,559	-	24,559	8,186	8,807	(621)	24,546	13	
		LBH Revenue subtotal	112,463	37,041	75,422	37,488	37,524	(36)	119,042	(6,579)	
Grand total			**113,988**	**38,566**	**75,422**	**37,996**	**37,623**	**373**	120,567	(6,579)	

113,998

- At Month 4, LBH is forecasting an overspend of **£6.6m** inclusive of £4.9m in relation to Covid-19 expenditure - this is across both pooled and aligned budgets.

- Covid-19 related expenditure includes significant investment to support the market through uplifts to care providers, additional staffing and PPE costs. This does not include Covid-19 NHS discharge related spend where there is an agreement to fully recharge the cost to the CCG. The remaining £1.7m overspend is driven by care package costs in Learning Disabilities (LD) and Physical and Sensory Support which are within Planned Care, further details are set out below.

- Government Funding announced to date (£21.5m) to mitigate the impact of Covid-19 falls short of the Council's estimate of total spend and as a result the Council may need to consider the extent to which it stops expenditure on non-essential work across both the revenue and capital budgets and what resources can be reallocated to fund the Council's response to the COVID-19 crisis as part of the Medium Term Financial Planning process.

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

- For Adult Social Care, £600m was allocated for infection control in care homes to fight COVID-19. The Council is required to passport the majority of these funds to care homes.

- £3.1m was allocated to Hackney as part of the launch of the wider NHS Test and Trace Service. This funding will enable the local authority to develop and implement tailored local Covid-19 outbreak plans. A working group has been established and plans are being developed to allocate these funds accordingly.

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

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

- **Unplanned Care:** forecasting a small underspend in this area with underspends being offset by additional costs within the Hospital Social Work Team and Information and Assessment Teams.

- **Planned Care:** The Planned Care workstream is driving the LBH overspend. Notably:

➢ Learning Disabilities (LD) Commissioned care packages within this work stream is the most significant area of pressure, with a £0.9m overspend after a contribution of £2.7m forecasted (actual position currently is £2.2m agreed) from the CCG for joint funded care packages. Remaining cases still to be assessed for JF will be reviewed in 2020/21 as agreed by all partners.

➢ Physical & Sensory Support reflects an overspend of £3.1m, whilst Memory/Cognition & Mental Health ASC (OP) has a further budget pressure of £1m. Cost pressures being faced in both service areas have been driven by the significant growth in client numbers as a result of hospital discharges. Forecasts also includes Covid-19 related expenditure this is after taking into account NHS discharge funding from the CCG.

➢ Mental Health is forecasted to overspend by £1.1m and this is due to externally commissioners care packages (£1.3m) which is offset by an underspend on staffing (£0.2m). The Section 75 MH meetings will focus on developing management actions in collaboration with ELFT to reduce this budget pressure going forward.

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

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

London Borough of Hackney - Risks and Mitigations Month 04, 2020/21

London Borough of Hackney

Risks	Full Risk Value £'000	Probability of risk being realised %	Potential Risk Value £'000	Proportion of Total %
Pressures remains within Planned Care	6,579	100%	6,579	100%
Coronavirus expenditure	TBC	100%	TBC	TBC
TOTAL RISKS	**6,579**	**200%**	**6,579**	**100%**

Mitigations	Full Mitigation Value £'000	Probability of success of mitigating action %	Expected Mitigation Value £'000	Proportion of Total %
Personalisation and DPs - Increasing Uptake	TBC	TBC	TBC	TBC
Three Conversations	TBC	TBC	TBC	TBC
Review one off funding	6,579	100%	6,579	100%
Uncommitted Funds Sub-Total	**6,579**	**100%**	**6,579**	**100%**
Actions to Implement				
Actions to Implement Sub-Total	**0**	**0**	**0**	**0**
TOTAL MITIGATION	**0**	**0**	**0**	**0**

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

London Borough of Hackney – Wider Risks & Challenges

- Covid 19 is having a major impact on the operation and financial risk and the Council Latest estimates show the impact across the General Fund and Housing Revenue Account totals £72m with £44m being in relation to loss of income.

- To date, the Government has only allocated £21.5m of Emergency Grant Funding to Hackney. Final details of the Scheme to compensate for loss of income are also still to come forward but based upon the initial guidance we anticipate c£10m in compensation to be what we can draw down but it is as yet unclear how this 'claim' process will work. We have set out in a report to Cabinet in July a detailed position for the current and future years which also reflects that some Covid-19 pressures will carry forward into future years.

- Over the period 2010/11 to 2019/20 core Government funding has shrunk from £310m to around £170m, a 45% reduction – this leaves the Council with very hard choices in identifying further savings.

- The Fair funding review could redistribute already shrinking resources away from most inner London boroughs including Hackney. This review has been delayed due to Covid-19.

- Demand for services increasing particularly in Children's Services, Adults and on homelessness services.

- Additional funding through IBCF, winter funding, and the additional Social Care grant funding announced in the Spending Review 2019 has been confirmed for the lifespan of the current parliament but this additional funding is still insufficient.

- The Council awaits a sustainable funding solution for Adult Social Care which was expected in the delayed Green Paper.

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

City of London Corporation – Position Summary at Month 04 , 2020/21

				YTD Performance			Forecast Outturn	
	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Outturn £000's
Pooled Budgets	Comm'ned & *DD	Unplanned Care	65	30	4	26	65	-
		Planned Care	118	45	-	45	85	33
		Prevention	60	30	-	30	60	-
Pooled Budgets Grand total			243	105	4	101	210	33

	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Outturn £000's
Aligned Budgets	Comm'ned & *DD	Unplanned Care	342	78	38	40	342	-
		Planned Care	4,214	1,398	1,240	158	3,343	871
		Prevention	1,270	293	447	(154)	1,615	(345)
		Childrens and Young People	1,391	372	396	(23)	1,525	(134)
		Non - exercisable social care services (income)	-	-	-	-	-	-
Aligned Budgets Grand total			7,217	2,141	2,121	20	6,824	393
Grand total			**7,460**	**2,246**	**2,125**	**121**	**7,034**	**426**

* DD denotes services which are Directly delivered .

* Aligned Unplanned Care budgets include iBCF funding - £313k

* Comm'ned = Commissioned

- At Month 04, the City of London Corporation is forecasting a year end favourable position of £0.4m.
- **Pooled budgets** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF). These budgets are forecast to under spend at year end.
- **Aligned budgets** are forecast to under spend at year end. This is being driven by a number of underspends including; Social Work activities, Residential care (Older People 65+), Home Help and Supported Living(18-64).
- No additional savings targets have been set against City budgets for 2020/21.

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

Integrated Commissioning Fund – Savings Performance Month

City and Hackney CCG

- All transformation and QIPP initiatives planned for 2020/21 have been put on hold whilst the providers and commissioners of health and care respond to COVID-19.
- At Month 04, these schemes continue to be on-hold.

London Borough of Hackney

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

City of London Corporation

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

Integrated Commissioning Glossary

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

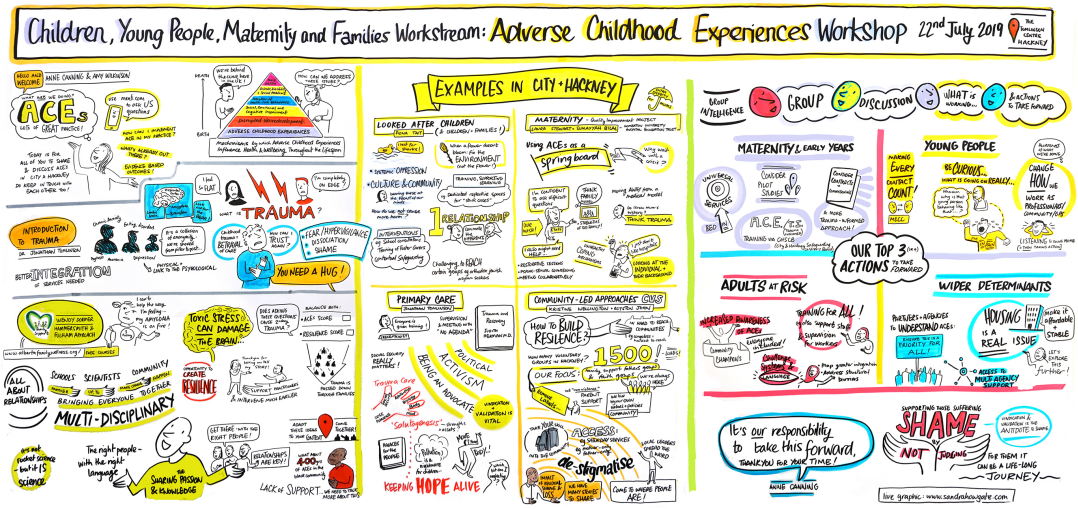
		for a number of reasons, for example, because there is not a bed available in an intermediate care home.
ELHCP	East London Health and Care Partnership	The East London Health & care Partnership brings together the area's eight Councils (Barking, Havering & Redbridge, City of London, Hackney, Newham, Tower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

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

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

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

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


Children, Young People, Maternity and Families Workstream: Adverse Childhood Experiences Workshop 22nd July 2019
ACEs
TRAUMA
MULTI-DISCIPLINARY
EXAMPLES IN CITY + HACKNEY
LOOKED AFTER CHILDREN
MATERNITY
PRIMARY CARE
COMMUNITY-LED APPROACHES
RELATIONSHIP
1500!
GROUP DISCUSSION
MATERNITY & EARLY YEARS
YOUNG PEOPLE
ADULTS AT RISK
WIDER DETERMINANTS
OUR TOP 3 ACTIONS TO TAKE FORWARD
It's our responsibility to take this forward.
THANK YOU FOR YOUR TIME!
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Childhood Adversity, Trauma and Resilience:

A City and Hackney approach

Childhood Adversity, Trauma and Resilience

A City and Hackney approach

Childhood adversity, trauma and resilience:
A City and Hackney approach

Executive Summary

This paper presents a proposed approach to tackling adversity and addressing the root causes and pervasive impact of Adverse Childhood Experiences (ACEs) in City & Hackney. The approach expresses a vision and key strategic objectives, and describes a programme of work for 2020-2025, focusing on system approaches and enablers; the development of an ACE and trauma-aware workforce; and the development of specific interventions which aim to prevent or reduce the impact of ACEs and build resilience in individuals, families and communities:

- Increase awareness of ACEs across the integrated health care system at all levels to drive positive change;
- Equip front-line practitioners with the necessary understanding, resources and support to take action to tackle the prevalence and impact of ACEs.
- Tackle the root causes of ACEs and factors which we know to be harmful to children from conception through to adulthood (including the impact of neglect abuse, toxic stress and all factors which undermine parenting capacity).
- Create a community of practice to identify and utilise assets, resources and best practice to help us work with families, communities and each other to co-produce interventions and action that work to tackle adversity, build resilience and support recovery from trauma.

Our vision is for services in Hackney and the City of London to work in a way that is trauma-informed, ACE-aware and resilience-focused to improve health and wellbeing outcomes for our local communities. This approach will be enabled through the delivery and joining up of training to raise the level of awareness and expertise across the whole of the health and social care workforce in City & Hackney. This will build momentum to aid the development of specific interventions which aim to prevent, intervene early and mitigate the negative impact of Adverse Childhood Experiences and Adverse Environments. The approach has been developed by the ACEs Project Group, and through a process of engagement with a wide range of practitioner stakeholders.

Part 1: Evidence, context and local picture

1. What are Adverse Childhood Experiences?

Adverse Childhood Experiences refer to chronic stresses that occur during childhood, and may have a long-lasting effect over the whole life course. These can include events that happen directly to the child (psychological, physical, emotional or sexual) but also circumstances or events occurring in their environment, particularly those impacting on their caregiver/s and exacerbating or creating the conditions for adversity (for example, domestic violence, parental separation, mental ill-health or incarceration or substance misuse within the family, homelessness, discrimination and racism, poverty, ill-health, bereavement and wider community violence or trauma).

The term "Adverse Childhood Experiences" was coined by a 1990s CDC-Kaiser study[1] in the USA. Participants in the study were asked if they had experienced any of ten specified traumatic events before the age of 18.

- Abuse
  - Emotional abuse: A parent, stepparent, or adult living in your home swore at you, insulted you, put you down, or acted in a way that made you afraid that you might be physically hurt.
  - Physical abuse: A parent, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you so hard that you had marks or were injured.
  - Sexual abuse: An adult, relative, family friend, or stranger who was at least 5 years older than you ever touched or fondled your body in a sexual way, made you touch his/her body in a sexual way, attempted to have any type of sexual intercourse with you.

- Household Challenges
  - Mother treated violently: Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes, or ever threatened or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.
  - Substance abuse in the household: A household member was a problem drinker or alcoholic or a household member used street drugs.
  - Mental illness in the household: A household member was depressed or mentally ill or a household member attempted suicide.

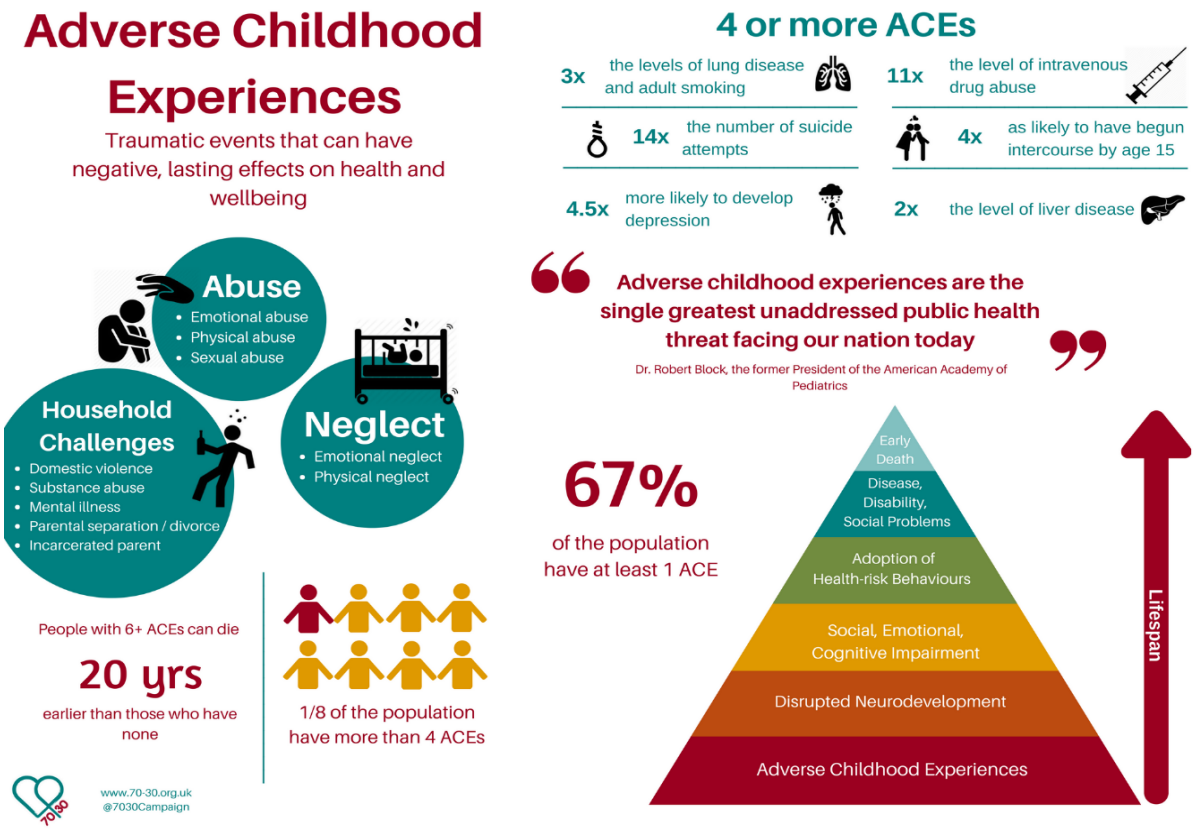
[1] Felitti, Vincent J et al.Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in AdultsAmerican Journal of Preventive Medicine, Volume 14, Issue 4, 245 - 258. https://www.ajpmonline.org/article/S0749-3797(98)00017-8/fulltext

- Parental separation or divorce: Your parents were ever separated or divorced.
- Incarcerated household member: A household member went to prison.

- Neglect
  - Emotional neglect: No one in your family helped you feel important or special; you didn't feel loved; people in your family didn't look out for each other or feel close to each other; and your family was not a source of strength and support. 16.7% 12.4%
  - Physical neglect: There was no one to take care of you, protect you, and take you to the doctor if you needed it; you didn't have enough to eat; your parents were too drunk or too high to take care of you; and you had to wear dirty clothes.

The study found that more than half (52%) of respondents had experienced at least one of the 10 "Adverse Childhood Experiences" (ACEs) above and 6.2% had experienced four or more. The study found that individuals who had been exposed to ACEs were more likely to experience poor mental and physical health outcomes. As the number of ACEs increased, so did an individual's risk of experiencing a range of physical and mental health conditions.

The findings of the CDC-Kaiser study are summarised as follows:



2. Why do ACEs matter?

Subsequent ACEs studies have expanded the definition of Adverse Childhood Experiences, confirming the findings of the original study in terms of the impact of adversity on a whole range of health issues and negative outcomes in later life. The need for further research on the interlinking factors including the impact of poverty on ACE prevalence has been highlighted by many of these. ACEs rarely occur in isolation and those who are poor, isolated and living in deprived circumstances are more likely to experience ACEs[2]; with reporting of 4+ ACEs more common in the most deprived than the least deprived quintile[3]. In addition to increasing the likelihood of ACEs, social inequalities have also been found to amplify their negative impact[4].

As the number of ACEs increases, the risk of an individual experiencing a whole range of poor outcomes spanning physical health, mental health, lifestyle choices and behaviour has been found to increase. Individuals with a high number of ACEs have been found to be at risk of poorer educational and employment outcomes and low mental wellbeing and life satisfaction[5]. Those with 4 or more ACEs are 3x more likely to have attended A&E, 2x more likely to have frequently visited a GP and 3x more likely to have stayed in hospital overnight than those who have experienced no ACEs[6]. 64% of those who had contact with substance misuse services had 4+ ACEs and 50% of homeless people had experienced 4+ ACEs[7].

Since it is clear that the impact of Adverse Childhood Experiences can impact on an individual's potential across all areas of their lives, it is an area of research that is not only the domain of psychology and neuroscience, public health or bio-medical science but is also relevant and all aspects of public-facing services.

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[2] Asmussen K, Fischer F, Drayton E, McBride T. Adverse Childhood Experiences: What we know, what we don't know, and what should happen next. Early Intervention Foundation, 2020: https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next

[3] Bellis MA, Hughes K, Leckenby N, Perkins C, Lowey H. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. BMC Medicine 2014, 12:72. http://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-12-72

[5] https://www.scotphn.net/wp-content/uploads/2016/05/2016_05_26-ACE-Report-Final2.pdf

[6] http://www.healthscotland.scot/media/1267/2_mark-bellis-presentation.pdf

[7] Bellis MA, Hughes K, Leckenby N, Perkins C, Lowey H. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. BMC Medicine 2014, 12:72. .
Bellis MA, Ashton K, Hughes K, Ford K, Bishop Jand Paranjothy S. Centre for Public Health - Liverpool John Moores University (2016). Welsh Adverse Childhood Experiences (ACE) Study - Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population. http://www.cph.org.uk/wp-content/uploads/2016/01/ACE-Report-FINAL-E.pdfhttp://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-12-72

The Early Intervention Foundation (EIF) produced a report in February 2020[8] that reviews the links between ACEs and health outcomes and considers the links to mental health, physical health, educational attainment and anti-social behaviour. The report also examines the wider context of childhood vulnerability including wider, 'ecological' factors which contribute to childhood trauma and negative adult outcomes. (**Appendix 1** illustrates the ecological model).

The findings of the EIF report confirm a strong and consistent dose-response relationship between childhood adversity (defining a broader set of negative childhood circumstances to the original study, including low family income and peer victimisation) and health harming behaviours, mental health problems and antisocial behaviour. The EIF report suggests that the negative impact on some of these wider circumstances may be as strong if not stronger than a history of 4+ ACEs. Low birth weight for example, has been found to increase the risk of having a stroke before the age of 50 by 200%, and childhood experiences of social discrimination have been found to increase the risk of adult mental health problems by 200%.

An over-reliance on the original ACE categories may therefore lead to too little emphasis on the impact of other significant childhood adversities which is something we need to be cautious of. The original research places equal weight on each Adverse Childhood Experience which fails to take account of the differing impact of each of these on the individual depending on their age and stage, or the presence or lack of protective factors which may exacerbate or make an event more tolerable.

3. What links ACEs to poor outcomes in adulthood?

The impact of early experiences on physiological development and social processes (and health-harming behaviours associated with these) have all been found to link ACEs to poor outcomes in adulthood.

3.1. Health harming behaviours

Authors of the original study assumed the correlation between ACEs and poor health outcomes they had found could be explained by harming behaviours including

[8] Early Intervention Foundation, 2020

smoking, alcohol and substance misuse used by adolescents and young adults to cope with higher levels of trauma-induced stress. Findings from the first study supported this explanation and found that a history of 4+ ACEs increased the risk of smoking by two, street drug use by four, and problematic drinking by seven, and intravenous drug use by 10. Studies conducted subsequently however found that health harming behaviours explained no more than 50% of the relationship between ACEs and poor physical outcomes and suggested that more complex social and physiological processes played an important role.

3.2. Neuro-developmental and physio-logical processes

Research findings from the biological sciences explored the correlation between ACEs and poor health further. Prolonged exposure to trauma and stress has been found to disrupt important processes involving the immune and nervous systems and increasing an individual's susceptibility to disease and mental health problems. [3] The impact of exposure to high levels of stress known as 'toxic stress', which are typical in circumstances involving abuse and neglect, and can result in an overproduction of cortisol that may damage physiological systems in a number of ways. Babies and young children exposed to adverse experiences in childhood cause the infant to be flooded with the stress hormone designed to help the body deal with stressful situations, but which can build up in the blood stream even after the traumatic event and impact on the nervous and autoimmune system.

The experiences and relationships in the first 1001 days of a child's life including pregnancy and the first two years, have a profound and significant impact on health and wellbeing across the life course. Connections in the brain of a baby from birth to 18 months are created at a rate of one million per second and at this time of rapid growth, foundations are laid down for cognitive, emotional and physical development. Maltreatment including neglect and abuse, or exposure violence between family members, require adaptations on the part of the child which may interfere with optimal physical and psychological development and over time decrease children's resilience to disease and vulnerability to a variety of mental health problems[9]. Evidence on toxic stress, latent vulnerability and epigenetic modulation are all considered in more detail by the EIF report.

[9] Early Intervention Foundation, 2020

3.3. Social and relational processes

Adverse Childhood Experiences including child maltreatment and parenting behaviours which can be harmful to children, have been found to be shared across generations, with parents of children who experience ACEs often having experienced similar circumstances themselves. Trauma and harmful behaviours associated with coping with traumatic events can be passed through families and communities[10],[11] and lead to a cycle of trauma. There may be a number of reasons for this, including epigenetic modulation and potential genetic links but also the process by which behaviours are learned through social reinforcement from caregivers and peers[12]. Children raised in adverse environments where interactions between family members may involve physical abuse or violence for example, are at a far greater risk of engaging in aggressive behaviour in adolescence and adulthood.

The quality of the inter-personal parenting relationship (specifically how parents communicate and relate to each other) influences effective parenting practices and children's long-term mental health and future life chances. As well as relating to two of the 10 ACEs in the original study ('Parental separation / divorce' and 'domestic violence') exposure to frequent, intense and poorly resolved inter-parental conflict has been conclusively demonstrated in research to put children's mental health at risk [13][14]. In setting the family context and emotional environment for the child or young person, the quality of the parental relationship also interacts with all other adverse experiences acting either as a protection (or mitigating factor) from harmful experiences or as a source of risk (or exacerbating factor).

The 'Building Community Resilience' [15] framework (*Fig.1, below*) describes 'The Pair of ACEs' as that which includes both ACEs and Adverse Community Environments. This model considers root causes of ACEs including toxic stress and childhood adversity and the role of wider determinants and effects of ACEs, including aspects

[10] https://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf

[11] http://www.euro.who.int/__data/assets/pdf_file/0019/217018/European-Report-on-Preventing-Child-Maltreatment.pdf

[12] Early Intervention Foundation, 2020

[13] Harold G, Acquah D, Sellers R, and Chowdry H (2016) What works to enhance inter-parental relationships and improve outcomes for children? DWP ad hoc research report no. 32. London:DWP.

[14] https://tavistockrelationships.ac.uk/policy-research/policy-briefings/1278-addressing-inter-parental-conflict-in-child-and-adolescent-mental-health-services)

[15] Ellis, W., & Dietz, W. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model.

such as community violence[16] which as well as being a consequence of ACEs has been demonstrated to have an impact on children's self-regulatory behaviour and cognitive functioning.

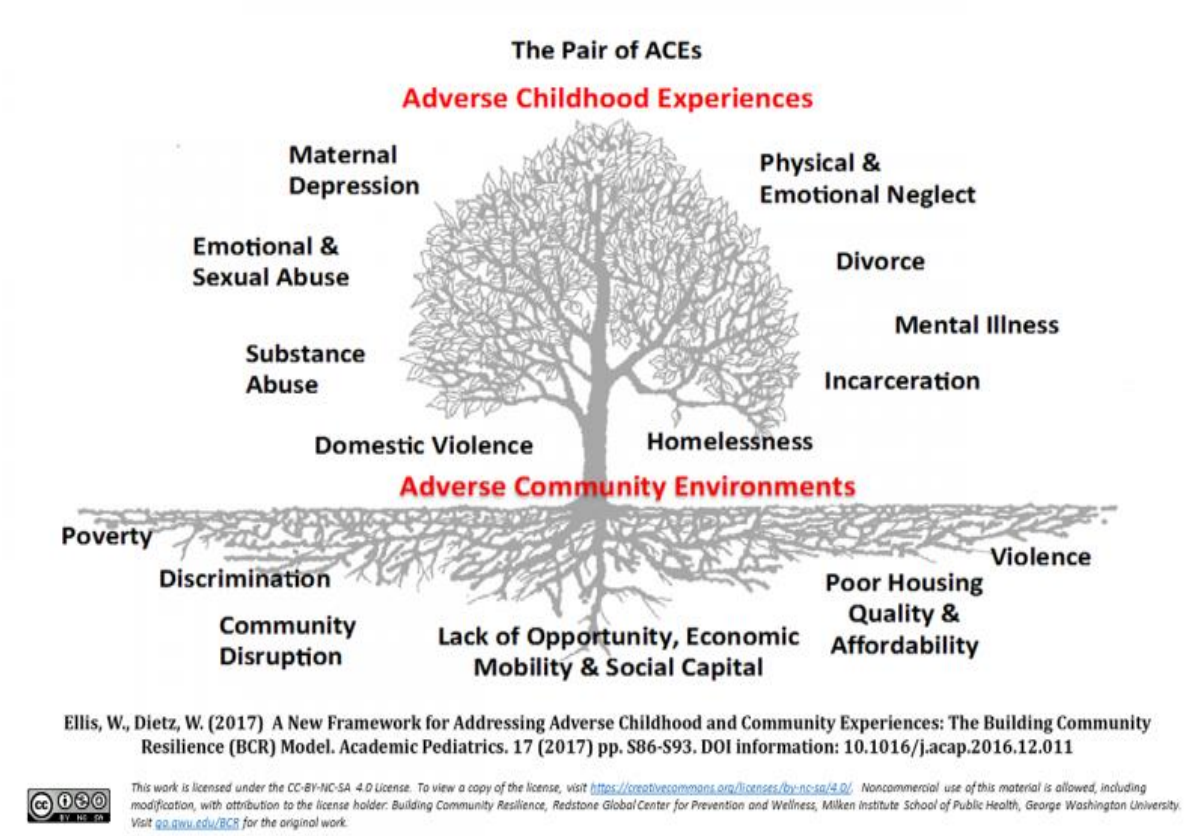


Figure 1.

4. What is Resilience?

Resilience has been defined as 'normal development under difficult conditions' [17] and refers to a set of protective qualities developed over time that can to lead to good outcomes in the face of adversity. While children who experience negative outcomes have been found to have had a high prevalence of ACEs, the experience of adversity during childhood does not mean that poor outcomes are inevitable. Building on and developing strengths in a child's life, and resilient factors, helps improve outcomes by building protective networks around the child and the self-protective potentials within

[16] Patrick T. Sharkey, Nicole Tirado-Strayer, Andrew V. Papachristos, and C. Cybele Raver, 2012:The Effect of Local Violence on Children's Attention and Impulse ControlAmerican Journal of Public Health **102**, 2287_2293,https://doi.org/10.2105/AJPH.2012.300789

[17] Fonagy, P., Steele, P., Steele, H., Higgitt, A. and Target, M. (1994) 'The theory and practice of resilience', Journal of Child Psychology and Psychiatry, Vol. 35, pp. 231–57

the child that can enable them to deal with obstacles in their path and thrive despite adversity[18].

Resilient children are those who grow well, cope with and even flourish despite significant adversity and this comes about as a result of the interaction of individuals with their environment. A commonly held misconception in using the term ‘resilience’ to describe a child ‘bouncing back’ or seemingly ‘coping’ with adversity, is that too much emphasis is placed on the individual and fails to acknowledge the dynamic nature of resilience. Three fundamental building blocks underpin a resilient child and include: a secure base and sound attachments; good self-esteem providing a sense of self-worth and competence and self-efficacy, or a sense of mastery and control. A strength in one of the six domains below which are known to contribute to a child’s level of resilience to adversity such as abuse, neglect and loss has been found to boost a weaker domain:

1. Secure base
2. Education
3. Friendships
4. Talents and interests
5. Positive values
6. Social Competencies

[18] Daniel and Wassell, (2002) Assessing and Promoting Resilience in Vulnerable Children Vols. 1, 2 & 3, London & Philadelphia, Jessica Kingsley Publishers Ltd.

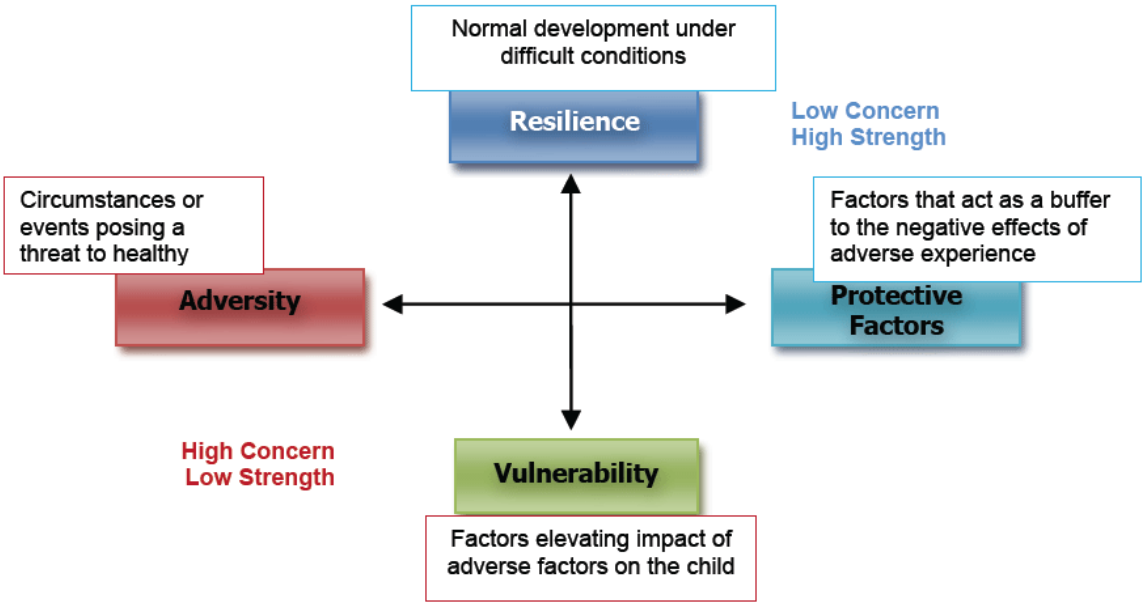


Figure 2[19]

Resilience has been found to be a protective factor against the increased risks associated with experiencing ACEs. The Welsh Adverse Childhood Experience and Resilience Study (2017) found that having some personal, relationship and community resilience in the form of supportive relationships was found to reduce the risk of current mental illness in more than half of those who had experienced 4+ ACEs. Other factors that had an effect were perceived financial security, trusted adult relationships, regular sports participation and community engagement[20]. A focus on individual resilience without taking account of relationships and community resilience can lead to individuals feeling blamed or unsupported and must be avoided.

The quality of the parental relationship has a direct impact on the quality and protective capacity of the relationships /between the child and their parents. A resilient relationship between parents/carers, especially when supported by positive wider communities, can mitigate the impact of ACEs. [21]

[19] Daniel, B., Wassell, S. and Gilligan, R. (1999) Child Development for Child Care and Child Protection Workers, London and Philadelphia, Jessica Kingsley Publishers Ltd.

[20] http://www.wales.nhs.uk/sitesplus/documents/888/ACE%20&%20Resilience%20Report%20(Eng_final2).pdf

[21] Harold, G.T., Acquah, D., Chowdry, H., & Sellers, R. (2016). What works to enhance inter-parental relationships and improve outcomes for children. Department for Work and Pensions (DWP), Ad hoc research report 32.

5. How do we measure ACEs?

Various methods have been used to measure ACEs and their related risks. No one method of measuring ACEs provides us with an exact estimate of ACEs and each method presents us with practical and ethical challenges. The counting of experiences classified as ACEs also runs the risk of presenting an overly deterministic portrayal of the relationship between ACEs and negative adult outcomes. Adverse Childhood Experiences cannot accurately predict poor outcomes in an individual and resilience factors as described above mitigate the impact of ACEs leading to many children who have experienced multiple ACEs growing into adults who are strong, healthy and capable adults. Methodologies and study designed typically used to measure ACEs are described by the Early Intervention Foundation [22] as falling into 3 categories: service records, longitudinal studies and retrospective cross-sectional population surveys.

Service records: held by hospitals, mental health services, the police, schools and social services including statistics reported annually to the Department of Education provide a consistent source of information about the rate new cases are reported but provide little information about the prevalence of maltreatment. This is in part due to the fact that datasets held by services often overlap but also because incidents of child abuse and neglect are also grossly under-reported. In addition, data on serious family difficulties including family breakdown, mental health or substance misuse also tells us very little since the number of adults recorded as being impacted by this does not routinely include data on whether they have children in their care who may be adversely affected.

Longitudinal studies involving large cohorts over a long period of time track a large representative sample over a relatively long period of time, an example of which includes the Millennium Cohort Study (MCS) and The Understanding Society Study, the findings of which were fed into national datasets including those held by the ONS and the Children's Commissioner. While benefits of this approach include the production of data that can help us analyse the causal relationship between childhood adversities and later adult outcomes, the need for informed consent also

[22] Asmussen K, Fischer F, Drayton E, McBride T. Adverse Childhood Experiences: What we know, what we don't know, and what should happen next. Early Intervention Foundation, 2020

leads to ACEs being under-reported and lifetime prevalence not being known until many years after the study is complete.

The original ACEs study and the majority of the ACEs studies carried out are retrospective cross-sectional population surveys which aim to recruit a representative cross-section of the adult population and ask them to report on their experiences of adversity during their childhoods. This approach allows lifetime prevalence of various forms of maltreatment to support a fuller understanding of the problem at population level and removes some of the earlier ethical considerations around informed consent. Reliability of findings rely however on adult memories of abuse and this approach does not help us to understand causal links between childhood experiences and adult outcomes and can only tell us whether childhood adversities co-occur with various adult outcomes and do not often consider the extent to which other issues might explain this.

Concurrent prevalence surveys involving surveys of a representative cross-section of the child population at regular intervals rather than the same individuals over several years may be helpful in comparing changes in the prevalence of childhood adversity. The World Health Organisation (WHO) has recommended that all European countries regularly collect information on child maltreatment and other childhood adversities with young people between the ages of 13 and 15 on a regular basis within a period of no less than five years and that there should be conducted through schools and should consider maltreatment occurring in the past years and over the life course.

Each of the methods above have drawbacks which can either lead to an over or under-estimate the prevalence of adverse childhood experiences and their related risks. The EIF recommends that the Office for National Statistics consider how the WHO guidelines can be taken forward to ensure studies are carried out within the context of rigorous ethical protocols. These must include respect for the child's right to confidentiality but include procedures for keeping the child safe when abuse is disclosed. These should include surveys involving a large representative sample of children and parents conducted on a regular basis – at least every four years if not more frequently.

6. ACEs in Hackney and the City of London

Local demographics, service level data on children and young people known to children's social care, and estimates based on National retrospective cross-sectional population surveys provide us with a broad some indication of the potential numbers of those whose outcomes as adults are likely to be affected into adulthood by ACEs.

Service level data (2019) - Children on child protection plans, Child in Need plans and becoming Looked After due to significant harm in City and Hackney

Hackney

4190 referrals to Children's Social Services at a rate of 658.2 per 10,000 children.

194 children subject to a Child Protection Plan at a rate of 30.5 per 10,000 children.

405 Looked After Children at a rate of 64 per 10,000 children.

44 Unaccompanied Asylum-Seeking Children (UASC) who were Looked After.

City of London

81 referrals to Children's Social Services at a rate of 557.5 per 10,000 children.

No published data on Child Protection Plans.

20 Looked After Children at a rate of 138 per 10,000 children.

18 Unaccompanied Asylum-Seeking Children (UASC) who were Looked After.

Estimates of ACEs experienced in City and Hackney based on national data

City and Hackney are based on the approach taken by Bellis et. Al. in their "National household survey of adverse childhood experiences and their relationship with resilience to health harming behaviours in England[23]"

The Office of National Statistics estimates the Hackney a population at 279,700 in 2018 and The City of London at 8,700. Based on ACE prevalence across England[24] an estimated 134,256 Hackney residents (48%) and 4176 City of London residents

[23] https://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-12-72
[24] https://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-12-72

(48%) will have experienced at least one ACE. With 25,173 and 783 residents who have experienced 4+ ACEs.

Number of ACEs	Estimated Prevalence [25]	Estimated number in Hackney	Estimated Number in the City of London
0 ACEs	52%	145,548	4524
1 ACE	23%	64,331	2001
2-3 ACEs	16%	44,752	1392
4+ ACEs	9%	25,173	783

Table 1: Estimated number of City and Hackney residents who have experienced ACEs. Prevalence based on study by Bellis et al (2014)

Local Demographics relevant in relation to consider

The Office of National Statistics analyses show a statistically significantly higher risk of dying from Covid-19 for persons from Black, Bangladeshi/Pakistani, Indian, and males from Other ethnic groups compared with White population, even after accounting for such factors like urbanisation, deprivation, household composition and tenure, social class, and self-reported health. Certain factors have been shown to be more prevalent among ethnic minority groups and ONS suggest that they might further contribute to increased risk. These include occupational risks, pre-existing conditions, overcrowding, language barriers and poor health literacy, poverty and unemployment, as well as loneliness and isolation.

Hackney

Hackney has above average rates of:

- Deprivation
- Infant and child mortality
- Domestic violence
- Children aged 5-15 with parents in alcohol services
- Lone parent families
- Families with dependent children where no adult is in employment
- Statutory homelessness

[25] Based on England ACEs survey. https://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-12-72

- Childhood obesity (13% of reception age and 40.45% of year 6 children are obese).
- Children with Special Educational Needs
- Children with social, emotional and mental health needs.
- Children under 16 living in low income families (24.7%)
- Children are entitled to free school meals (27.7%)
- Children aged 10-17 entering the Criminal Justice System.
- Children who are victims of knife crime.

The City of London

The City of London has a relatively small population of children in comparison to Hackney. It is less deprived than average but has high rates of domestic abuse, higher than average rates of children with special education needs and social, emotional and mental health needs. The City of London also has a comparatively large number of unaccompanied asylum seekers who are children and who make up 90% of 'Looked After' children in the borough. This group of young people are likely to have experienced a high number of ACEs given their status and the traumatic experiences and limited protective factors available from community connections.

7. Action being taken to tackle ACEs

7.1. National context

Following an influential study on ACEs by Public Health Wales in 2015 which found a strong correlation between the 10 ACEs and a range of negative outcomes, the Welsh Government developed a range of national policies to try to break the ACEs cycle and established an ACEs hub. Their strategy has a focus on workforce development, screening for ACEs and improved inter agency working. As part of this, they have implemented an ACE informed 'Early Action Together' approach within the Police force in Wales with the aim to intervene early and prevent further ACEs when called out to a home where children are present. Wales's ACE hub takes an asset-based approach connecting and supporting innovative and cooperative projects in a number of ways led by sectors including housing and homelessness sectors, youth service and youth justice services and schools.

The Scottish Government has also made ACEs a priority with a commitment to reducing the negative impacts of ACEs and of supporting resilience of children, families and adults[26]. Scotland recently convened a conference on ACES and aims to be the first ACE aware nation. Actions being taken to address ACEs in Scotland include the provision of inter-generational support for parents, families and children to prevent ACEs; reducing the negative impact of ACEs for children and young people, developing adversity and trauma-informed workforce and services (1.35 million funding with NHS Education for Scotland to deliver a national trauma training programme), and increasing societal awareness and supporting action across communities. Consideration of ACEs is informing the development of national policy including, for example, measures to reduce parental incarceration and moving to short prison sentences.

The focus on ACEs approaches in England has been more fragmented, in the absence of a national strategy or over-arching approach, but trauma-informed approaches and the impact of the ACEs research has impacted different aspects of public services and momentum is building. Blackburn and Darwen replicated the findings of the original ACE study across their local population[27] and have developed a REACh (Routine Enquiry in Adverse Childhood Experiences) initiative (see section 6). Cumbria has focused on ACEs for their 2018 DPH annual report[28] as has Nottinghamshire (2017/18) with a focus on training for all health [& social] care, education and policing staff on ACEs and impact of trauma and investment in programmes that support a trauma informed way of working e.g. routine enquiry and resilience building[29]. Gloucestershire have developed an ACEs strategy which also prioritises raising awareness of ACEs, training professionals and system wide, partnership working[30].

Birmingham's Health and Wellbeing Board developed the 'ACEs Birmingham' approach as a response to the strength of evidence on ACEs drawing on the experience of West Midlands police having taken learning from the South Wales Police Force. Their approach introduces routine enquiry of adverse childhood

[26] https://www.blackburn.gov.uk/children-and-young-people/adverse-childhood-experiences-aces
[27] https://www.blackburn.gov.uk/children-and-young-people/adverse-childhood-experiences-aces
[28] https://www.cumbria.gov.uk/elibrary/Content/Internet/536/671/4674/5223/43508134148.pdf
[29] https://www.nottinghamshire.gov.uk/media/129275/dph-annual-report-2017-final.pdf
[30] https://www.actionaces.org/wp-content/uploads/2018/11/ACEs-Gloucestershire-Strategy_2018-20-FINAL.pdf

experiences into frontline specialist practice, in services supporting adults, children and young people and/ or families offering a set of guiding principles that aims to change the impact of these experiences in a number of ways.[31]

Emerging good practice in the UK listed by Young Minds includes: Enquiring about childhood adversity and trauma (Lancashire), Family-based interventions from an ACE perspective, specialist and liaison services, Youth-led approaches to tackling adversity (London), embedding a trauma-informed approach in the community and voluntary sector (Sussex and Surrey), education and alternative approached (Bath), trauma-informed approaches in substance misuse. [32]

Lambeth council and NHS Lambeth CCG screened the US film 'Resilience' as part of their launch of a project called 'Lambeth Made' in 2018 to which they invited 200 professionals from health, social care, schools, early years, police, housing and the voluntary and community sector (VCS). The film introduced the concept of ACEs, and the effects of toxic stress and involved a Q&A with experts and discussions where practitioners debated its relevance to a local context and whether and how this research should inform their work. This project connects with their Leap programme focussing on support for families of children aged 4 and under living in the most deprived wards in the borough.[33]
Barking and Dagenham have made a focus on Adverse Childhood Experiences an outcome of their Health and Wellbeing Strategy[34] and Hammersmith and Fulham have developed trauma aware Children and Young People's services alongside Family Support[35].

The London Assembly's "Healthy First Steps[36]" encourages the Mayor to directly tackle Adverse Childhood Experiences across London by signing up to the Wave Trust's 70/30 campaign and to consider London-wide ACE hubs. The Wave Trust examined 'Systems to protect children from severe disadvantage' in their report in 2018 and concluded that with a few exceptions, UK systems have not promoted good educational outcomes or resilience or provided pedagogical or trauma-informed

[31] https://www.local.gov.uk/sites/default/files/documents/Reducing%20family%20violence%20case%20study%20Birmingham%20final.pdf)
[32] https://youngminds.org.uk/media/2141/ym-addressing-adversity-infographic-poster-web.pdf
[33] https://love.lambeth.gov.uk/resilience-screening-childrens-services/
[34] https://www.lbbd.gov.uk/sites/default/files/attachments/Joint-Health-and-Wellbeing-Strategy-2019-2023.pdf
[35] https://www.family-support.org.uk/who-we-are/latest-news/one-year-trauma-aware-approach-children-and-young-peoples-services
[36] https://www.london.gov.uk/sites/default/files/healthyfirststeps_030718_0.pdf

care. Wales, Northern Ireland and Scotland have advanced ACE-aware and trauma informed care, but England is only now beginning to.

London Assembly's "connecting up the care" focuses on three ACEs: domestic abuse, parental mental ill health and parental substance misuse and recommends that an action plan should be created by the Mayor's London Health Board. This should assess information sharing agreements, investigate equality of access to multi-agency working and equal access to services as well as encouraging all its partners to adopt a trauma-informed approach when working with people that are experiencing single or multiple vulnerabilities[37].

The Early Intervention Foundation's 2020 report 'Adverse Childhood Experiences Adverse childhood experiences: What we know, what we don't know, and what should happen next' responded to the House of Commons science and technology committee recommendations. Having examined the quality and conclusions of the ACEs research and the strength of evidence underpinning ACE-related interventions, they emphasised the critical role of local and National policies in addressing wider social and economic conditions that can increase the likelihood of children being exposed to early adversity.

7.2 Local Context

Awareness of the importance of work to prevent, intervene and mitigate against Adverse Childhood Experiences with trauma-informed and culturally aware practice is widespread across City and Hackney. Trauma and attachment aware work that aims to tackle Adverse Childhood Experiences and build resilience in children, young people, families and communities is apparent not only throughout our CAMHS and Mental Health services where it underpins many approaches, but also throughout the wider integrated system.

Work to tackle ACEs and use of trauma-informed approaches are visible in services, strategies, training and staff development policies within early years settings, midwifery and health visiting, youth services, children's social care, schools,

[37] https://www.london.gov.uk/sites/default/files/connecting_up_the_care.pdf

community settings and youth offending service with a desire to harness this and to work in partnership to enact system-wide change. Some examples of this include:

- Safe and Together approach to domestic abuse;
- Orbit parenting programme for families impacted by parental substance misuse
- Hackney Children and Families Service in-house clinical service interventions (including direct work with child and young person and attachment-based relational approaches between parent and child, between parents to reduce parental conflict and systemic family therapy.
- City of London: Family therapy clinic for families open to CSC or early help; joint project with Coram to intervene early to reduce the impact of trauma on Unaccompanied Asylum-Seeking Children involving keyworkers, foster carers, social workers, residential workers and tenancy support workers to deliver sleep work with young people.
- Perinatal: midwifery and health visitor training in trauma-informed approaches and mental health screening with a focus on 1001 critical days;
- 0-5's: the universal and targeted support provided by health visitors and in children's centres, the Weigh and Play pilot, Children and Families Services and Family Nurse Partnership;
- 5-19's: contextual safeguarding, 'Cool down café' and detached outreach work, Parent Champions, Red Thread project, WAMHS work in schools including attachment and trauma-informed practice, our voluntary and community sector partnerships including Growing Minds, youth services including sports and wellbeing programmes, violence reduction and trauma-informed training at Homerton University Hospital and Emotion coaching in youth justice service.

There are a number of local strategies and programmes of work relevant to the local approach to childhood adversity, trauma and resilience which we intend to develop collaboratively partnership with to align action plans and co-produce approaches. These include the following:

- Violence Against Women and Girls Strategy, IRISS and DAIS
- Youth justice strategy and Prevention and Diversion work
- CAMHS transformation and CAMHS Alliance workstreams including the WAMHS and Trauma and Attachment in schools work
- Joint Mental Health Strategy, Suicide Prevention strategy and Homelessness
- Children and Families Service and Early Help strategic programmes and vision

- Inclusive Economy Strategy, Arts and Culture Strategy, Community Strategy, Resilience Strategy, Single Equality Scheme
- Young Black Men's Programme
- Contextual Safeguarding Work
- Substance misuse and DV work across the system
- Making Every Contact Count
- Prevention Workstream work with Voluntary and Community Sector

8. What can be done about ACEs?

A number of reviews of the available evidence reviews of what works to address ACEs have been carried out in the UK by Public Health Wales (2019), The Wave Trust Report (2018) The Early Intervention Foundation (2020) and Young Minds, NHS Health Education England (2018). The findings from these reviews are summarised below and have informed the development of the proposed approach to ACEs for City and Hackney.

Enabling transformation

The Wave Trust[38] recommends that a national shift to a trauma-informed care system characterised by ACE-awareness would protect against severe, multiple disadvantage. This would mean adopting a transformative whole Council approach and an end to Local Authority 'silo' culture. A 'good public health approach' to addressing ACEs is recommended by the Early Intervention Foundation[39] report which emphasises the need to tackle the conditions in which ACEs are more prevalent. The magnitude of the scale and impact of childhood adversity means that a response cannot be provided by a single service or intervention and instead requires a system-wide focus on the negative impact of childhood adversity, with workforce practice, services, commissioning and leadership all aligned in a commitment to identifying and meeting the needs of the most vulnerable (*see Appendix 2*) families. This should include:

[38] Walsh, I. Systems to protect children from severe disadvantage. Wave Trust, 2018

[39] [39] Asmussen K, Fischer F, Drayton E, McBride T. Adverse Childhood Experiences: What we know, what we don't know, and what should happen next. Early Intervention Foundation, 2020

- Effective leadership ensuring that services are well configured and connected to meet the needs of the local population
- Strong professional workforces equipped to meet the needs of children and families struggling with adversity. This support should include training and supervision, as well as the time necessary to establish positive relationships with families.
- Strong services, which includes the use of interventions with good evidence of improving outcomes for children.

The Scottish Public Health Network highlight the need to work towards a psychologically informed society[40] and draw attention to work carried out by The Frameworks Institute[41]. Recommendations include a focus on societal level solutions including increasing understanding around cycles of maltreatment, expanding people's understanding of the effects of poverty and to present reducing adverse childhood experiences as a possible outcome.

A transformative approach to foster collaboration to tackle the root cause of ACEs is proposed by the Building Community Resilience' framework[42] *(figure 1).* Clinicians are called on to extend their focus and reach beyond the clinical environment to address the social determinants that lead to adverse childhood and community experiences that affect early childhood development. The model is based on the evidence that areas where there is a higher prevalence of poverty, unemployment, and food insecurity indicate higher levels of social vulnerability and lower levels of community resilience. When families live in communities in which food insecurity, domestic violence, challenges to parenting, unemployment, inadequate educational systems, crime, and social justice issues are common, the result is an environment in which 'ACEs abound, needed social supports are scarce, and toxic stress results'.

Community resilience is defined here as *'the capacity to anticipate risk, limit effects, and recover rapidly through survival, adaptability, evolution and growth in the face of turbulent change and stress'.* Reinforcing social supports for vulnerable children

[40] https://www.scotphn.net/wp-content/uploads/2016/05/2016_05_26-ACE-Report-Final2.pdf
[41] http://frameworksinstitute.org/assets/files/ECD/social_determinants_ecd_messagebrief_final.pdf
[42] Ellis, W., & Dietz, W. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model.

families and building community resilience means prevents the ACEs it is possible to prevent and mitigates the impact of those that cannot.

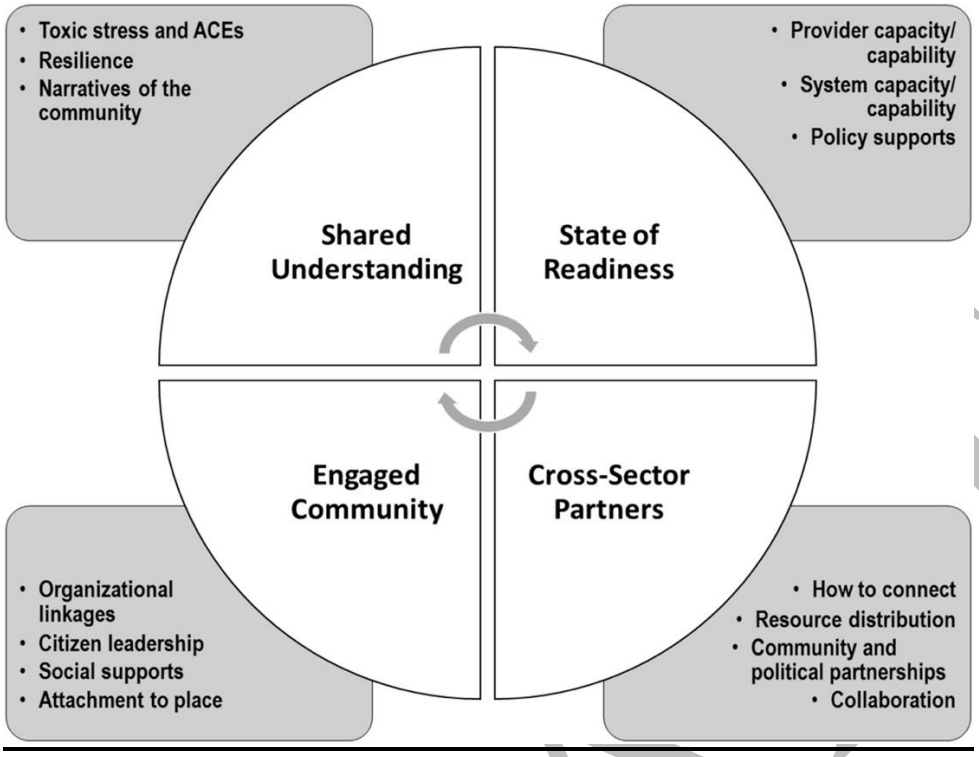


Figure 3[43]

A framework for action proposed by this approach aims to provide a seamless continuum of cross-sector cooperation and services to build 'social scaffolding' that will support children and families and contribute to community resilience. The phased strategic readiness and implementation process described in figure 3 aims to enable clinicians, providers, social service, and community-based partners to align services and resources to coordinate efforts aimed at addressing the health, emotional, and social needs of children and their families. Collectively these partners will work to inform a community-based plan to reduce and prevent trauma and toxic stress, improve mental and physical health, and build capacities that influence in the near as well as the long term.

[43] Ellis, W., & Dietz, W. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model.

Interventions that prevent ACEs, intervene early and mitigate the impact ACEs and trauma

The Early Intervention Foundation (2020) Identified 33 interventions representing 10 intervention models with robust evidence of preventing ACEs, reducing the health-harming behaviours associated with ACEs, or reducing ACE-related trauma. Trust between practitioner and child, young people and families is recognised as essential for interventions including therapeutic and universal activities which aim to build trust between peer groups and children and teachers but is acknowledged as being challenging when working with those who have learnt to mistrust others through the experience of multiple ACEs. Practitioner skill and time necessary to gain trust and work through difficulties was found to be determined partly by previous experience and qualifications, but also support they receive from their managers and organisations.

Interventions with proven evidence of preventing and reducing ACEs reviewed by the EIF includes:

- **Activities which prevent ACEs from occurring in the first place** including family-based interventions with good evidence of reducing family conflict to mitigate the negative impact of parental conflict and mental health problems.
- **Activities which prevent or reverse social processes thought to perpetuate ACEs**. Interventions with robust evidence of reversing negative social processes thought to contribute to ACEs, and of providing children with the skills to increase their resilience to stress and adversity.
- **Activities which aim to prevent or reduce health-harming behaviours.** Many of the social processes contributing to health-harming behaviours could be halted through universal, school-based interventions that help to discourage children from using dangerous substances and provide them with alternative coping strategies
- **Therapies which directly treat symptoms of trauma.** There are a number of interventions with robust evidence of reducing symptoms of trauma and improving children's mental health, and these should be made available to children experiencing ACE-related trauma symptoms, or in cases of established abuse and neglect.

The Early Intervention Foundation conclude in a number of recent reports that the impact of parental conflict on children is a critical component in improving child outcomes. Frequent, intense and poorly resolved parental conflict can result in long-term mental health issues and emotional, social, behavioural and academic problems as they grow up**.** Early intervention to reduce the impact of parental conflict can improve outcomes for children and the effectiveness of other family support. Typically, parents only seek help when reaching crisis point but a growing body of evidence suggests that universally improving the quality of the parental relationship can help present Adverse Childhood Experiences and that all practitioners working with families can play an important role in reducing the harmful impact of parental conflict.

Public Health Wales in their 'Responding to ACEs' review of 100 interventions[44]', grouped over 100 ACE responses into four categories: Supporting Parenting; Building relationships and resilience; early identification of adversity; Responding to Trauma and specific ACEs. Across all of the 4 different types of intervention, 7 common themes emerged:

1. Promoting social development, cohesion and positive relationships across the life course.
2. Promoting cognitive-behavioural and emotional development in childhood.
3. Promoting self-identify and confidence both in adults and children.
4. Building knowledge and awareness about the causes and consequences of ACEs amongst the public and professionals.
5. Developing new skills and strategies for those affected to cope with adversity.
6. Early identification of adversities by therapeutic and interfacing services to identify and support parents, children and those affected through the life course.
7. A collaborative approach across sectors and organisations.

[44] https://www.wales.nhs.uk/sitesplus/documents/888/RespondingToACEs_PHW2019_english%20%28002%29.pdf

Early Identification of Adversity and Interventions

This group of programmes aimed to raise awareness of ACEs focussing on early identification of at-risk children and households. This was achieved in primary care, in the home or within the community. key messages for this group of programmes were:

- Early identification of adversity can lead to early interventions to prevent detrimental outcomes.
- Key approaches involved raising professional awareness of parental conditions which may contribute to ACEs.

Responding to Trauma and specific ACEs.

This group of interventions looked at minimising risk factors for children exposed to ACEs by treating specific ACEs including treatments for substance misuse, tailored treatments to support families, parents and children, address parenting-child relationships in families who are experiencing trauma and promoting wellbeing and good mental health throughout families. Targeted interventions and psycho-therapeutic treatments were delivered across the home, primary care, schools and the community. The key messages for this group of programmes were:

- Recognising that the impact of ACEs on an individual can be traumatic and have a detrimental impact on physical and mental health over the life course.
- Alongside specialist interventions there was a need for increased awareness about the impact of ACEs, prevention of ACEs and response to ACEs.

Supporting Parenting

These programmes looked at interventions for parents to ensure that their children have the best start in life, supporting the building of supportive adult-child relationships and attachment. These were across a range of settings including home, primary care, schools, the community and social services/welfare. The key messages found from the review were that:

- Child's emotional and behavioural development was beneficially affected by positive attachment to parents and positive parenting practices.
- Parenting interventions are cost effective ways of improving parenting and mitigating the effects of ACEs on children. They are especially effective in the first 1000 days of life at establishing the best start in life for children.

- Parental empowerment, supportive parenting practices and supporting the building of positive parent-child relationships and attachment were key approaches to ACE reduction.

Building Relationships and Resilience

These programmes involved promoting children's resilience and positive relationships to aim to strengthen protective factors such as emotional and social competency. These included mentoring interventions, school and community-based interventions and interventions building resilience. The key messages for this group of programmes were:

- Individuals who experience ACEs often have fewer resilience factors such as positive social relationships.
- Mentoring, Community and School based, and life skills intervention were all found to be cost effective ways to boost resilience and build relationships.
- Key approaches in this area were education for children around stress, promoting overall life skills and wellbeing and supporting the building of positive relationships.
- A strong relationship between local agencies, services and members of the community may effectively prevent a range of behaviours which have a strong association with ACEs such as crime, substance misuse and community violence.

Routine Enquiry (REACh)

There is evidence that many individuals who have experienced ACEs have never disclosed them to a professional and will often not mention these experiences unless asked directly. The "Routine Enquiry into Adversity in Childhood project (REACh)" developed by Lancashire Care[45] specifically looked at the experiences of professionals who were trained to routinely enquire about ACEs. The study found generally good outcomes with staff feeling that the programme helped to equip them with the knowledge and skills to conduct routine enquiry. There were no significant increases in service needs following practice change. The approach was the catalyst for increased frequency of disclosures, better therapeutic alliance and more targeted interventions.

[45] https://drive.google.com/drive/folders/14conFaeT_CERuZ0lS8dU-WQBEsMB1TVg

Routine enquiry has also been expanded to Health Visiting services with a recent report from Public Health Wales looking at routine enquiry in Anglesey[46]. ACE prevalence was similar to previous studies with 47% having experienced 1 ACE and 11% 4+ ACEs. 43% of mothers who had experienced ACEs said it was the first time they had disclosed this information to a professional. Mothers with 4+ ACEs had lower self-reported physical and mental health scores. 91% of mothers agreed that routine enquiry about ACEs was acceptable and 81% said it was 'important'.

It should be noted that there is not a clear consensus on the efficacy of Routine Enquiry, and the EIF raised a number of concerns about the practice and accuracy of ACE screening to identify children in most need of care, the harm the process may cause, and questioned its usefulness for informing treatment decisions.

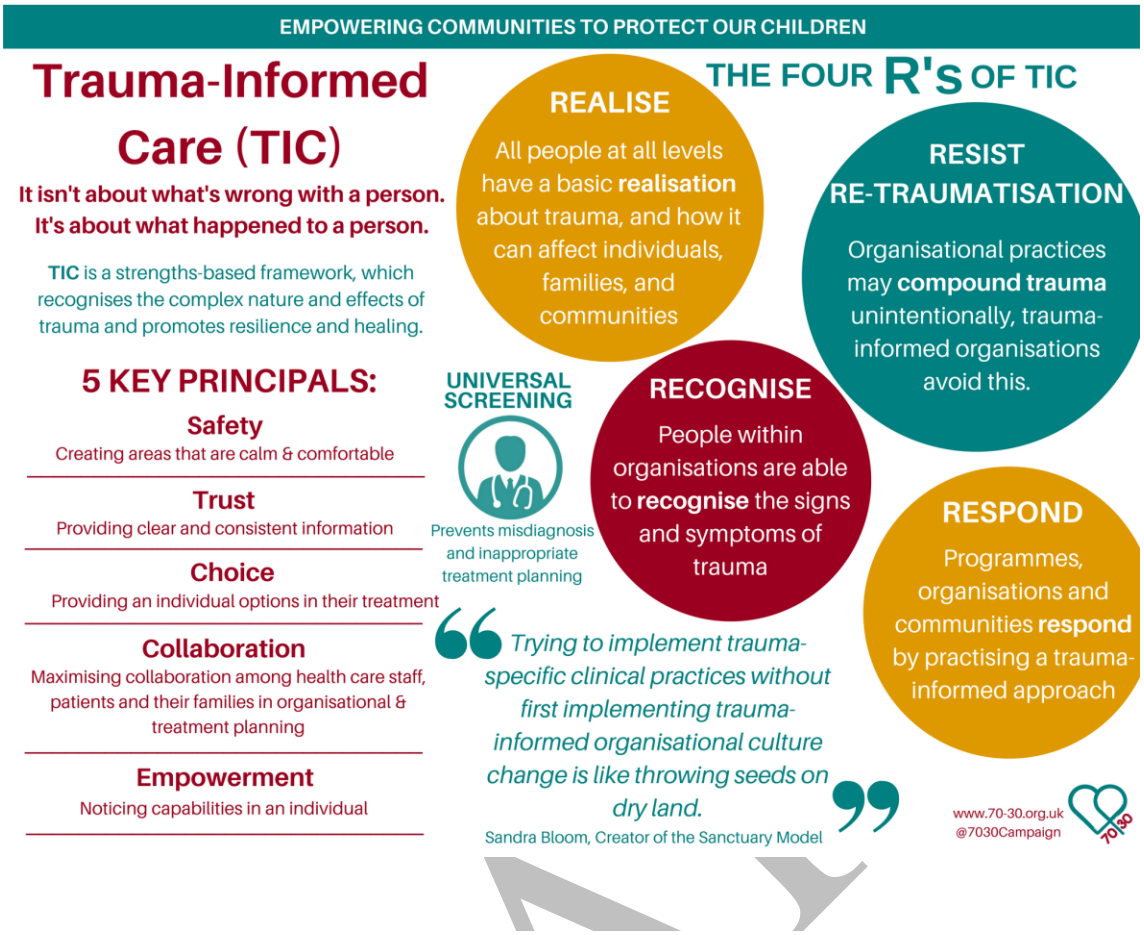
Trauma-informed care

Trauma-informed care is a strengths-based framework that can be understood as a set of organising principles that recognise the impact of trauma, responds appropriately and actively resists re-traumatisation. To deliver trauma-informed care, practitioners need to be supported by the organisation and effective leadership.

The four R's of trauma-informed care developed by SAMHSA (Substance Abuse and Mental Health Services Administration) refer to the need for practitioners and organisations to 'realise' how trauma impacts on individuals, to 'recognise' the signs and symptoms of trauma, to 'respond' with a trauma-informed approach and to 'resist re-traumatisation' by ensuring our organisational practices do not compound trauma.

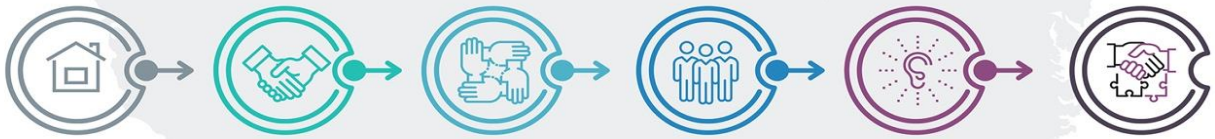
Trauma-informed approaches focus on the central importance of relationships and on resilience in helping people heal from and flourish despite having experienced trauma. Trauma-informed approaches and care means paying careful attention to the ways past trauma impact on how people relate to others and responding in ways that help to create a sense of safety, trust, choice, collaboration and empowerment to provide a different and reparative relational experience.

[46] http://www.wales.nhs.uk/sitesplus/documents/888/Asking%20about%20ACEs%20Health%20Visitors%20Infographic.pdf



6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



1. SAFETY
2. TRUSTWORTHINESS & TRANSPARENCY
3. PEER SUPPORT
4. COLLABORATION & MUTUALITY
5. EMPOWERMENT VOICE & CHOICE
6. CULTURAL, HISTORICAL, & GENDER ISSUES

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

Young Minds 'Addressing childhood adversity and trauma' (2018)

This report recommends that adversity and trauma-informed models of commissioning and care should always be:

Prepared: ensures addressing ACEs is a strategic priority, analyses the available data and anticipates the need in local commissioning service pathways

Aware: understands childhood adversity and trauma, has a common framework for identification and routine enquiry, and responds appropriately to the cultural and personal characteristics of the young person and their communities

Flexible: provides services that young people can easily access, does not rely on a formal psychiatric diagnosis and targets children who live in adverse and traumatic environments

Safe and responsible: intervenes early, avoids re-traumatising or stigmatising young people, and ensures staff are knowledgeable, qualified, trustworthy and well-trained

Collaborative and enhancing involves young people in decisions about their care and the design of services, adopts a strengths-based approach, and ensures services recognise and harness community assets

Integrated: co-commissions services and ensures smooth transitions and communications between partners

8. Summary / conclusion

Children can become resilient when the families, relationships and communities providing the emotional and social context for their development are home to resilient adults. A focus on building resilience and improving the quality of relationships that may protect or harm, whilst tackling the root causes of adversity using trauma-informed approaches, have the potential to reduce harm to children and young people and improve their health and wellbeing.

These should be adopted in social services, schools, health services, criminal justice and other public services. Interventions with known evidence of preventing and reducing ACEs informed by local need should be embedded within Public health strategies that specifically address the wider determinants of health, such as poverty and inequality.

Relational trauma caused by abuse and neglect requires relational approaches to repair. Practitioners working with children, young people and families are well placed to do this vital work. Family and community strengthening organisations including those within and working in partnership with health, education, social care and the voluntary sector should be supported to develop interventions with a strong evidence base for promoting the healthy emotional and social development of children and those caring for them from conception and through the life course.

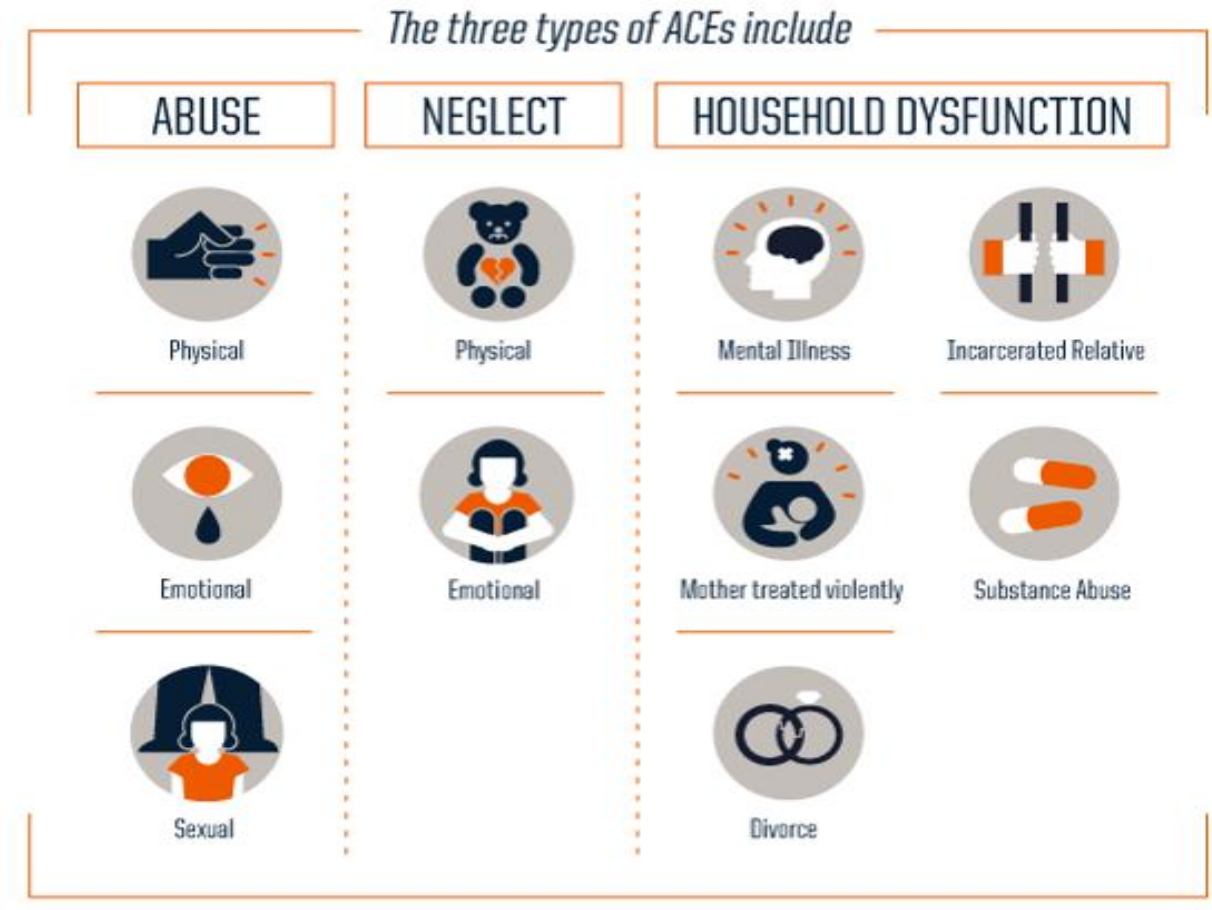
Work to raise and develop awareness of the key factors that promote or jeopardise the positive development and young children should consider the parental relationship, and the emotional, social and health needs of the whole family in context.

This should be informed by the lived experiences of children, young people and families, the principles of trauma-informed care, local data and all relevant robust research evidence. A clear focus on what works to improve outcomes for children, young people and families, on sustainability and co-production will be embedded across the programme of work.

PART 2: The City and Hackney Approach

Introduction

'Adverse Childhood Experiences' or '*ACEs*' traditionally refer to a set of 10 traumatic events or circumstances experienced before the age of 18 that were found to increase the risk of adult mental health problems and debilitating diseases by research in the US in 1997. This helped to draw attention to the correlation between child abuse and neglect and family dysfunction and an increased risk of poor health and other problems in later life and its results have been replicated in an increasing evidence base internationally since this time.



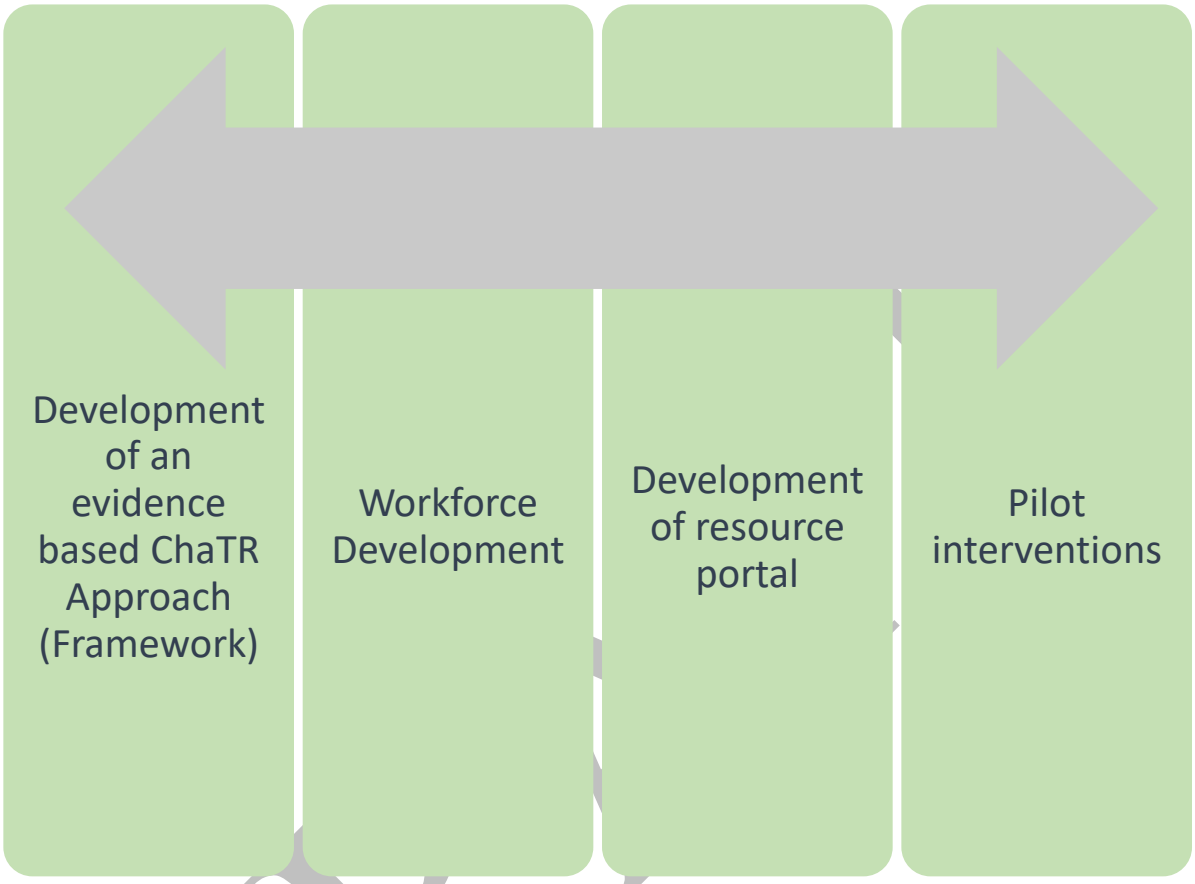
The ACEs research has resulted in a greater focus the 10 ACEs studied to the exclusion of other adverse events experienced in childhood, and therefore risks missing people who need support. This includes those who have experienced economic disadvantage, discrimination, bereavement, peer victimisation and youth violence, low birth weight and child disability. We propose below an expanded

definition of ACEs in City and Hackney, which takes account of the whole spectrum of adversities that our children may experience. This definition may be used to understand the term ACEs throughout this document:

> *'Adverse Childhood Experiences refer to chronic stresses that occur during childhood, have a long-lasting effect over the whole life course and can be passed on between generations. These can include events that happen directly to the child (psychological, physical, emotional or sexual) but also circumstances or events occurring in the child or young person's environment, particularly those impacting on their caregiver/s and exacerbating or creating the conditions for adversity. **
>
> * This includes domestic violence, parental separation, mental ill health or incarceration or substance misuse within the family, homelessness, discrimination and racism, poverty, ill-health, bereavement and wider community violence or trauma.'*

Summary of the Approach:

The approach aims to begin a cultural shift in ways of working, initially embedding ACEs awareness into everyday work of professionals, through delivery of **3 key elements:**



Whole System Cultural Shift

The approach is evidence based and consultative, and now needs to incorporate work around embedding **evaluation and success measures** and be informed by the **voices of children and families.**

1. Overview and Context

This document sets out our proposal to tackle adversity and address the root causes and pervasive impact of Adverse Childhood Experiences (ACEs) in City & Hackney. By working in partnership and in an integrated way at all levels, we consider that it is possible to prevent, intervene earlier and mitigate the negative impact of ACEs. Research explored in this document suggests that an integrated public health approach and one which builds individual, family and community resilience, has the potential to improve a range of outcomes for children across the life course and inter-generationally.

A system-wide focus on tackling the conditions that enable childhood adversity to prevail must be a collaboration between health and social care organisations, schools, families and communities with children, young people and families at the centre of our thinking and planning. Looking at what has been found to be effective in addressing the lifetime impact of early adversity on children's outcomes, we aim to increase awareness of ACEs, resilience and trauma-informed care to drive change to prevent, intervene earlier and mitigate against ACEs, and build more trauma-informed, culturally aware and responsive systems and communities.

Adversity, trauma and resilience in COVID-19 pandemic and recovery

Since March 2020, the COVID-19 pandemic and the measures introduced to contain the spread of the virus have had a significant impact on our system, communities and individual children, young people and families. Social distancing and lockdown restrictions have limited access to the places, spaces and people that were previously relied upon for support and external emotional regulation. The pandemic has emphasised the stark inequalities and inequities that exist in City and Hackney, nationally and internationally, and has highlighted the disproportionate impact on families from diverse communities and lower socio economic backgrounds. The impact has also been felt indirectly, on mental health, employment, aspiration and household deprivation.

In this context, and in response to endemic police violence and structural inequality in the US, the anti-racist global Black Lives Matter movement has highlighted the injustices faced by Black communities globally and calls for action to address the adversity caused by discrimination and systemic and institutional racism.

In addition to those who have been directly affected by loss, or health impacts, other key groups may be feeling the indirect adversities, and need support around building and ensuring resilience (See appendix for detail).

2. What are we going to do?

We will build on the local offer of early help, prevention and integrated care across our system working with partners to develop system-wide approach and to create the conditions where we can empower a trauma informed workforce with the confidence,

skills and support to reduce harm. This document establishes the context, rationale and approach to our work on childhood adversity, trauma and resilience, focusing on the development and implementation of system plans for workforce training and development, supported by an online resource hub.

The overall aims of this programme of work are to:

- Increase awareness of adversity, trauma and resilience across the integrated health care system at all levels to drive positive change to prevent, intervene earlier and reduce harm
- To mitigate the impact of ACEs through building systemic, community, family and individual resilience
- Equip front-line practitioners with the necessary resources and support to take action to tackle the prevalence and impact of ACEs in the important work of strengthening families and communities.
- Tackle the root causes of ACEs and factors which we know to be harmful to children from conception through to adulthood including the impact of neglect, abuse, parental conflict, toxic stress and all factors which undermine parenting capacity.
- Create a community of practice to identify and utilise assets and resources, informed by research, evidence and best practice
- To work with families, communities and each other to co-produce, design and develop interventions and action that work to tackle adversity, build resilience and support recovery from trauma.

Vision and Objectives

The vision and strategic objectives for the City and Hackney approach have been developed through engagement with system partners at a ‘whole system’ ACEs Workshop in mid-2019 and ongoing discussions and consultation with partners and professionals, and supported by the ACEs project group. This approach will be used to develop a shared understanding with stakeholders and wider system partners to build capabilities and tackle adversity by building resilient inclusive communities. The impact of the Covid-19 pandemic on marginalised and vulnerable groups, places an even greater emphasis on the need for this system-wide transformational work to be embedded in recovery plans. An inclusive shared language must be used to tackle

discrimination and all other root causes of harm to children and young people across the life course.

Our Vision

Our vision is for services in Hackney and the City of London to work in a way that is trauma-informed, ACE-aware and resilience focused to improve health and wellbeing outcomes for our local communities. This approach will be enabled through the delivery and joining up of training to raise the level of awareness and expertise across the whole of the health and social care workforce in City & Hackney. This will build momentum to aid the development of specific interventions which aim to prevent, intervene early and mitigate the negative impact of Adverse Childhood Experiences and Adverse Environments:

- **Prevention:** Many adverse childhood experiences including exposure to domestic abuse, sexual and physical abuse are preventable. Leaders and practitioners in health and social care are in a position to prevent some ACES altogether and reduce the impact of other ACEs by identifying need and strengthening support and interventions earlier. ACEs do not occur in isolation and social inequalities including poverty and isolation, increase the likelihood of ACEs but also amplify their negative impact. Preventative work to tackle ACEs must also address structural inequalities and work to strengthen relationships and communities for interventions and policies to tackle ACES to have a meaningful impact.

- **Early Intervention:** Provision of early support to help parents / carers and those supporting them can prevent difficulties such as mental health problems or substance misuse escalating and can go a long way to reduce the impact of these on children, young people and infants. Interventions with a robust evidence of preventing ACEs, enhancing the quality of parental relationships and reducing ACE- related symptoms or stopping the social mechanisms which contribute to ACEs should be used. This will enable the root causes of ACEs to be targeted, reducing both the prevalence and the impact of these.

- **Mitigation:** Research into resilience indicates that a number of tangible capabilities that can be strengthened, built and learnt can reduce the impact

of ACEs on health and wellbeing. Supporting children to develop strong and stable relationships with a caregiver or other safe adult, providing opportunities for all children to develop interests, skills and abilities to build self-esteem and a sense of mastery can help can tip the balance from risk and vulnerability to protective and resilient factors. This can in turn help them develop the capacity to become strong, healthy and successful even after setbacks. Building resilient communities of resilient adults and reducing parental conflict are key aspects of the change needed and will increase their capacity to raise resilient children and young people and enable them to flourish.

Our Strategic Objectives

1. **A System Approach - Build a coherent system-wide approach to adversity in City & Hackney based around a shared vision and language committed to tackling Adverse Childhood Experiences and building resilient communities.**

    a. Develop a clearer understanding of ACE prevalence and related needs in our communities and of what action we are currently taking.

    b. Build knowledge of current training and practices (and gaps where they exist) to support evidence-based approaches and raise awareness of what services are available across the whole system.

    c. Develop a strong, culturally informed understanding of young people and families' experiences, and co-produced approaches to enable individuals and communities to feel confident and supported to develop resilience.

    d. Ensure our approaches and interventions are system-focused and strategic; aligning with and developing existing services and partnerships (e.g. Make Every Contact Count (MECC), Young Black Men (YBM) programme, Troubled Families programme, Five to Thrive, the Early Help service, CAMHS Alliance and Children and Families Service).

    e. Build a consensus across the leadership of the local health and social care system that recognises the importance of taking action on childhood adversity, trauma and resilience using an optimistic and transformative approach.

2. **Workforce Development – Raise the level of awareness and expertise about the impact of childhood adversity, trauma and resilience in City & Hackney and what we can all do to drive change.**

    a. Ensure all health and social care professionals and front-line staff with client facing roles in City & Hackney are aware of what ACEs are, what can be done about them and their potential impact on the individual, families and communities, on public health and on system sustainability.

b. Co-produce and deliver targeted, multi-disciplinary training to health and social care practitioners working with children and families to increase expertise and support professional development.

c. Provide appropriate access to support and resources on trauma and ACE-informed practices for all health and social care professionals in City & Hackney (through the development of an online resource and networking hub).

d. Support the development of dialogue between practitioners in different teams, organisations and disciplines, to support services to become examples of best practice on childhood adversity, trauma and resilience.

3. **Targeted specific action on ACEs - Develop specific interventions which aim to prevent, intervene early and mitigate against Adverse Childhood Experiences and build resilience in individuals, families and communities:**

a) **System:** Ensure that our health and social care systems do not re-traumatise the people who need them most. This means being open, transparent, culturally aware and responsive and mobilising resources as flexibly as possible. *For example, developing system-wide universal pathways to evidence-based recovery support and reviewing and re-shaping policies, procedures and processes within our systems to take a trauma-informed approach with the child at the centre.*

b) **Community:** Address the root causes of ACEs and Adverse Community Environments to build resilient communities. This means taking account of community strengths and assets, extra-familial risks, inter-generational factors, structural inequalities and the unique lived experiences of our children, young people and families to build safe and inclusive spaces, opportunities and co-produced solutions. This also means making sure parents and carers are given the support they need when they need it to keep their children and young people safe in order to help them thrive. *For example, inclusive and trauma-informed communities within schools where behaviour management policies take account of the impact of toxic stress and adversity on children and young people's behaviour and invest in non-judgemental and supportive work with their families.*

c) **Individual child, young person and family:**
Improving our trauma-informed, relationship-based and resilience-building interventions to support families and protect children through the life course starting with a focus on the critical first 1001 days. Raising awareness of the ways a child adapts to survive adverse environments to enable families and practitioners to respond with timely interventions and opportunities to strengthen relationships and social support, knowledge and skills, environments and activities to promote healthy emotional development. This will enable and support practitioners to approach individual children, young people and adults with the compassion required to break inter-generational cycles of trauma, neglect and abuse.

3. Enabling transformation

3.1 Organisation and system leadership

It is essential to work systemically with support and buy in from system leaders in order to implement a robust and evidence-based approach to achieve sustainable change. This means commitment at system level to resource working collaboratively. By building community, organisational and individual resilience, agencies can better understand and address the daily environmental conditions that contribute to toxic stress and threaten individual health and well-being. This in turn will support system partners working with children, young people and families to create communities of resilient adults who have the capacity to raise resilient children.

We will establish a resource hub for childhood adversity, trauma and resilience. This hub will connect and support cross-agency approaches, drive system transformation and empower commissioners, providers and practitioners to apply best practice to strengthening families and communities and tackle ACEs.

Key actions this is likely to involve:

1. Integrated Commissioning Board and all City and Hackney commissioners to endorse a system-wide approach, action plan and timeline;
2. Engagement and alignment with COVID-19 recovery plans and strategic strategies and action plans across the integrated system (for example VAWG, Emotional health and wellbeing and mental health strategies, community resilience, inclusive economy, poverty, housing and employment etc);
3. ACEs Project Team to work with Prevention, Planned and Unplanned Care Workstreams to identify opportunities to engage and align with their work;
4. Key organisational policies, pathways and training to reflect an agreed set of principles of systemic, trauma-informed and culturally responsive approaches including reviewing and re-framing language used;
5. Elements of adversity, trauma and resilience training to be incorporated in mandatory safeguarding training;
6. Adversity, trauma and resilience requirements and principles to be embedded in relevant contracts across health, education and social care in City and Hackney
7. Creation of a community of practice across the system starting with joining up workforce development, peer support and resource portal

3.2 Workforce development

Trauma-informed, attachment aware and ACE-informed training and workforce development has been delivered in pockets and continues to be developed across our integrated system, however, whole system knowledge and awareness is inconsistent and not available to all practitioners. Workforce development has been identified in the research and by the ACEs project group as a key enabler to creating cultural change and creating an organisational and system environment to support sustainable transformation.

In January 2020, the ACEs Project Group agreed an approach to the development and delivery of an ACEs Training and Workforce Development programme. This training programme will support the delivery of strategic objectives 3, 5, 6 and 8, above. The training will be modular, with foundational, 'core' training which can be applied to all levels; and five separate targeted training modules, each of which will focus on a different age group (Perinatal, 0-5s, 5-11s, 11-19s, and 19-25s).

This will enable the training to focus on detail on the particular challenges and issues related to adversity, trauma and resilience at the different stages of a young person's life.

Perinatal ChATR training, for example, will include consideration of preventative rather than reactive interventions that address risk factors; support for at risk couples in the antenatal and postnatal period to prevent and protect against later harm; sharing knowledge about child development prior to the baby's birth and in the first year, support that promotes sensitively responsive, nurturing parenting to promote emotional and social development and reduce parental and family conflict.

The structure of the training will facilitate the sharing of learning and good practice between different teams and professional groups and to promote communication and joint-working. A short (30 minute) version of the core training will be developed as an online training module within the Safeguarding Children training. We aim for this to be included in mandatory safeguarding training for all staff. An additional module will be developed focusing on ACEs in strategy and policy, aimed at health and social care commissioners and leadership. It should be noted that ACEs training will initially seek to use existing practice, tools and training, where it is already in place in City &

Hackney and establishing partnerships with specialists leading research and best practice to consult with and involve as needed.

Core Training components

1. Introduction to ACEs
- Identify and share existing knowledge about ACEs / TIP
- Definition of ACEs (based on the original study and on other factors)
- Recognition of the correlation between ACE incidence and poverty – 'Inequalities matter.'

2. Why do ACEs matter?
- Brain Development in Early Years – importance of healthy brain development and impacts of toxic stress
- Impact of Childhood Adversity – the potential relationship between ACEs and negative outcomes through the life-course
- Intergenerational factors – the cycle of ACEs
- How ACEs and trauma may effect our behaviour – hypervigilance and dissociation
- Social and community impacts of ACEs

3. What can we do about ACEs?
- 'Protective Factors' - Resilience and 'Salutogenesis' (the 'hand' model)
- Examples of good practice in the areas of Prevention, Early Intervention and Mitigation
- Action at micro/meso/macro level – tie-in to Wider Determinants of Health

4. ACEs in City & Hackney
- C&H Needs assessment and ACEs Strategy – our vision and goals
- Resource Portal and ACE Champions
- Illustrative case studies from C&H settings

5. Self Care and Regulation
- Stress and vicarious trauma
- Self-regulation tools
- *Kindness and compassion in the public sector*

6. How do we want to take this forward?
- Reflection on our own work and settings
- Introduction to the Resource Portal

Targeted Training

Targeted training sessions will be discursive, experiential and group based, focused on case studies and problem-solving informed by practice and perspectives from other areas of working. We will work with subject experts in each area to develop illustrative case studies and plan the sessions to ensure they are useful and relevant to practitioners.

MDT Approach, Engagement & Sustainability

The training itself (particularly the targeted sessions) will function as an opportunity for reflection on how we work together as a system and will enable the beginning of an ongoing dialogue on ACEs across the City & Hackney system. The project team will ensure that discussions of how to improve system working are recorded, and this will inform the further improvement of training and phases of the ACE programme. Following on from the training we will continue to engage and support the embedding of ACE awareness across the system:

- Participants in training sessions will continue to receive information and reminders about available tools and system developments.
- All participants will be introduced to the ACEs Resource Portal and participants of the targeted sessions will be given access the ACEs forum. The forum will be a space for peer support and information sharing, etc.
- Participants will be asked to fill in a short survey 2 weeks after the training, and again at 3 months and 6 months. This survey will monitor the extent to which respondents feel the training and portal are useful, and how it impacts on their work practices.
- We will continue to support the embedding of ACE/Trauma-informed practices through those who join our network via the resource portal and make a personal commitment to being an agent of change within their organisation

Community of practice: the creation of a resource and networking hub

Workforce development needs to be sustainable. We recognise that significant knowledge, expertise and passion already exist within the City & Hackney system. We want to make best use of this expertise by seeking out members of staff in key teams to join our ACEs hub. Childhood adversity, trauma and resilience (ChATR) hub members (facilitated by CYPMF team) will:

- Work with clinical leads and other area experts and specialists to develop targeted training sessions which align with and augment current practices across the C&H system;
- Facilitate targeted training sessions;
- Champion the continued embedding of good practice within their teams and organisations, and promote the resource portal;

- Continue a dialogue (via forum to be facilitated by the CYPMF team) to share practice, highlight needs, gaps and opportunities, etc.

Existing training: principles of adversity and trauma informed practice in the system:

Recommendations for agreement of any and all training bookable and endorsed through the hub is that they will:

- Not be critical of other services but will seek to build understanding and capacity
- Use a shared and agreed language and definition of ACEs, trauma and resilience which is informed by best practice and research
- Acknowledge structural inequalities including discrimination and racism as ACEs
- Acknowledgement in the training when resources used are not representative of local people, community and issues
- Link back to the resource hub and encourage those attending training to keep talking, access and share knowledge and resources
- Ensure that those delivering training have viewed resources used by core training
- Agree to use a standardised method of collecting feedback on training

3.3. Childhood Adversity Trauma and Resilience Resource Hub (ChATR Hub)

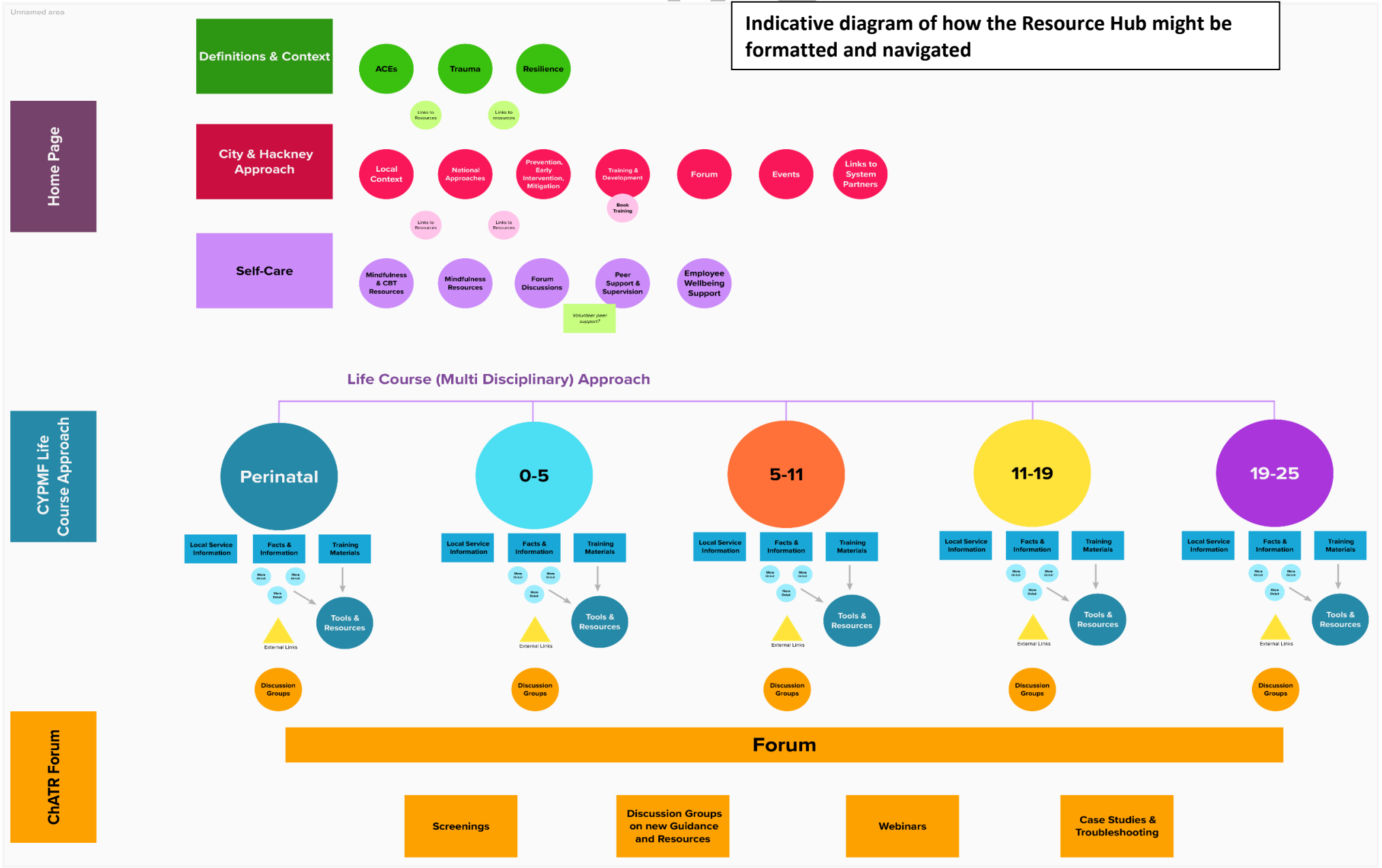
The development of awareness and best practice in City & Hackney will be supported by an online resource and networking hub which will:

- Support all relevant training related to childhood adversity, trauma and resilience being delivered across City and Hackney
- Outline the overall City and Hackney approach as detailed in this document including agreed principles of practice
- Include all resources used in the training and facilitate ongoing discussion.
- Support professional understanding of childhood adversity, trauma and resilience and how they affect child development; how they are manifested in behaviour and physiology, and their potential impact on health and wellbeing outcomes.
- Share evidence, research and best-practice in building resilience and tackling adversity through trauma-informed and culturally responsive approaches.
- Spotlight examples of best practice in City & Hackney services
- Provide links to online resources (articles, videos, case studies, etc.) to enable further learning, professional development and awareness raising activity

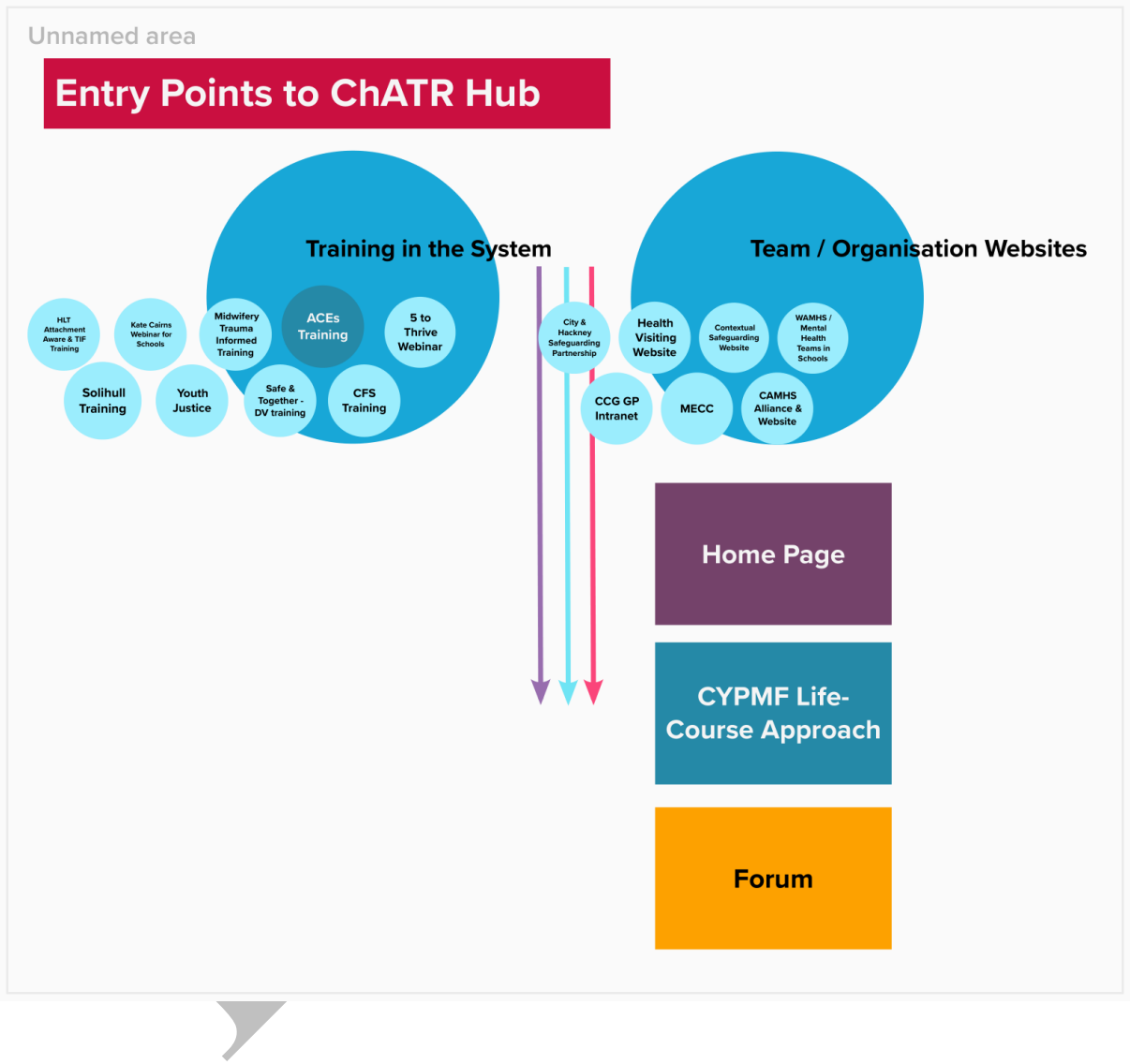
- Share and signpost practitioners to practical tools and resources that can be used in their work with children, young people families and communities
- Facilitating communication and relationship building to develop co-produced and tailored interventions and training
- Provide resources to support self-care and resilience amongst practitioners.

We will work with the IT Enabler team and ACEs Project group to identify a digital solution to host our resource hub develop and trial this using the inclusive and multi-disciplinary approach taken in the ACEs training, with a focus on the child's life-course. This hub can be populated with resources to support training and workforce development relatively quickly and at no initial cost to enable us to gather feedback from system partners on functionality, access, usability.

Indicative diagram of how the Resource Hub might be formatted and navigated



The resource hub will be the site for ongoing dialogue within the system about developing interventions including training, and will also include a ChATR forum, to support an ongoing dialogue on childhood adversity, trauma and resilience within City & Hackney. This forum will be open to everyone who completes either level of training or to those entering the portal from other entry points provided they agree to a set of user principles to be drafted. These will cover language use, respect and confidentiality.



4. Interventions

In taking action to prevent, intervene and mitigate against childhood adversity and trauma, we will identify assets and resources, review the evidence-base set out in this document along with new and other relevant research and prioritise according to the most pressing local needs identified.

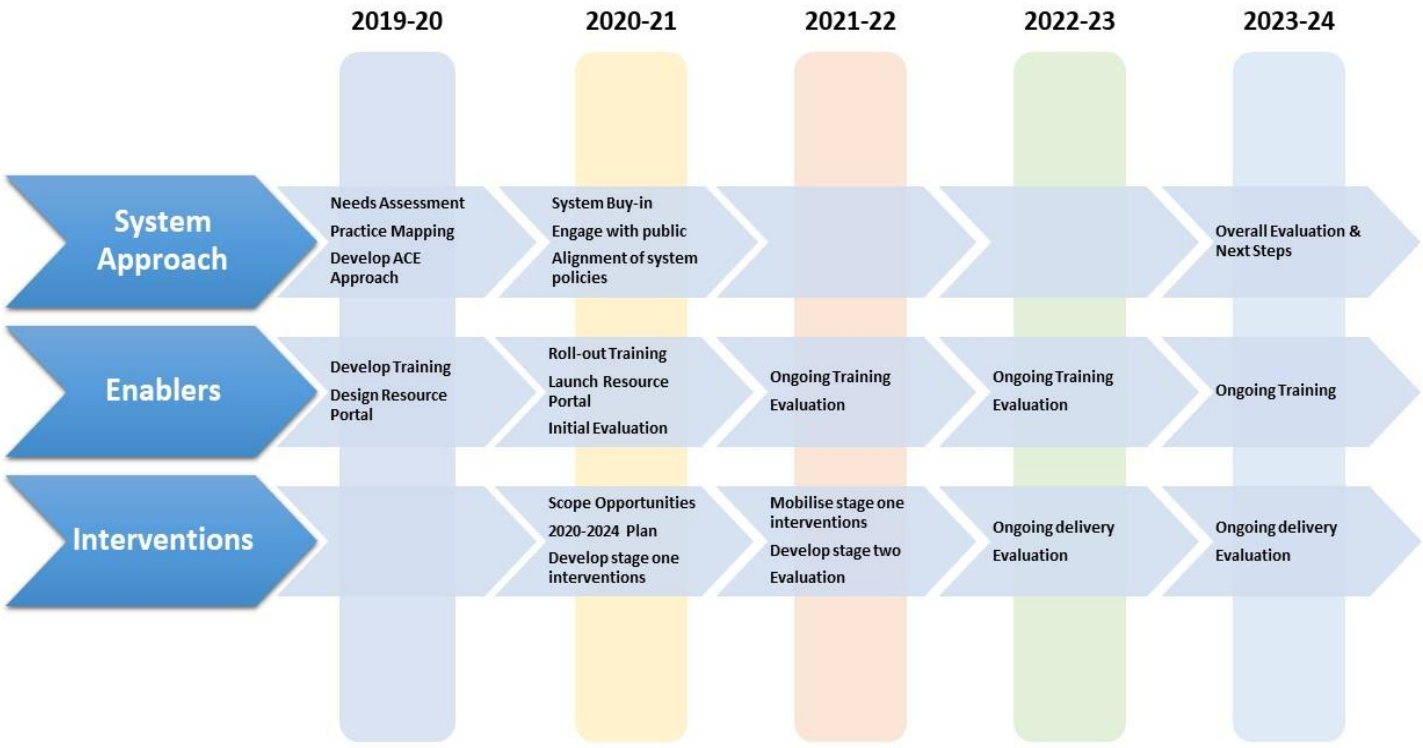
The Early Intervention Foundation Identified 33 interventions representing 10 intervention models with robust evidence of preventing ACEs, reducing the health-harming behaviours associated with ACEs, or reducing ACE-related trauma (*see Section 8, p.23, above, for details*). Interventions will be informed by the vision and objectives set out in section 2 and will be co-produced with young people, families and communities. We will need to build relationships across the system and meaningful mechanisms and processes for this. Interventions will be piloted and evaluated according to outcomes for practitioners, family and community strengthening organisations and our children, young people and families.

5. Evaluation

An evaluation plan is currently in development. We will be looking for this to incorporate learning on how interventions have been evaluated across other areas, and be informed through our upcoming co-production work to ensure it is appropriate for City and Hackney.

6. Timescales

The Approach covers 2020-2025, and the focus of our work will change as things develop over that time. [A more detailed overview of the programme of work is set out in the **Childhood Adversity, Trauma & Resilience Project Action Plan**]



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Areas of Activity		Key Actions	Sub-Actions	Lead	Start	End	Status	Timeline										
								Past Actions	July	August	September	October	November	December	January	February	March
Develop a strategic approach to Childhood Adversity, Trauma and Resilience in City & Hackney, informed by an assessment of local need and based on national best practice, and linking with the Emotional Health and Wellbeing Strategy.		**Compile City & Hackney Needs Assessment to inform Approach**		Jenny Zienau / Kate Dun Campbell	01/10/19	31/01/19	Complete											
		Draft ChATR Approach for sign-off by Project Group		Jenny Zienau / Matt Hopkinson / Kate Dun Campbell	01/02/20	24/06/20	Complete											
		Raise profile of ChATR work across ICS partnership and get leadership buy-in and support for both strategic direction and specific actions		Jenny Zienau / Matt Hopkinson / Amy Wilkinson			In Progress											
			Submit draft approach to CYPMF SOG for approval	Jenny Zienau / Matt Hopkinson	25/06/20	15/07/20	Complete											
			Children's Safeguarding Board	Jenny Zienau / Matt Hopkinson			In Progress											
			City of London Corporation Partnership Board	Jenny Zienau / Matt Hopkinson		07/09/20	In Progress											
			Integrated Commisioning Board - For Approval	Jenny Zienau / Matt Hopkinson		10/09/20	In Progress											
			CCG Safeguarding Advisory Board	Jenny Zienau / Matt Hopkinson		30/10/20	In Progress											
			Mental Health Coordinating Committee	Jenny Zienau / Matt Hopkinson			In Progress											
			CAMHS Alliance	Jenny Zienau / Matt Hopkinson			In Progress											
			LBH SMT	Amy Wilkinson			In Progress											
			PH SMT	Amy Wilkinson			In Progress											
			CCG SMT	Amy Wilkinson			In Progress											
			City & Hackney CCG PPI Committee	Jenny Zienau / Matt Hopkinson		08/10/20	In Progress											
			Hackney Health & Wellbeing Board	Jenny Zienau / Matt Hopkinson / Amy Wilkinson			In Progress											
ChATR Project Management		**Produce a project action plan for regular review by the project group**		Matt Hopkinson	08/07/20	Ongoing	Complete											
		Set up Slack Channel to maintain dialogue in the group and test format for future forum approach		Jenny Zienau / Matt Hopkinson	03/08/20	10/08/20	Complete											
		Monthly ChATR Project Group meetings to steer priorities, strategic direction and oversee project delivery		Jenny Zienau / Matt Hopkinson	01/07/20	01/08/20	Complete											
Workforce Development – Raise the level of awareness and expertise about the impact of childhood adversity, trauma and resilience in City & Hackney and what we can all do to drive change.	**Establish overview of current training and need for workforce development in City & Hackney**	**Overview of existing training on ACEs, Trauma, etc. in City & Hackney**		Kate Dun Campbell / Jenny Zienau / Matt Hopkinson	01/11/19	31/01/20	Complete											
		Stakeholder engagement re: existing resources/training/what is needed, etc.		Kate Dun Campbell / Jenny Zienau / Matt Hopkinson	01/08/19	01/12/19	Complete											
		Identify Workforce Development Aims & Objectives		Matt Hopkinson / Jenny Zienau	01/11/19	31/12/19	Complete											
	Co-produce and deliver targeted, multi-disciplinary training to health and social care practitioners working with children and families to increase expertise and support professional development.	**Draft Training proposal for workforce development for approval by Project Group**		Matt Hopkinson / Jenny Zienau	01/12/19	31/12/19	Complete											
		Utilise C&H Safeguarding Board to promote training, manage bookings, etc.		Jenny Zienau	01/09/20	31/03/21	In Progress											
		Design and Test Core Training Module		Jenny Zienau / Matt Hopkinson	01/07/20	31/08/20	In Progress											
		Design and Test Targeted Training Module - Perinatal		Jenny Zienau / Matt Hopkinson / Elizabeth Duncan / Paula Carr /	01/07/20	14/09/20	In Progress											
		Roll-out Core Training Module		Jenny Zienau / Matt Hopkinson	01/09/20	31/10/20	Not yet active											
		Roll-out multi-disciplinary training module - Perinatal		Jenny Zienau / Matt Hopkinson	01/09/20	31/10/20	Not yet active											
		Design and Test Targeted Training Module - 0-5s		Jenny Zienau / Matt Hopkinson	01/09/20	31/10/20	Not yet active											
		Design and Test Targeted Training Module - 5-11s		Jenny Zienau / Matt Hopkinson	01/10/20	31/10/20	Not yet active											
		Design and Test Targeted Training Module -12-19s		Jenny Zienau / Matt Hopkinson	01/10/20	31/10/20	Not yet active											
		Design and Test Targeted Training Module - 19-25s		Jenny Zienau / Matt Hopkinson	01/10/20	31/10/20	Not yet active											
		Roll-out Other Targeted Training Modules		Jenny Zienau / Matt Hopkinson	01/11/20	31/12/20	Not yet active											

System Engagement & Co-Production	**Compile ChATR Stakeholder list**		Matt Hopkinson	01/10/19	14/10/19	Complete											
	Hold system-wide workshop on ACEs (Summer 2019) to identify priorities and strategic direction for project		Matt Hopkinson	01/07/19	31/07/19	Complete											
	Engage with practitioners across the system		Jenny Zienau / Matt Hopkinson	01/07/19	01/08/20	Complete											
	Produce an 'engagement' plan to ensure that public / patient / service user voices and perspectives inform the development of the training materials and interventions		Matt Hopkinson / Jenny Zienau	08/07/20	08/08/20	In Progress											
	Practitioner Webinar / virtual conference on Childhood Adversity, Trauma and Resilience		Jenny Zienau / Matt Hopkinson	TBC	TBC	Not yet active											
	Raise public awareness using co-produced resources(possibly developed as part of resilience-building project)		Jenny Zienau / Matt Hopkinson	TBC	TBC	Not yet active											
Develop an online resource portal (Childhood Adversity, Trauma and Resilience Hub) to support training and develop and a community of practice across City & Hackney	**Complete a review of existing online ACE, Trauma and Resilience resources and compile a list of resources to use as content for resource portal**		Matt Hopkinson / Jenny Zienau	01/08/20	01/12/19	Complete											
	Ensure the hub promotes existing resources (e.g. Five to Thrive) to staff		Jenny Zienau / Matt Hopkinson	01/07/20	31/08/20	Ongoing											
	Plan development of child & parent resource portal		Jenny Zienau / Matt Hopkinson / Irtiqa Altaf	TBC	TBC	Not yet active											
	Develop initial concept for Resource Portal for approval by Project Group		Jenny Zienau / Matt Hopkinson	01/10/19	01/11/19	Complete											
	Develop self-care Resilience resource as part of the resource portal		Jenny Zienau / Matt Hopkinson	24/06/20	30/09/20	Ongoing											
	Determine IT Hosting Arrangements for Resource Portal		Jenny Zienau / Matt Hopkinson / Irtiqa Altaf	24/06/20	31/07/20	Ongoing											
	Construction of ChATR Hub		Jenny Zienau / Matt Hopkinson / Irtiqa Altaf	01/08/20	31/08/20	Not yet active											
	ChATR Hub Soft Launch (Including Core materials and Perinatal-related content)		Jenny Zienau / Matt Hopkinson / Irtiqa Altaf	01/08/20	31/08/20	Not yet active											
	ChATR Hub Roll-out of all sections		Jenny Zienau / Matt Hopkinson / Irtiqa	01/09/20	31/10/20	Not yet active											
Targeted specific action on ACEs - Develop specific interventions which aim to prevent, intervene early and mitigate against Adverse Childhood Experiences and build resilience in individuals, families and communities	**Engage with system partners on potential areas for intervention**		Jenny Zienau / Matt Hopkinson	01/06/20	30/09/20	Ongoing											
	Draft outline proposals for interventions for agreement and prioritisation by the Project Group		Jenny Zienau / Matt Hopkinson	01/09/20	31/10/20	Not yet active											
	Development and roll-out of interventions		Jenny Zienau / Matt Hopkinson	01/11/20	31/03/21	Not yet active											

4.2 ACEs within the wider context of childhood vulnerability

Studies show that a wide variety of child, family, community and societal factors (figure 4.3, in pink) contribute to child trauma and negative adult outcomes, both in combination with the ACE categories of family dysfunction (in grey) and independently of them.

FIGURE 4.3

Ecological factors which increase the risk of child trauma and poor developmental outcomes

Source: EIF, derived from Belsky, 1980; Cichetti & Lynch, 1993; Cichetti & Rizley, 1981; Evans, Li, & Whipple, 2013

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Appendix 2: Vulnerable Groups

- Families living in inadequate overcrowded accommodation and those who have experienced a loss of income due to being unable to work
- Parents to be who have learning difficulties, mental health difficulties or are in an abusive relationship
- Children and young people in families living in food poverty, without access to financial support and/ or internet access
- Parents of newborns without access to family support/ with financial difficulties and or vulnerable due to other risk or support needs.
- Children and young people subject to Child Protection plans and 'Children in Need', Looked After Children (LAC), Care Leavers (up to 25) including Unaccompanied Asylum-Seeking Children and Young People.
- Children and Young People missing from placement and those in residential settings or in families at risk of family breakdown
- Children or young people living with Special Guardians or those who have been adopted.
- Families with No Recourse to Public Funds
- Children of parents whose parenting capacity is compromised either due to them being shielded, having learning difficulties, chronic health problems, experiencing domestic violence, or being exposed to parental risks including mental health difficulties, substance / alcohol misuse or other risk factors
- Children and young people with diagnosed psychiatric disorders / significant mental health difficulties with a history or considered at risk of self-harm/ suicide
- Children and young people with Autism and Learning Difficulties
- Young People at risk due to extra-familial risks including exploitation

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