

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 12 November 2020, 10.00 – 12.00
Microsoft Teams**

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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 <i>For noting</i>	Paper	3-7	
3.	Questions from the Public	Chair	None	-	
4.	Minutes of the Previous Meeting & Action Log	Chair <i>For approval</i>	Paper	8-15	
5.	Transition Group Report – follow-up on ICB Development	David Maher <i>For noting / approval</i>	Paper	16-32	10.05
6.	Winter Communications	Alice Beard / Eeva Hoviala <i>For endorsement</i>	Paper	33-51	10.20
7.	Autism Strategy	Siobhan Harper <i>For approval</i>	Paper	52-118	10.40
8.	Covid-19 Financial Update	Ian Williams <i>For noting</i>	Paper	119-134	11.00

9.	M6 Financial Report	Sunil Thakker / Ian Williams / Mark Jarvis <i>For noting</i>	Paper	135-146	11.30
10.	Integrated Commissioning Register of Escalated Risks	Matthew Knell <i>For noting</i>	Paper	147-157	11.45
11.	AOB & Reflections	All	None	-	11.55
-	Integrated Commissioning Glossary	<i>For information</i>	Paper	158-163	-
-	Adult Social Care Winter Plan	<i>For information</i>	Paper	164-173	-

Date of next meeting:

10 December, 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 SRO - CYPMF Workstream	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

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

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
Anntoinette	Bramble	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
				Urswick 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 Deputy Mayor and Cabinet Member for Finance, Housing Needs and Supply	Freelance Project Work		Pecuniary Interest
				Hackney Council	Cabinet Member for Finance and Housing Needs	Pecuniary Interest
				Cancer52Board	Member	Non-Pecuniary Interest
				Clapton Park Tenant Management Organisation	Board Member	Non-Pecuniary Interest
				North London Waste Authority	Board Member	Non-Pecuniary Interest
				Residential Properties		Non-Pecuniary Interest
						Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				Co-Operative Party	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Fabian Society	Member	Non-Pecuniary Interest
				English Heritage	Member	Non-Pecuniary Interest
				Pedro Club	Board Member	Non-Pecuniary Interest
				Chats Palace	Board Member	Non-Pecuniary Interest
Henry	Black	03/03/2020	NEL Commissioning Alliance - CFO	Barking, Havering & Redbridge University Hospitals NHS Trust	Wife is Assistant Director of Finance	Indirect interest
				Tower Hamlets GP Care	Daughter works as social prescriber	Indirect interest
				NHS Clinical Commissioners Board	Member	Non-financial professional
Jane	Milligan	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-Pecuniary Interest Non-Pecuniary Interest Non-Pecuniary Interest
Jon	Williams	02/03/2020	Attendee - Hackney Integrated Commissioning Board	Healthwatch Hackney	Director - CHCCG Neighbourhood Involvement Contract - CHCCG NHS Community Voice Contract - CHCCG Involvement Alliance Contract - CHCCG Coproduction and Engagement Grant - Hackney Council Core and Signposting Grant Based in St. Leonard's Hospital	Pecuniary Interest

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

and

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

Minutes of meeting held in public on 8 October 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 Anntoinette Bramble	Cabinet Member for Education, Young People and Childrens' Social Care	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. Mark Rickets	Chair	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
Ruby Sayed	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

Alex Harris	Integrated Commissioning Governance Manager	City & Hackney CCG
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Amy Wilkinson	Workstream Director: Children, Young People, Maternity & Families	London Borough of Hackney
Anne Canning	Group Director – Children, Adults and Community Health	London Borough of Hackney
Chris Lovitt	Deputy Director of Public Health	London Borough of Hackney
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
Helen Fentimen	Member, Community & Childrens' Services Sub-Committee	City of London Corporation
Henry Black	CFO	NE London Commissioning Alliance
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Jake Ferguson	Chief Executive Officer	Hackney Council for Voluntary Services
Jonathan McShane	Integrated Care Convenor	City & Hackney CCG
Jon Williams	Executive Director	Healthwatch Hackney
Matthew Knell	Head of Governance & Assurance	City & Hackney CCG
Paul Coles	General Manager	Healthwatch City of London
Penny Heron	Joint Strategic Commissioner: Learning Disabilities	London Borough of Hackney
Richard Bull	Director of Primary Care	City & Hackney CCG
Simon Cribbens	Deputy Director, Community and Childrens' Services	City of London Corporation
Siobhan Harper	Workstream Director: Planned Care	City & Hackney CCG
Stella Okonkwo	Integrated Commissioning Programme Manager	City & Hackney CCG
Apologies – ICB members		
Other apologies		
Andrew Carter	Director, Community & Children's Services	City of London Corporation

1. Welcome, Introductions and Apologies for Absence

1.1. The Chair, Cllr Chris Kennedy, opened the meeting.

1.2. Apologies were noted as listed above.

2. Declarations of Interests

2.1. Mark Rickets declared that he had recently been appointed as non-executive director to the board of the Homerton University Hospital Foundation Trust.

2.2. Honor Rhodes added that she worked for Tavistock Relationships and this had been updated to reflect that were running the wellbeing centre for the Corporation of London.

2.3. The City Integrated Commissioning Board

- **NOTED** the Register of Interests.

2.4. 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. Integrated Care Partnership Board / Neighbourhood Health and Care Partnership Board Development

5.1. David Maher introduced the item.

5.2. The City Integrated Commissioning Board

- **NOTED** the report.

5.3. The Hackney Integrated Commissioning Board

- **NOTED** the report.

6. Integrated Commissioning Operating Model

6.1. David Maher introduced the report. He noted that the vote on the CCG merger was imminent. The vote would be purely on the merger, not the entirety of the Integrated Care Partnership. Detailed terms of reference for both the Integrated Care Partnership Board and the Neighbourhood Health and Care Board were being drafted.

6.2. A “no” vote would not necessarily signal a lack of endorsement of the integrated care model, but may reflect concerns around potential loss of autonomy under the NEL

system. This was an opportunity to pause and see who was on the same page as us. We would be further developing a sub-committee structure to see how this board would be supported.

- 6.3. Primary care services would either be maintained or grow, where possible. We would also be shifting more resources to communities and neighbourhoods, and increasing work that was being done locally.
- 6.4. Cllr Kennedy noted that the successor board to the ICB would not be a statutory board, but would nonetheless receive an NHS allocation. David Maher responded that the board would, broadly speaking, operate much as it does now. The membership would bring resources with them for commissioning deployment. There would also be further questions about budget pooling – more detail would arise after the ICB Development workshop sessions.
- 6.5. The role of the successor board would be to act to reduce unwarranted variation, reduce inequality across NE London, ensure that decisions were taken on a population health need basis and were supported by outcomes data. Under the new system, no area would be left worse-off than they are under the current system of separate CCGs.
- 6.6. Randall Anderson noted that most papers brought to the successor board would likely be for noting. Decisions would then need to be ratified by the statutory body. Henry Black stated that the system would work much the same way it does now – there may need to be post-recommendation ratification of decisions, but in effect the board would be the forum through which decisions are discussed and made.
- 6.7. Part of the work we needed to complete over the coming months was establishing a co-production culture within our organisations. The model before ICB had a strong accountability framework – by their presence at the board, people who are delivering our services are being made accountable for the delivery of those services. In this way, the successor board delivers joint accountability.
- 6.8. Helen Fentimen added that these papers lacked an answer to the “what if” question of what we would do if services were not going as planned or our partners were not able to comply with what happens. David Maher responded that the January development session would seek to answer these questions and could be used to test the ‘what if’ scenarios.
- 6.9. The **City Integrated Commissioning Board**
 - **NOTED** the report.
- 6.10. The **Hackney Integrated Commissioning Board**
 - **NOTED** the report.

7. Winter Planning

- 7.1. Nina Griffith introduced the item. There was potential for winter to be very challenging this year due to the regular seasonal flu outbreak as well as the ongoing Covid-19 pandemic. The System Operational Command Group would be responsible for the ongoing development of the winter plan document.

7.2. There was a lot of focus on flu vaccinations this year. We were aiming to ensure we increase our vaccination rate for the eligible cohort. Providing greater assurance to Primary Care was also high on our list of priorities.

7.3. Chris Lovitt highlighted the importance of preventive measures such as giving up smoking. We needed to make sure that preventive measures such as smoking cessation and weight loss were not lost in the management of the pandemic.

➤ **Denise D'Souza to provide the Adult Social Care Winter Plan to the next ICB as a for-information item.**

7.4. On the out-of-hours service, our red-rated risk was based around resilience and system change as a result of the pandemic. The service would not be "red" rated on its own. Whilst the timing of launching this service on 1st of November was not ideal, the provider had a record of providing services across a number of London boroughs and there was a good track record of delivery.

7.5. Randall Anderson followed-up on out-of-hours provision. There was still some confusion about how to make appointments with GPs as the process had changed several times. Nina Griffith responded that the service shifting is the home visiting service and the access point into this service was 111. Now there is broader access through other Practitioners.

7.6. Randall Anderson noted that primary care access to appointments through the app was still an issue. Gary Marlowe pointed out that currently, calls into the Practices go through a triage process. Mark Rickets added that given the current situation, there may be a variation in how practices organize their appointments.

7.7. The **City Integrated Commissioning Board**

- **NOTED** the report.

7.3 The **Hackney Integrated Commissioning Board:**

- **NOTED** the report..

8. Flu Vaccinations

8.1. The report was introduced by Richard Bull. We were twice as far ahead on vaccinations for the over 65s as we were last year. There were some issues with getting children vaccinations but this was a national issue. We had been assured that there were enough doses of flu vaccine for everybody however supply was being staggered.

8.2. Concerns were further raised around vaccinations for children, and the high level of mistrust that exists in vaccines more generally. Nicole Klynman responded that there was a campaign going out through social media to various groups in the community ie faith groups

➤ **Nicole Klyman stated that she would provide the links to the comms around vaccines to ICB members.**

8.3. Randall Anderson noted that the majority of homeless people in the City of London were currently being housed in a single place. It would therefore seem logical and sensible to vaccinate them in that single place. Gary Marlowe added that we can make sure the pneumococcal vaccine is administered at the same time. Richard Bull confirmed that Greenhouse Hackney were offering vaccination to the homeless population.

8.4. The **City Integrated Commissioning Board**

- **NOTED** the report.

8.4 The **Hackney Integrated Commissioning Board:**

- **NOTED** the report.

9. Learning Disabilities Strategy

9.1. The report was introduced by Siobhan Harper and Penny Heron. This report had been planned for much earlier in the year but was delayed due to the covid-19 pandemic and taking on-board feedback received from earlier papers.

9.2. Penny Heron added that we were moving our approach from conceptualizing people as “disabled” to thinking of society as being “disabling”. The direction of travel would be shaped by service users and stakeholders. This strategy promotes a more accessible City and Hackney thereby improving the quality of life of our residents.

9.3. In terms of comms & engagement, there had been a series of workshops held. The partnership forum worked on the themes identified to go into the document. We had also held service user events. We have worked on costed examples of how to make communities more accessible in order to encourage more openness. This would lead to a reduction in overspend.

9.4. David Maher requested that the language adopted refer to “ordinary” lives as opposed to “normal” lives. Penny Heron stated that this change would be made. She added that the implementation plan will be driven through collaboration and co-production. We were also asking local businesses to sign up learning disabled people. Cllr Kennedy highlighted the need to bring this together with our neighbourhoods work.

9.5. Denise D’Souza added that the strategy was impressive. We needed to look at some of the key indicators in order to evidence that the plan was working. Cllr Kennedy further flagged that there were internships available within the system. Hackney also changed the name of its older people’s strategy to the ging Well Strategy.

9.6. Chris Lovitt added that we need to make sure that people go for their health checks. This could be done either through GPs or a different model of service provision. We should also be encouraging active travel – including walking and cycling. We should be demonstrating equity of access and equality of outcomes. Penny Heron responded that NHS England had been working on this and sought to create a blended approach to see if there were opportunities to support annual health checks.

9.7. Siobhan Harper noted that we were looking to create a community-focused senior role to promote this strategy, which would be a clinical post.

9.8. The **City Integrated Commissioning Board**

- **APPROVED** the strategy.

9.3 The **Hackney Integrated Commissioning Board:**

- **APPROVED** the strategy.

10. Register of Escalated Risks

10.1. The item was introduced by Matthew Knell. Cllr Kennedy asked for further clarity on the planned care claw back. Sunil Thakker responded that this was part of the effort to claw back some profit made on low-cost, low-value drugs. The register would be updated on this point at the next meeting.

10.2. Helen Fentimen asked for further clarity on QIPP. Were there further implications of QIPP having been less prioritized during the pandemic? Sunil Thakker stated that the narrative on QIPP will need to be updated. We would be bringing a finance paper to the next ICB that would discuss efficiencies that the NE London system was required to make across provider and CCG organisations.

11. M5 Finance Report

11.1. Sunil Thakker introduced the report. It was noted that a detailed finance paper dealing specifically with the financial impact of the covid-19 pandemic would be brought back to the next meeting.

AOB & Reflections

- Honor Rhodes stated that winter plans showed how stretched the system was. The sooner we could galvanize local response and in particular our neighbourhoods work, the better.
- Mark Rickets also added that we are beginning to be more invested in and see the product of our work.
- Cllr Bramble added that as an organization we need to rethink about how we respond to our communities.

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.
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	
LOBOct-1	Jake Ferguson to provide Liz Huges' contact details to Chris Lovitt.	Jake Ferguson	08/10/2020	Nov-20	Open	
ICBOct-1	Denise D'Souza to provide the Adult Social Care Winter Plan to the next ICB as a for-information item.	Denise D'Souza	08/10/2020	Nov-20	Closed	Included in the papers.
ICBOct-2	Nicole Klyman stated that she would provide the links to the comms around vaccines to ICB members.	Nicole Klynman	08/10/2020	Nov-20	Open	

Title of report:	Transition Group report on draft proposals for the role and remit of the Integrated Care Partnership Board and Neighbourhood Health and Care Board
Date of meeting:	November 2020
Lead Officer:	David Maher
Author:	Nicholas Ib and Jonathan McShane
Committee(s):	None (this was presented to a Board development session of the ICB on Thursday 29 th October)
Public / Non-public	Public

Executive Summary:

As part of the Integrated Care Operating Model and CCG Merger proposals presented to the first of three ICB development sessions in August, it was recommended that we would work up practical details of how the proposed two Board structure might operate in practice.

During late September and October, Tracey Fletcher and David Maher held consultative discussions with a range of stakeholders in order to establish further detail in relation to both the **Integrated Care Partnership Board (ICPB)** and the **Neighbourhood Health and Care Board (NH&CB)**. These discussions were a chance for candid reflections on the issues from a number of different perspectives.

The attached draft proposals, which summarise the outputs from these discussions and set out possible approaches to system governance, were presented to the ICB Board development session on 29th October 2020.

Recommendations:

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

- To **NOTE** the proposals and the verbal update on the feedback received at the ICB Development session;
- To **APPROVE** that further work now take place in order to continue to develop transitional governance arrangements and prepare further detail around these proposals for further review at a third ICB Development session next year.

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

- To **NOTE** the proposals and the verbal update on the feedback received at the ICB Development session;
- To **APPROVE** that further work now take place in order to continue to develop transitional governance arrangements and prepare further detail around these proposals for further review at a third ICB Development session next year.

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

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

Specific implications for City

There are no specific implications for the City.

Specific implications for Hackney

There are no specific implications for Hackney.

Patient and Public Involvement and Impact:

Patient representatives and representatives from Healthwatch and from the voluntary and community sector were both interviewed as part of the proposals and attended the ICB development session and contributed to the review.

Clinical/practitioner input and engagement:

A range of clinicians / practitioners were both interviewed as part of the proposals and attended the ICB development session and contributed to the review.

Communications and engagement:

This work was developed for discussion at the ICB development session and is part of ongoing development work around the governance and structures required to deliver a new integrated care operating model as part of our move to become an Integrated Care Partnership within an ICS. Comms and engagement colleagues are involved in this work, which is ongoing.

Comms Sign-off

Comms and Engagement have been involved in the development of the outcomes of this work and in consideration of how we engage more widely with staff, partners and stakeholders at the next stages of development.

Equalities implications and impact on priority groups:

A core part of the new integrated care operating model is a focus on addressing health inequalities and the wider determinants of health and care more directly and effectively in our work as an Integrated Care Partnership. This includes more effective clarity between the role of the two statutory Health and Wellbeing Boards and the new Integrated Care Partnership Board.

Safeguarding implications:

There are no specific safeguarding implications.

Impact on / Overlap with Existing Services:

This report covers future local system governance and is not expected to have an impact on current services or service delivery.

Sign-off:

City & Hackney CCG: David Maher, Managing Director

City and Hackney Transition Group: Draft proposals for an Integrated Care Partnership Board and Neighbourhood Health and Care Board

Integrated Care Board Development Workshop, October 29th 2020



Background and purpose

- As part of the Integrated Care Operating Model and CCG Merger proposals presented to the August meeting of the City and Hackney ICB, it was recommended that the local system should work up the practical details of how the proposed **two Board structure** might operate in practice
- This was to be done through a time-limited development process, to update at the end of October 2020, establishing further detail in relation to both the **Integrated Care Partnership Board (ICPB)** and the **Neighbourhood Health and Care Board (NH&CB)**
- During late September and October, the lead executives, Tracey Fletcher and David Maher, held consultative discussions with a range of stakeholders on the Integrated Care Operating Model proposals which had been discussed at ICB in August. The discussions were a chance for candid reflections on the issues from a number of different perspectives
- This document presents emerging thinking on the development of both the ICPB and NHCB based on the outputs of these discussions.

What are we trying to achieve?

- NHS England has decided that Integrated Care Systems, Integrated Care Partnerships and Primary Care Networks should form the new architecture of the health and care system
- Whilst all parts of England have to put these structures in place, in City and Hackney this builds on work we have been doing together for some time
- We want to develop new ways of working that consolidate significant achievements to date and help further the ambitions we have for local people
- We want to reflect what people have told us about things they have learned about working in partnership in the pandemic and to address some of the frustrations people felt with how we have worked in the past when our governance was focused more on the commissioner / provider split
- We want everyone to be clear about their role in the system and how their voice can be heard
- Representation in these structures is important not least for governance, but also in developing a culture where everyone's contribution is valued. This will be critical to achieving the developments in service provision we want to see
- Representation on groups is not the same as involvement, and we need to develop a system that has broad involvement whilst having committees and boards that are the right size to be able to function and provide effective governance

North East London, City and Hackney and ICP Boards

- NEL CCG will delegate responsibilities and resources to subcommittees for each of the three ICP areas (BHR, WEL and City and Hackney)
- Until there is new legislation giving a legal footing to ICSs and ICPs, the NEL CCG and its three area subcommittees will be the formal legal structure for the NHS in North East London
- Each sub system is also required to set up an ICP Board with representation from across the local system including providers – this mirrors the set up at the NEL level
- The CCG area subcommittees may ask their respective ICP Boards to take on some of their responsibilities but there are likely to be a small number of decisions that can only be taken legally by the area subcommittee
- Members of the area subcommittees of NEL CCG will be members of the ICP Board
- In City and Hackney we want to build on the democratic accountability that is a key part of our established Integrated Commissioning Board in creating the new ICPB

Some challenges we have faced in describing these proposals

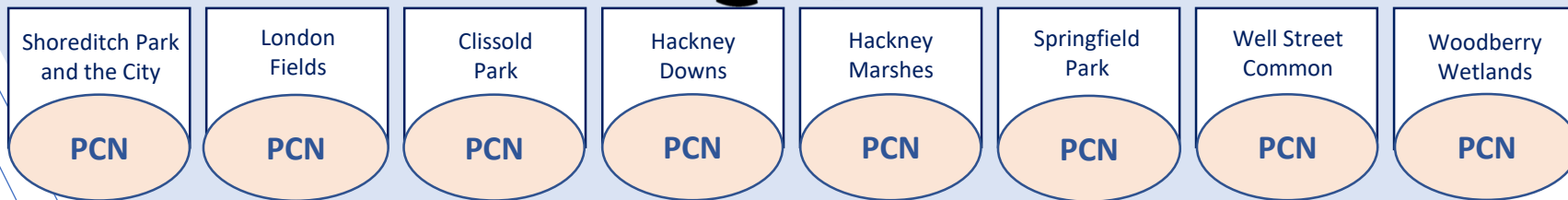
- It has been helpful to describe the relationship between the ICPB and the NHCB as similar to the relationship between a CCG Governing Body or NHS Trust Board (where lay members and non-executives bring challenge and oversight and set the overall strategy for the organisation (IPCB)) and the Senior Management Team or Management Board (NHCB) – the executive team function – which leads the organisation in terms of delivery of that strategy. Just like in an organisation, most of the development of ideas and involvement of partners is done on pieces of work before they get to these meetings, and a role of the two boards is to ensure that broad engagement has taken place before work is taken to them
- The purpose of having both a board and an executive group is to ensure good oversight and assurance of the management of a significant delegated system budget, and to hold the system to account for delivery against a clear mandate. However, both boards will sit above an infrastructure of programmes and functions through which operational delivery will take place, and where the details of specific proposals will be thrashed out amongst the relevant partners, guided by clinical and practitioner leadership, and co-designed with residents and service users
- Many are keen to understand where in the new system “the work gets done” – where are proposals developed and details discussed, and where can system problems be raised and addressed? It has been stated that it is hard to engage with the concepts of the ICPB and NHCB without understanding something of the structures and functions that would sit underneath them. People also wanted to understand the role of the Health and Wellbeing Boards and how they interact with the ICPB
- By April 2021 we will need to have an area subcommittee of NEL CCG set up to receive delegation from NEL and have put in place an ICPB. However the ICPB and NHCB will oversee a transition from our current system to a new one – this will be a learning journey, and how we work as a system in six months time will no doubt look quite different to how we are structured in 12 or 18 months. We will expect to iterate our approach and learn from experience as we bring partners together and collaborate. At this point we need to agree key elements of our principles and our governance, to be very clear about what different parts of the system will be accountable for, but we will expect partners to work as a system to develop and iterate appropriate structures over time, with a commitment to continuous improvement and review

Who does what?

- Being clear about what happens at each level of new governance is critical. Whilst NHS England rightly wants the NHS to think more about the wider determinants of health, the two Health and Wellbeing Boards are best placed to develop broad, longer term strategies to reduce health inequalities
 - **Health and Wellbeing Boards** – broad medium to long term strategy to reduce health inequalities
 - **ICPB** – development of the health and care strategy component of the overall health and wellbeing strategy
 - **City and Hackney area subcommittee of NEL CCG** - commissioning decisions that can only be taken by the CCG and to advise the NEL CCG
 - **ICB** - commissioning decisions that can only be taken by the CCG and local authorities collectively will be taken by ICB
 - **NHCB** – responsible for the delivery of the health and care strategy, and system organisational leadership
- The nature of the commissioner / provider split in the local health and care system has meant that up until now, local organisations have had bilateral relationships with the CCG, which has ultimately been accountable for balancing competing demands on a total budget for the whole system
- The proposed NHCB will have an executive function that will sit across multiple organisations within the local system and will include planning and delivery functions that were previously part of the CCG. Over time it will take collective responsibility for balancing competing system risks and priorities against a delegated whole system financial allocation
- Establishing such a local system executive function, with shared accountability for a devolved system financial allocation, will require robust governance and clarity around the specific asks, accountabilities, and schemes of delegation, but also more mature and strengthened relationships between local organisations and a shared system vision and culture

Co-production & Engagement

Our patients, residents and local communities

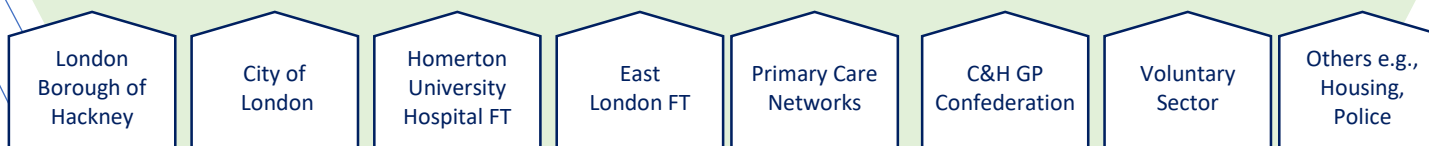


Neighbourhoods

Clinical Directors

Delivery and Improvement

Partners at all levels of the City and Hackney system



Major Transformation Programmes

Children, Young People, Maternity and Families

Neighbourhoods and Communities

Rehabilitation and Independence

Planning and Co-ordination

Supported by Strategic Enabler Groups

Neighbourhood Health and Care Board

System Chief Officer & Clinical Lead

Integrated Care Partnership Board

System Chair

Elected members

City of London Health and Wellbeing Board

Population Health Hub

LB Hackney Health and Wellbeing Board

Oversight and Assurance

North East London ICS and single North East London CCG

ICS Chair and Accountable Officer

Proposed future C&H system integrated care operating model

North East London Integrated Care System (ICS)

...formal system partnership (ICS) based on collaboration and sharing of responsibility

The organisation which will have statutory accountability:

NEL CCG

C&H Integrated Care Partnership Board asks NEL ICS to:

- Manage and administer key NEL-wide functions such as 111, specialist commissioning and ICS-level population health commitments, e.g. cancer, maternity, Acute Alliance, etc.
- Provide performance management support overall for NEL and establish equitable standards of quality and access to care across the three ICPs (developing payment frameworks where necessary to ensure equity of core service provision)
- Delegate or devolve to ICPs all resources and decision-making relating exclusively to population health at local system level or below
- Manage conflicts of interest whilst championing system collaboration

NEL ICS asks C&H Integrated Care Partnership Board to:

- Set a local system vision and strategy which reflects both priorities determined by local residents and communities and the C&H ICP contribution to NEL ICS
- Be accountable for system delivery of performance against national targets, NEL level Long Term Plan commitments, and use of resources within agreed delegated financial allocations
- Establish a local outcomes framework and assure itself that performance against this will be achieved
- Meet in public, be accountable to the local population, and be accountable for local decisions

City & Hackney Integrated Care Partnership Board

...formal system partnership (ICP) based on collaboration and sharing of responsibility

The organisation which will have statutory accountability:

NEL CCG (via City & Hackney Area Subcommittee)

C&H Neighbourhood Health & Care Board asks C&H ICPB to:

- Provide a system vision and strategy for health and care in City and Hackney
- Ensure effective scrutiny, oversight and challenge of the Neighbourhood Health and Care Board
- Agree an outcomes framework and annual objectives with the NHCBC and hold the NHCBC to account for delivery of these

C&H ICPB asks C&H Neighbourhood Health & Care Board to:

- Deliver the ICPB strategy and vision and establish system leadership across organisations both in culture and practice to achieve this
- Deliver and mature an enabling Neighbourhoods infrastructure and culture which ensures more localised, personalised and preventative care which is embedded in and co-created with local communities
- Establish necessary system governance to effectively share responsibility for a population health budget
- Be accountable for delivery against agreed objectives from ICPB

City & Hackney Neighbourhood Health and Care Board

...partnership of local organisations based on collaboration and sharing of responsibility

All providers within the eight Neighbourhoods and across the two local authorities ask C&H NHCBC to:

- Ensure that partner organisations adapt service models and infrastructure to support integrated care delivery in Neighbourhoods
- Ensure that new structures which replace the local CCG still allow for direct routes to solve problems experienced by primary care
- Ensure investment (such as PINS) for local community partners to make a reality of very local preventative and socially-embedded care
- Provide Neighbourhoods with sufficient population health, OD and QI resources and support to enable more autonomous ways of working

C&H NHCBC asks all providers in the eight Neighbourhoods and across the two local authorities to:

- Establish clear plans for each Neighbourhood which reflect local population health priorities, and demonstrate delivery against them
- Ensure that residents, patients and local communities are co-designing and producing the approach in each Neighbourhood
- Ensure that practitioners are provided with the tools, leadership and freedom to take ownership of improvement work and address the locally identified priorities

City and Hackney Neighbourhoods (x8)

...partnership of local organisation and communities in a specific area to integrate care and improve outcomes for residents

Homerton

East London FT

GP Confed

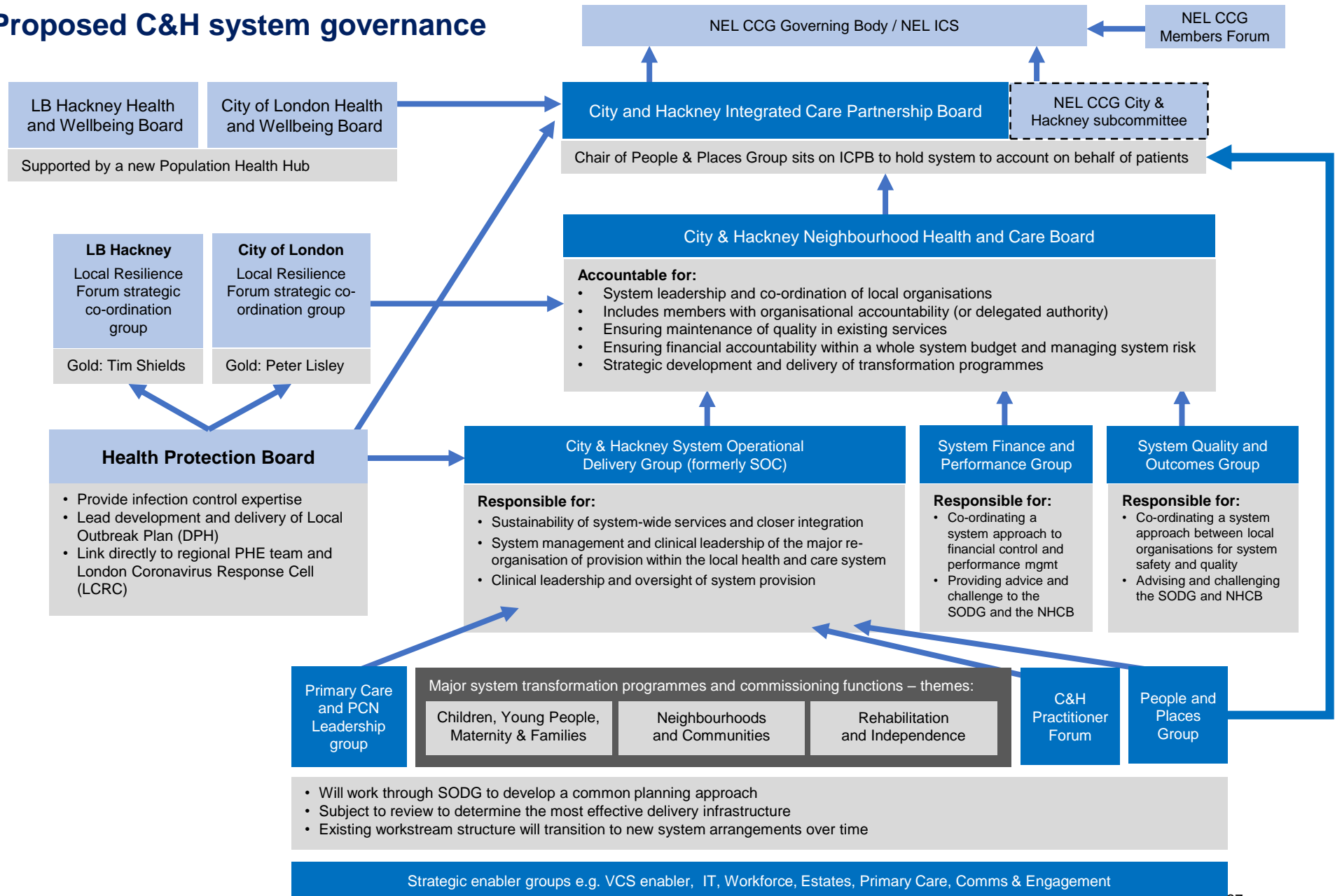
PCNs

LB Hackney

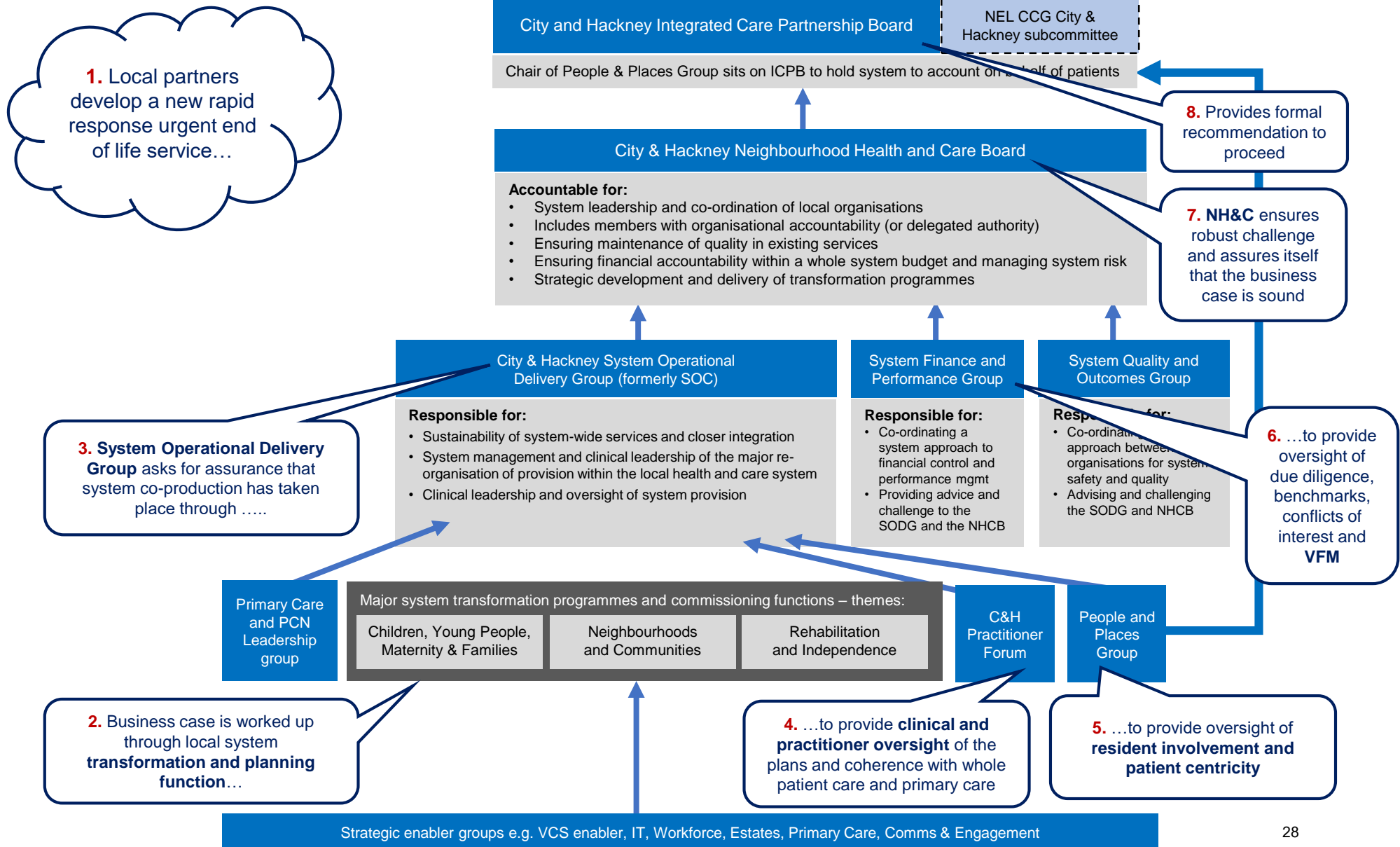
City of London

Voluntary sector

Proposed C&H system governance



Following an example to show the flow of local system decision making



Proposed NHCB membership and roles

Organisational leadership roles

Membership from these local system partner organisations or functions on the NH&CB would include:

- Accountable officer / executive for **East London FT**
- Accountable officer / executive for **City and Hackney GP Confed**
- Accountable officer / executive for **Homerton University Hospital FT**
- Group Director with responsibility for adult services, **LB Hackney**
- Group Director with responsibility for children's services, **LB Hackney**
- Group Director with responsibility for health and social care, **City of London Corporation**
- **Primary Care Network** Clinical Directors x 2

It is likely that over time the system will need to develop and operate under some form of collaboration or partnership agreement between local organisations

The requirement for local system-level leadership

The system chief officer and system clinical lead would be appointed by the NEL CCG Accountable Officer and Independent Chair.

System chief officer

Whilst the system chief officer would likely be an existing partner organisation leader, this role will require a leadership commitment to the 'system first' and work with the wider membership of NHCB and the clinical lead to establish a system leadership culture to deliver the system strategy set by the ICPB.

System clinical lead

The system clinical lead will work closely with the system chief officer and practitioners across the system to ensure the system commitment to clinical and practitioner leadership.

System operational delivery lead

A proposed system operational delivery lead would deputise for the system chief officer and would provide the link to the System Operational Delivery Group.

The NHCB will need input and leadership in the following areas:

System finances

Including a link to the System Finance and Performance Group.

System quality

Including a link to the System Quality and Outcomes Group.

Possible membership of System Operational Delivery Group

Membership from local system partner organisations or functions on the City and Hackney System Operational Delivery Group might include:

Organisational integration or operational roles:

System operational delivery lead role
(provides link between NHCB and SODG)

System clinical lead of the NHCB
(provides link with the Practitioner Forum)

Could be chaired by either the **system operational delivery lead** or the **system clinical lead of the NHCB**.

Operational / integration / clinical lead for **East London FT**

Operational / integration / clinical lead for **Homerton University FT**

Operational / integration / clinical lead for **C&H GP Confederation**

Representative for **Primary Care Network Clinical Directors**

Operational lead for **LB Hackney adult services**

Operational lead for **LB Hackney children's services**

Operational lead for **City of London children's and community services**

Functional areas which will require system-level co-ordination:

Improvement, planning and local commissioning leadership

Communications leadership

Patient engagement leadership

Local voluntary sector leadership

Quality leadership (link to the System Quality and Outcomes Group)

Finance leadership (link to the System Finance and Performance Group)

Link to the **Population Health Hub / Public Health**

Proposed ICPB membership and roles

There is limited guidance on the membership of an ICP Board. The board should reflect the breadth of the local health and care system and should include providers. Members of the City and Hackney area subcommittee will be members of ICPB. In City and Hackney we want to preserve the democratic accountability that comes with having elected members on the ICB.

We face the challenge with membership of balancing a small enough board to ensure effective governance with the need to build on existing arrangements and involve partners. More so than under the ICB, ICBP members will hold significant system accountability for decisions taken.

NEL have advised that ICP Boards include the members of the **NEL CCG area subcommittee** and that this committee comprises:

- **clinicians**
- **lay members**
- **senior managers**

We would want to add to this **elected members** from our ICB structure (which is constituted to allow us to legally take decisions between local organisations in relation to Section 75 pooled budgets):

- **representation from LB Hackney**
- **representation from City of London**

To this group we would then add representatives of local partner organisations from the **Neighbourhood Health and Care Board**:

- **A delegation from the NHCB, including a System Chief Officer, a System Clinical Lead and a system financial lead role. The delegation would ensure all provider groups were represented.**

To ensure that **the voice of the patient** is at the heart of our work, there would be an ICPB role accountable for ensuring that patient and public involvement and co-production are being delivered throughout the local system, and the possibility of including Healthwatch:

- **Chair of People and Place Group**
- **Healthwatch representation**

Finally we recognise the value of the specific skills of **non-executive members** from the Boards of local statutory organisations who could support with experience of good governance, and we propose that each organisational Board identifies one of their non-executives to become a 'system integration lead' for their Board, supporting system change within their own organisations and amongst their peers:

- **A non-executive member from Homerton, ELFT and GP Confederation**

The questions we are asking of ICB in response to this proposal:

- What do you conclude about the distinct roles of the H&WB Board, the ICPB, the NH&CB and the Neighbourhoods/Networks in planning and delivering care in the future?
- How do the arrangements enable community and practitioners to shape change and be engaged in the delivery of new local services? What would need to be clearer or enhanced?
- How do the arrangements help with leadership around the integration of services within the neighbourhoods and networks and the promotion of teamworking across services and sectors?
- How do the arrangements balance the efficiency of decision making and robust governance with ensuring wider engagement and involvement?
- What do you like about the proposals?
- What needs further consideration and shaping?
- How do we engage more widely in shaping the proposals locally to gain collective understanding and support- what help could you offer?

Title of report:	<i>City and Hackney Winter Communications and Engagement Plan</i>
Date of meeting:	Thursday 12 November
Lead Officer:	Nina Griffith, Tim Wiseman
Author:	Eeva Huoviala, Alice Beard
Committee(s):	ICCEEG (incl. workstream representatives) for discussion and feedback in Sept & Oct 2020 AOG for discussion and feedback on 20 Oct 2020 ICB for discussion and feedback on 12 Nov 2020 PPI committee for discussion and feedback on 12 Nov 2020 (as part of Unplanned Care Detailed Review update)
Public / Non-public	N/A

Executive Summary:

This paper outlines the communications and engagement approach to winter planning in City and Hackney.

- From September 2020 – March 2021, health care organisations across City and Hackney as well as north east London (NEL) are expected to deliver key messages to vulnerable people and patients on how to stay well during the winter months
- Winter pressures messaging will need to respond differently this year as a result of the impact Covid-19 has had. Communications and engagement activity will need to reach new cohorts of patients in relation to the flu vaccination programme, as well as instilling behaviour change across all health populations to reduce pressures on urgent and emergency care services
- Whilst NHS England / Public Health England is expected to deliver a national campaign which will include messaging on flu vaccination, use of NHS 111 service, and messaging on Covid-19, we want to ensure that there is a joined-up approach to managing winter related health messaging across the City and Hackney system partners creating a clear, consistent, and prominent voice
- This plan sets out our intentions for a City and Hackney campaign outlining marketing, communications, and engagement activities, predominately for flu but also wider winter pressures

Recommendations:

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

- **ENDORSE** the proposed winter communications and engagement plan.

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

- **ENDORSE** the proposed winter communications and engagement plan.

Strategic Objectives this paper supports:

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

Specific implications for City

This plan aims to ensure that our residents in City of London have access to clear information about flu, flu vaccinations and other winter messages, and that the way winter priorities are delivered is informed by, and meets the needs of our City residents.

Specific implications for Hackney

This plan aims to ensure that our residents in London Borough of Hackney have access to clear information about flu, flu vaccinations and other winter messages, and that the way winter priorities are delivered is informed by, and meets the needs of our Hackney residents.

Patient and Public Involvement and Impact:

Patient and resident voice has shaped, and continues to shape the winter communications and engagement plan via

- A joint City and Hackney flu engagement programme by LBH, COL and CCG (engagement report produced and shared with Flu steering group to inform design and delivery)
- NEL UEC survey (report of findings expected w/c 9 Nov and this will inform regional and local approach)
- Workstream representatives at ICCEEG
- PPI Committee
- Let's Talk event: winter and self-care on 18 Nov

Clinical/practitioner input and engagement:

Clinicians and practitioners have been involved through the City and Hackney flu steering group

Communications and engagement:**Comms Sign-off**

Alice Beard, Eeva Huoviala

Equalities implications and impact on priority groups:

Flu communications materials are available in accessible format, including easy read (national) and community languages (national: flu leaflets, NEL: flu videos)

Discussion due to take place about scope for local targeted work with particular cohorts of communities at risk of health inequalities

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

- National and regional flu and winter communications and engagement
- NEL flu, winter and UEC communications and engagement
- City and Hackney flu steering group with representation from across the system

Sign-off:

Workstream SRO: Nina Griffith, Unplanned Care Workstream Director

City & Hackney's Integrated Care System: Flu/ Winter Communications and Engagement Plan

Nov 2020 Draft

Background

- From September 2020 – March 2021, health care organisations across City and Hackney as well as north east London (NEL) are expected to deliver key messages to vulnerable people and patients on how to stay well during the winter months
- Winter pressures messaging will need to respond differently this year as a result of the impact Covid-19 has had. Communications and engagement activity will need to reach new cohorts of patients in relation to the flu vaccination programme, as well as instilling behaviour change across all health populations to reduce pressures on urgent and emergency care services
- Whilst NHS England / Public Health England is expected to deliver a national campaign which will include messaging on flu vaccination, use of NHS 111 service, and messaging on Covid-19, we want to ensure that there is a joined-up approach to managing winter related health messaging across the City and Hackney system partners creating a clear, consistent, and prominent voice
- This plan sets out our intentions for a City and Hackney campaign outlining marketing, communications, and engagement activities, predominately for flu but also wider winter pressures

Objectives

- Ensuring patients who are most likely to attend with preventable respiratory ailments are aware of and are motivated to take actions that will help them to avoid falling seriously ill, such as getting their free flu jab;
- Ensuring people in need of care for urgent but non life-threatening conditions understand which service is their first point of contact to receive the right treatment, first time, such as NHS111, GP practices, and local pharmacies.

Campaign approach

Deploying a single overarching health campaign for North East London/ City and Hackney –

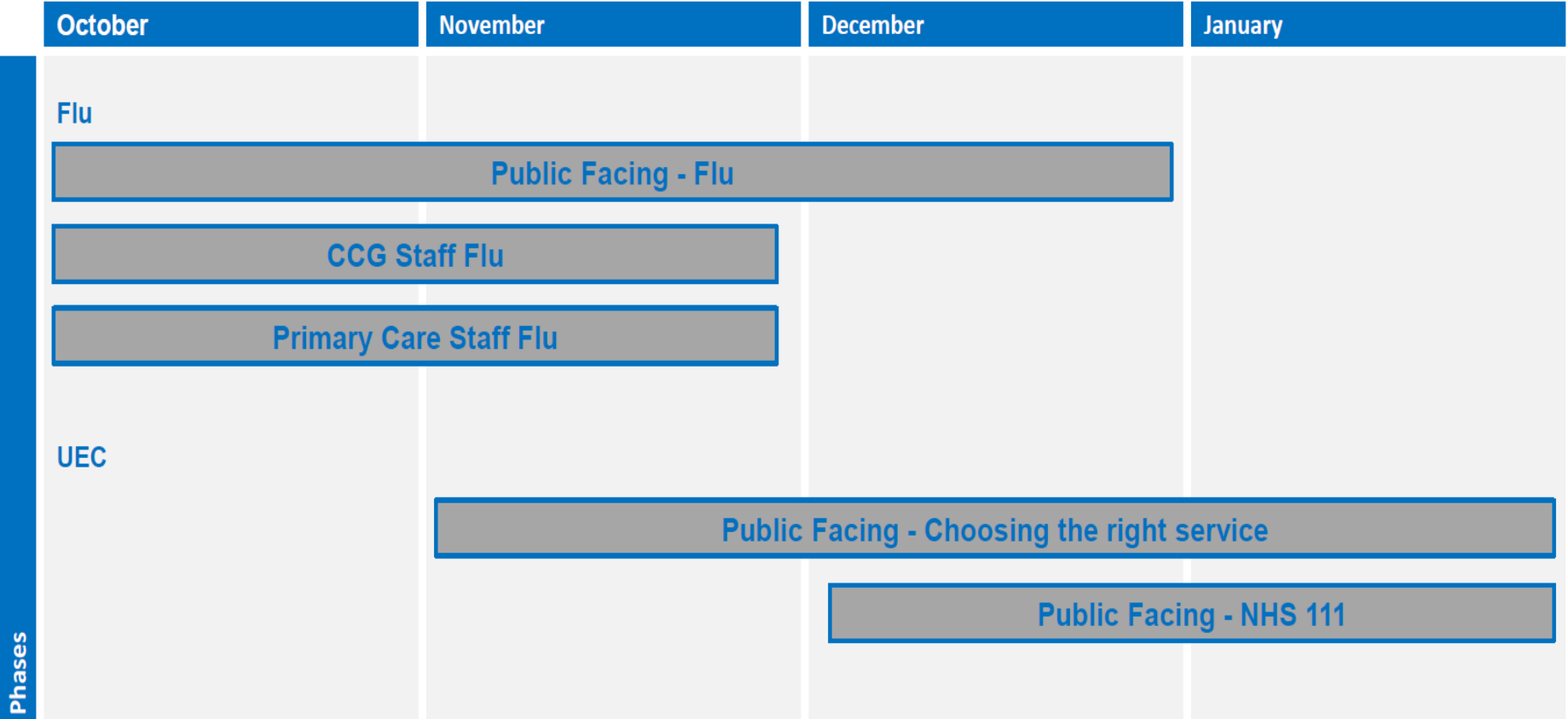
We will need an integrated marketing, communications, and engagement campaign across north east London that will focus on four key phrases (i.e. NHS Is Open For Business, NHS111 First, Public Flu, and Staff Flu – for CCGs and Primary Care only). This campaign will uplift national messaging and ensure creative is localised in City and Hackney to patient cohorts and channels

Collaborating with partners – We need to work collaboratively as partners (e.g. CCGs, trusts, practices, local authorities, Healthwatch, local communities, etc.) to pool knowledge and ensure comprehensive audience reach, message consistency, and campaign recall across C&H

Targeting messages led by the data – We will use local data to help priorities the key patient cohorts and specific geos / communities where there is the highest need

Optimising campaign activities using live insight – We will need to access and track daily / weekly data on key performance metrics to optimise and retarget activity during the campaign

Campaign timings



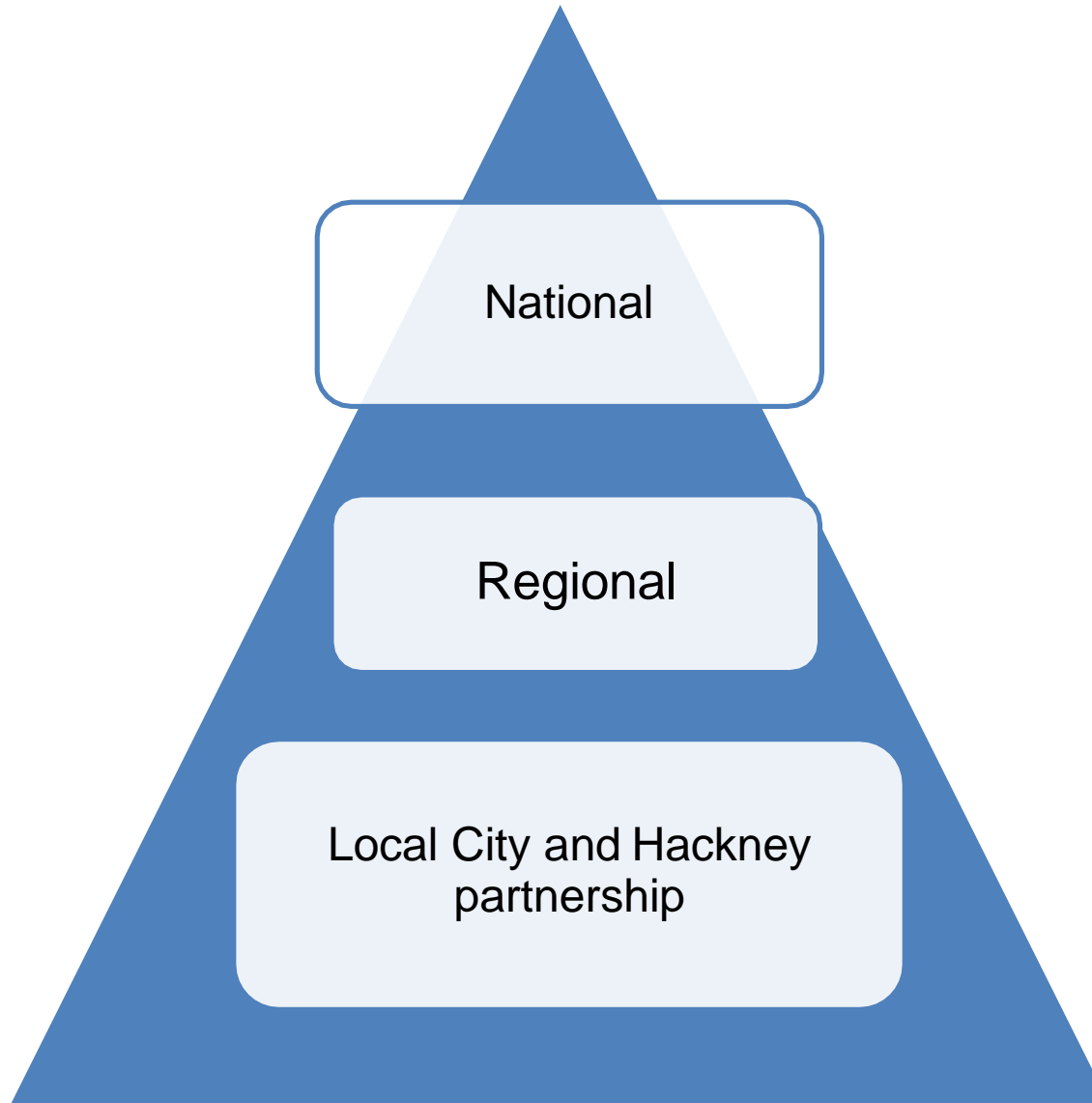
Campaign phases: Part 1

	A. Accessing GP services	B. Uptake to flu vaccination programme	C. Accessing Urgent and Emergency Care services	D. General winter preparedness / Covid-19 response
Summary	Reduce demand on UEC services experienced due to Covid-19 by raising awareness that services have restarted.	Expand flu vaccination programme in response to Covid-19 to protect a wider health population by raising awareness of where, how, and why to get vaccinated.	Reduce demand on UEC services during winter pressures by signposting to appropriate services such as NHS 111, Pharmacists, GP practices, GP OOH, etc.	Raise awareness of ways to stay well during winter and know the difference between seasonal flu / colds and Covid-19.
Target audiences	<p><i>Cohorts may include:</i></p> <ul style="list-style-type: none"> • Over 65s • Parents of children (under 5) • Long-term health conditions • Pregnant women • Those not registered with a GP practice • Postcodes within a close distance to EDs • BME communities 	<p>Traditional cohorts:</p> <ul style="list-style-type: none"> • Over 65s • Parents of children (under 5) • Long-term health conditions • Pregnant women <p>Enhanced cohorts:</p> <ul style="list-style-type: none"> • People ages 50-64 • Homeless and those in emergency shelters • Shielded and vulnerable households • Carers and volunteers • Key workers • BME (clinically indicated groups) • SMI (clinically indicated groups) 	<p><i>Cohorts may include:</i></p> <ul style="list-style-type: none"> • Parents with children (under 5) • Care home staff • Those not registered with a GP practice • Postcodes within a close distance to EDs • BME communities • Seasonal – Christmas parties 	<p>Traditional cohorts:</p> <ul style="list-style-type: none"> • Over 65s • Parents of children (under 5) • Long-term health conditions • Pregnant women • General – all

Campaign phases: Part 2

	A. Accessing GP services	B. Uptake to flu vaccination programme	C. Accessing Urgent and Emergency Care services	D. General winter preparedness / Covid-19 response
Key messaging for comms	<ul style="list-style-type: none"> GP practices across City and Hackney have returned to usual opening hours and the experience patients can expect – GP practice first route in hours, and the experience patients can expect Changes to opening hours during Christmas and New Year period 	<ul style="list-style-type: none"> Eligibility for a free flu vaccination in 2020/21, the importance of getting vaccinated (in relation to Covid-19), where to get one, and the experience patients can expect Myth busting in relation to flu vaccinations including Covid-19 specific questions 	<ul style="list-style-type: none"> Appointments are available with GPs, nurses and other health care professionals outside of working hours – or call NHS 111 The experience patients can expect at various healthcare settings 	<ul style="list-style-type: none"> The difference between Covid-19 and seasonal flu/ common cold Keep a well stocked medicine cabinet
Engagement priorities	<ul style="list-style-type: none"> Ensuring people have access to easy to understand information about the current service landscape and temporary service changes e.g. (Cancer, screening and immunisations) Together with local health and care partners delivering an ongoing programme of community engagement and insight gathering to understand the issues affecting our local residents, enabling us to identify gaps and priorities Developing a comprehensive Health and Care Digital Inclusion plan building on existing feedback, the work by the LBH HackIT team and the review that is currently carried out by CCG Head of Quality. 	<ul style="list-style-type: none"> Delivering a flu engagement programme to ensure that we understand people's attitudes about flu and vaccinations, and can ensure that people have access to easy to understand, locally nuanced information about the flu: <ul style="list-style-type: none"> Flu survey (NEL) Poll and generic focus groups with eligible groups (LBH Consultation and Engagement Team) Targeted engagement (CCG Team) - Hackney Interfaith Forum, Hackney Migrant & Refugee Forum, Carers, City & Hackney Older People's Reference Group, Neighbourhood conversations 	<ul style="list-style-type: none"> Ensuring we have a good understanding of what we can do to minimise the barriers experienced by residents: <ul style="list-style-type: none"> Review of existing feedback (Healthwatch) UEC Survey (NEL) Local engagement - TBC Ensuring people have access to easy to understand and locally nuanced information about how to access services; Identifying key stakeholders to support the sharing of the information 	<ul style="list-style-type: none"> Ensuring we have a good understanding of how we can best support local residents stay healthy and well through the winter season: <ul style="list-style-type: none"> Review of existing feedback Working in conjunction with NEL, public health and primary care teams to identify local priorities, but potential to include <ul style="list-style-type: none"> Digital Inclusion Self-management of LTCs Self care Screening and immunisations Hygiene and infection prevention measures

City and Hackney winter engagement model



Flu vaccination data:City and Hackney

Cohort	% Patients vaccinated	Patients vaccinated	Patients requiring vaccinations to reach minimum target
Over 65s	54.53%	13,529	5,079
6months-64 years at clinical risk	23.90%	8,584	18,356
2&3 year olds	18.76%	1,535	4,603
Pregnant women	19.39%	669	1,919
Carers	28.86%	1,723	2,755

(source: CEG data on 25 October)

Flu – City and Hackney activity

18 24 September 2020

health

CITY and Hackney residents at higher risk from developing severe seasonal flu (influenza) are being urged to have a free flu vaccine this autumn, as we enter the flu season. Anyone can catch the flu, but it can be a much worse illness for people at higher risk.

You can help prevent the spread of the (and coronavirus) by covering your nose and mouth when you cough or sneeze, washing your hands frequently or using hand gels, and choosing any used tissues in the bin as soon as possible.

Getting a flu vaccination can help to protect you from flu and avoid passing on the virus to others. The NHS, your GP, practice nurse or pharmacist today to book a vaccination appointment, to get the best possible protection.

If you are concerned about visiting your GP or pharmacy because of coronavirus, please let us know that the borough's health services have all the necessary protocols in place to protect you and can answer any questions you may have. They may also be able to make alternative arrangements if you think you may struggle to get to a GP surgery or pharmacy.

Protect yourself, your loved ones and the NHS this winter by getting your flu jab

Do the right thing



GP surgeries are safe for those people to bring themselves and their loved ones to have their flu jab. Below: Images could be prepared to be put on the NHS website

services have all the necessary protocols in place to protect you and can answer any questions you may have. They may also be able to make alternative arrangements if you think you may struggle to get to a GP surgery or pharmacy.

If you belong to one of the groups mentioned in the panel on the far right, it is important that you have the flu vaccination this season even if you were vaccinated last year. The flu virus frequently changes, so the vaccine is different from year to year to keep up with it. The flu vaccination does not provide protection



“The flu vaccine protects the individual but also stops flu spreading around the community”

against coronavirus. For pregnant women, the vaccine may also be available through antenatal services and for frontline health and social care workers, arrangements can be made

Myth busting: Everything you wanted to know about the flu jab but were afraid to ask

Does the flu vaccine give you flu?

No. There is a widely held perception that having the flu vaccine can give you a mild form of the flu. But did you know that this is a myth? The injected flu vaccine cannot cause flu, because there are no active viruses in the vaccine. Some people may get a mild high temperature and slight muscle aches for a day or so.

Is it better to get sick with flu than to get a flu vaccine?

No. Flu can be a serious disease, particularly among young children, older adults, and people with certain chronic health conditions, such as asthma, heart disease or diabetes. Any flu infection can carry a risk of serious complications, hospitalisation or death, even among otherwise healthy children and adults. Therefore, getting vaccinated to obtain immune protection is a safer choice than risking illness to obtain immune protection.

I have a healthy lifestyle and don't often get colds or feel ill. What are the benefits for me?

Getting the annual flu vaccine is a safe, effective way to prevent the flu. The vaccine causes your body to develop antibodies to several strains of the influenza virus. These antibodies help protect your body against infection. We are urging everyone who is eligible to get vaccinated against flu, to help protect the NHS as we continue to battle the coronavirus pandemic.

Does a flu vaccination increase your risk of getting coronavirus?

No. There is no evidence that getting a flu vaccination increases your risk of getting sick from a coronavirus. We know that causes coronavirus.

Are the vaccine's ingredients safe?

Yes. Like any vaccine, extensive testing is carried out before it is made available for patients. A full list of ingredients is available online at [medicines.org.uk/medicines/flu-vaccine/](https://www.nhs.uk/medicines/flu-vaccine/)

Is the vaccine halal / kosher?

The injectable flu vaccine does not contain porcine elements. This means the vaccine offered to children contains a small amount of highly purified gelatin, used as a stabiliser. Gelatin is commonly used in a range of medicines, including many vaccines and some other medicines. For Jewish patients, we have assurances from Rabbi Akshar Heller from the Rabbinic and Medical Information Service, who has advised the Government and the NHS. Please do not hesitate to contact us if you have any questions. Scientific tests have shown that the flu vaccine does not contain any detectable DNA from pigs. This analysis indicates that the vaccine is not derived from the original source and is therefore not an animal product. It is considered by many Islamic scholars to be halal and permissible to use for Muslims. However, in case of a genuine medical need and necessity, there is a dispensation to allow such ingredients in where a halal alternative is not available. Scientific tests have shown that the flu vaccine does not contain any detectable DNA from pigs. This analysis indicates that the vaccine is not derived from the original source and is therefore not an animal product. It is considered by

These stories were compiled with University Hospital, City & Hackney Group & East London NHS Foundation Trust

Is my GP surgery safe to visit?

GP SURGERIES are safe. During the current coronavirus pandemic, surgery staff are working hard to ensure that they can provide services, care and advice to you safely. To keep people safe, staff are: Ensuring social distancing in line with government guidance; Colours are wearing PPE, regular cleaning and disinfection of all areas in taking place.



through your employer. Children will be offered the flu vaccine through their school.

It is very important that you sign and return the flu vaccine consent form for your child.

Dr Sandra Huddards, Director of Public Health for Hackney and the City, and Dr Deborah

Doctor's orders Why it's even more important

Dr Opt of Greenwich Road Surgery "I'm Dr Opt at Greenwich Road Surgery in Stamford Hill, Hackney. This year it's even more important than ever to get vaccinated against the flu. Being protected from the flu will help prevent a potential outbreak happening at the same time as potential spike in coronavirus cases, which would completely overwhelm the NHS. This year as well it's really important to make sure your 2-3 year old children are vaccinated against the flu, as they caught flu very easily around the community."

"I'd like to add that according to Jewish law (halakha), there is no problem with Kosher or Halal with respect to having the flu vaccine. "So and contact your GP surgery and get vaccinated for the flu today."

Dr Colvin, The Lawson Practice

CONTACT your child's GP if your child was aged two or three years old to arrange a flu vaccination appointment. If your child is at primary school or in Year 7 of secondary school, the school will send you a leaflet and consent form. Please sign the form and return it. For more information visit www.nhs.uk/child-flu

Dr Colvin, The Lawson Practice "I'm Dr Colvin, a GP at Hackney people get their flu jab done. If the same time, this could end of getting seriously ill. So please



Colvin, City and Hackney GP Confederation, have said: "It is more important than ever this year that eligible people are getting the flu vaccination to prevent a spike in flu cases and a possible second wave of coronavirus happening at the same time, causing a lot of illness and overwhelming the NHS."

the NHS if flu vaccine individual flu spreads coronavirus: "We have for the flu, we don't see coronavirus. The vaccine saved millions over the years."

5 reasons to vaccinate your child



- 1. Protect your child. The vaccine will help protect your child against flu and serious complications such as pneumonia and encephalitis.
- 2. Protect your family and friends. Vaccinating your child will help protect those vulnerable family and friends.
- 3. No injection needed. The nasal spray is painless and easy to have.
- 4. It's better than having the flu. The nasal spray helps protect against flu, less severe than having the flu. It also gives your child's immune system a head start in building up its defences.
- 5. Avoid costs. If your child gets flu, you may have to take time off work or arrange alternative childcare.

system due to disease (such as H1N1) or treatment (such as cancer treatment)

• Morbidity rates (defined as 100 of 40 and above)

• All pregnant women

• People living with someone who's at high risk from coronavirus (on the NHS shielded patient list)

• All frontline healthcare workers

• Adults aged 50 to 64 may also be eligible later on in the season

Flu – north east London communications support

NEL Winter Campaign

1. Owned



- News stories
- Graphics / banners
- Ongoing updates from national (as required)
- Social media content plan and assets
- Bulletins and updates
- Comms to staff to encourage them to get the flu jab or to talk to friends / family

2. Paid



Outdoor Ads

- General flu, Aimed at parents young children aged 2-3, Aimed at BME

Social Ads

- Facebook / Instagram adverts

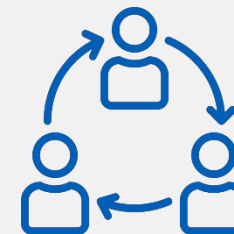
Printed Collateral

- Z Cards: general (sent to foodbanks, pharmacists etc.)
- Letters: aimed at parents young children aged 2-3
- Infocards: Creative aimed at BME

Filmed Collateral

- 2 x videos: 1st creative aimed at parents young children aged 2 -3 / 2nd general

3. Earned



Campaign toolkits – copy, social assets, scripts, videos, translated assets, etc.

- Community groups, networks, organisations
- GP practices, pharmacies, care homes, schools, nurseries, etc.

Media releases

- Coordinated media releases
- Coordinated reactive lines (as required)

Flu - National campaign



**‘JUST
THE FLU?’**

The flu virus kills thousands every year.
The flu vaccine is the best protection
for you and those around you.

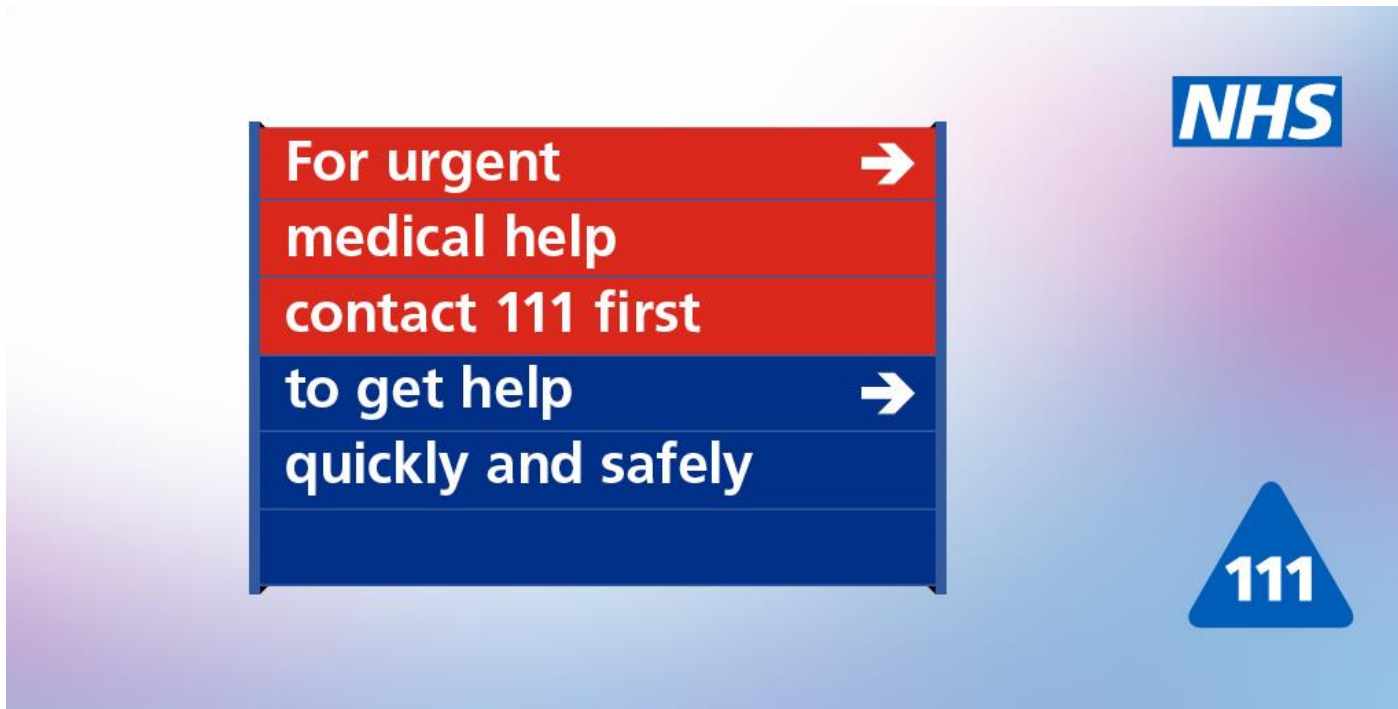
JUST GET YOUR FREE FLU JAB
Ask your pharmacist or GP if you're eligible.

**Flu
vaccine** help us
help you

Think 111 First - NHS London social media campaign

111 message –

“If you think you need to go to A&E, use 111 online or ring 111 and a doctor, nurse, paramedic or trained advisor will help you get help quickly and safely.”



Think 111 First - NHS London social media campaign

Primary care message –

“To keep you safe during COVID, your GP now offers telephone, online and video consultations so you can easily access the right help and advice you need without having to travel. If you are invited in for a face to face appointment, measures are in place to keep you and everyone else safe.”



Winter engagement activities in City and Hackney



- Community insight using surveys, focus groups and online meetings (on-going)
- Flu engagement programme (Sept-Oct 2020)
- UEC and 111 engagement programme (Oct 2020 – ongoing)
- Winter & Self Care event on 18 November

Comms and engagement winter responsibilities

In order for a system wide campaign for flu to really work, we need buy in and comms resource from all system partners from the initial planning phase.

Organisation	Flu/ winter comms lead	Title
City and Hackney Integrated Care Partnership	Alice Beard	Comms Lead (co-ordinating system)
	Eeva	Engagement Lead
City and Hackney CCG	Alice Beard	Comms Lead
LBH	Tara Hudson Florence Obinna	Comms Engagement
CoL	Xenia Kuomi	Comms Lead/ PH
GP Confed	Laura Sharpe/ LBH/ Alice	n/a
ELFT	Sean	Communications Manager
HCVS	Matt Bray	Comms Lead
Homerton	Mark Purcell	Comms
Community Pharmacists	TBC	TBC
PCNs/ GP leads	TBC	TBC
HLT/ Vaccinate UK	TBC	TBC

Title of report:	<i>Autism Strategy</i>
Date of meeting:	12 November 2020
Lead Officer:	Siobhan Harper, Workstream Director – Planned Care
Author:	Kat Buckley, Senior Commissioning Officer – Learning Disabilities
Committee(s):	Integrated Commissioning Board - for approval <u>Previously submitted to:</u> Planned Care CLG Jan 2020 - endorsement Children, Young People, Maternity and Families SOG Feb 2020 - endorsement SEND Partnership Board Mar 2020 - endorsement Planned Care CLG Oct 2020 - for information
Public / Non-public	Autism Strategy - Public Equalities Impact Assessment - Public

Executive Summary:

We have been working with autistic residents and their carers along with a wide range of key stakeholders to co-produce an Autism Strategy for the next 5 years. This strategy covers the whole life-course, including children, young people, adults and families, and carers. The aims of this strategy are to make sure autistic people can get a diagnosis; get access to appropriate support; are treated fairly and can contribute to society.

The key sections and recommendations outlined in the strategy are:

- Preventing crisis and managing independence - improve access to information, improve support for carers of autistic people, raise autism awareness within crisis support
- Health, Social Care and Wellbeing - improve post diagnostic support for all ages, identify need for specialist services, increase awareness and accessibility of mainstream services including mental health
- Planning and Leadership - continue with the Autism Alliance Board and coproduction work, improve the data collected by services, increase work with autistic young people and their families/carers
- Education, Training, Employment and Skills - support education and employment settings to make reasonable adjustments, improve transition pathway, support more autistic people into employment
- Criminal Justice - improve information for autistic people about criminal justice system and develop training for criminal justice services
- Wider Community - increase awareness of autism and accessibility of community

It is noted that this strategy appears ambitious and contains a lot of recommendations for the next 5 years. It is important to note a lot of this work is already happening or is

planned under existing strategies and organisational visions but that it has been helpful and significant to pull it all together into one place for our autistic residents and the people and organisations that support them.

Note: An accessible version of the strategy has also been drafted which will be made available once the strategy has been approved.

Recommendations:

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

- To **APPROVE** the All Age Autism Strategy for City and Hackney.

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

- To **APPROVE** the All Age Autism Strategy for City and Hackney.

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

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	<input type="checkbox"/> Y	The strategy focuses on addressing the health inequalities experienced by autistic people as well as preventing the need for crisis support. There is a focus on ensuring all services are accessible and confident in supporting autistic people which will improve long term health and wellbeing.
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	<input type="checkbox"/> Y	This strategy links to the wider Transforming Care Agenda and the focus is on community settings
Ensure we maintain financial balance as a system and achieve our financial plans	<input type="checkbox"/> Y	The recommendations in this strategy are about strengthening services already in place and should support long term financial stability by reducing the need for specialist services.
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	<input type="checkbox"/> Y	This is an integrated strategy that cuts across health, care and third sector systems.
Empower patients and residents	<input type="checkbox"/> Y	The strategy was coproduced with autistic people and their families/carers and includes an ongoing commitment to working with autistic people throughout the delivery of the actions identified.

		There is a focus on personalisation and the empowerment of autistic patients and residents as well as their families/carers.
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Specific implications for City

This strategy covers City both from a local authority and health perspective.

Regular monthly meetings have taken place with City of London colleagues. Due to the small numbers, we have struggled to achieve regular autistic resident representation from City of London on the Board but we have engaged with some of these residents through the drop in sessions and online questionnaire.

How we engage with and support the local workforce is a larger issue in City of London than in Hackney but we will be working with the Business Healthy Network.

Specific implications for Hackney

This strategy covers Hackney both from a local authority and health perspective.

Patient and Public Involvement and Impact:

The draft strategy has been co-produced with autistic residents and carers along with a range of other stakeholders including LB Hackney, City and Hackney CCG, City of London Corporation, Hackney Learning Trust, ELFT, Healthwatch, ILDS, Police, Probation, DWP and Supported Employment services.

The City and Hackney Autism Alliance Board and its sub groups have been responsible for developing the strategy and approving changes and suggestions. An example of a major change which was influenced by residents was moving from an adults only Hackney strategy to an all age strategy across City and Hackney. Service users co-chair the Autism Alliance Board and meetings don't take place if we're not quorate with service user representatives.

Consultation and co-production events have included:

- Public questionnaire - designed by commissioners, the diagnostic team and autistic residents and was promoted through our partners and the media.
- Drop in sessions - we held 2 drop in sessions at Hackney and 1 in the City of London which presented the draft strategy in an accessible format. These events were well attended and received positive feedback.
- Editorial group - this was a group of experts by experience which looked at each section in the strategy.
- The final draft was published on the website to give an opportunity for final comments.

Feedback from all of these sessions and consultations have been incorporated into the

strategy. An easy read version of the strategy has also been developed and a communications plan will be produced.

The experts by experience will continue to be involved as the action plan develops and further co-production will take place throughout the implementation of the strategy.

Clinical/practitioner input and engagement:

Clinicians and practitioners have been involved throughout the development of this strategy and are part of the Autism Alliance Board. They will continue to be an integral part of supporting the delivery of the strategy recommendations.

Communications and engagement:

Regular communications and stakeholder engagement has taken place through the Autism Alliance Board and its members and subgroups. There has also been public consultations which were promoted widely with the support of stakeholders and the Comms and Engagement team.

Equalities implications and impact on priority groups:

Please see Appendix 2 Equality Impact Assessment

As a result of our assessment we in particular strengthened our recommendations under the following areas:

- Mental Health and the need to understand the increased prevalence of mental illness and autistic diagnosis
- Dealing with a crisis and the understanding that some research shows autistic people have increased risk of propensity to self harm and suicidal thoughts
- Address the unique needs of both autistic girls and women, and of families and carers of autistic girls and women -supporting greater awareness and understanding of the risk of non diagnosis and masking of behaviour
- A greater awareness of people with protective characteristics and who are autistic - multi factors which can be twice as difficult to individuals to manage. For example the disadvantages faced by individuals who are disabled/autistic and also from a culturally diverse background and other discriminatory group i.e. LGBTQI+ are well researched and compound the feeling of being less able or have less access to services

Safeguarding implications:

The Safeguarding and Pan London processes will apply to some autistic adults and children but not applicable to all. It's likely that vulnerable adults will be known to other services already (for example, Learning Disabilities or Mental Health).

Impact on / Overlap with Existing Services:



Existing service provision should become more accessible for autistic people and feel better able to support them.

Main Report

Background and Current Position

This strategy has been developed in response to the request from local autistic residents in our Autism Alliance Board as there isn't currently a strategy for autistic people in City and Hackney. The strategy has been coproduced with residents and stakeholders and proposes our local commitment to making City and Hackney an autistic friendly place to live and work. There is still more to do (particularly in relation to the health and social care pathways and support offers in both children's and adult services) but the strategy outlines the vision for City and Hackney.

Options

Refer to enclosed strategy

Proposals

Approval and endorsement of this strategy is requested of the Board.

Conclusion

The strategy outlines a vision to make City and Hackney an autism friendly place to live and work and aims to address some of the key challenges people experience.

Supporting Papers and Evidence:

Appendix 1 - City and Hackney Autism Strategy
Appendix 2 - Equality Impact Assessment

Sign-off:

Workstream SRO: Andrew Carter

London Borough of Hackney: Ilona Sarulakis

City of London Corporation: Simon Cribbens

City & Hackney CCG: Siobhan Harper

FINAL DRAFT

**City & Hackney
All Age Autism Strategy**

2020-2025



Views from autistic residents

"As an autistic adult living and working in the City & Hackney area, I am pleased that autism awareness has been raised and this is certainly useful for everyone, including those on the autistic spectrum and all other members of the public. More work needs to be done and the efforts being made are going in the right direction"

"All autistic people should be considered as everyone else when we go out"

"There needs to be more awareness of what autism is"

"Services should be knowledgeable about autism in all the ways it can present"

"We need an appreciation and understanding that autism often co-exists with and manifests in multiple other disabilities and conditions including mental health issues, physical disabilities or addiction issues"

Contents

1	Foreword
2	A Word from one of our Co-Chairs
3	Co-production and Consultation
4	Terminology
5	Introduction
6	Coronavirus Pandemic
7	Local Guidance
8	National Guidance
9	Preventing Crisis and Managing Independence
10	Health, Social Care and Wellbeing
11	Planning and Leadership
12	Education, Training, Employment and Skills
13	Criminal Justice
14	Wider Community and Private Sector
15	Strategy Action Plan
16	Final Word

1. Foreword

This strategy sets out a challenging vision with a clear action plan for making City and Hackney more accessible for autistic people of all ages, and their carers, who live and work in City and Hackney.

The aim of this strategy is to ensure that by understanding the needs of autistic people and their carers, and accepting autistic people for who they are, we can design, shape and transform services. By working with partners, providers and our communities, we can develop and design services that will achieve improved outcomes.

The strategy sets out expectations for public sector organisations and their partners in the City and Hackney to ensure that services are more accessible to autistic people.

Our vision is to have an Autism Friendly City and Hackney.

“We believe that autistic people living and working in the City of London and the London Borough of Hackney should be able to live fulfilling and rewarding lives within a society that accepts and understands them.”

2. A word from one of our Co-Chairs



Simon Galczynski

Director of Adult
Services and co-chair of
Autism Alliance Board

Autism touches the lives of many people in both City and Hackney and can affect all aspects of life, from education to healthcare to employment and social lives.

This strategy covers the whole life-course, including children, young people, adults and families, and carers. Making City & Hackney autism friendly, in which autistic people can live fulfilling and rewarding lives, is an important priority for us. We recognise that increasing awareness and acceptance of autism in the wider community and increasing knowledge and understanding is the key to succeeding in this.

In developing this strategy we engaged with, and heard the views of, autistic residents, families, carers and partners from across City & Hackney and we want this to continue as the strategy is delivered. The strategy is challenging but aims to make the City and Hackney a better place to live for autistic people. Delivery of the strategy will require that we work in partnership for and with our communities to ensure we achieve our positive ambitions.

3. Co-Production and Consultation

City and Hackney have a genuine commitment to co-production, and while we don't always get it right, our co-production journey has been led by the work we have done together on the Autism Alliance Board over the last few years.

When we talk about co-production, we mean that we see people who use services or who support people who use services as equal partners and as an asset, with skills. It helps break down the barriers between people who use services and professionals and builds on people's existing capabilities. Co-production is a way of working where all stakeholders including service users and service providers, work together to decide or create services which works for all.

From the early days 2 co-chairs were appointed to the Autism Alliance Board, the Director of Adult Social Care for London Borough of Hackney and an autistic resident. Agendas are set in consultation between the chairs, meetings are co-chaired and the Board see this as the "norm".

Various recent work groups, set up to work on aspects of the strategy have also all been co-chaired between an officer and an autistic resident or a parent/carer.

This writing of this report has been supported by an editorial group made up of autistic residents and is a genuine collaboration and co-produced report.

The Autism Alliance Board has also sought to, wherever possible, consult with the wider community, stakeholders, partners and agencies. We have done this by promoting wide membership of the Autism Alliance Board, holding seminars and workshops and, as discussed below, produced a questionnaire aimed at getting wider views from residents.

Public questionnaire

A questionnaire was created with questions designed by commissioners, the diagnostic team and autistic residents. It was published in early April 2019 and promoted and distributed through our partners. The questionnaire was open for 12 weeks and we had 106 responses. We have used information gained from this questionnaire to feed into this strategy, to ensure the voices of all the autistic residents and their carers that took the time to complete the questionnaire have been heard.

Drop-in engagement events

In July 2019, we held a series of drop-in events in both City and Hackney where we displayed an accessible version of the draft strategy and people could vote on recommendations and make other suggestions and share ideas. Approximately 30 people came along and the feedback from these events has been used to shape this strategy and will also be used in our work going forward where relevant.

4. Terminology

For consistency with the National Strategy and associated guidance, recent research into terminology, and in line with an aim to de-medicalise autism, the terms 'autism community', 'autism' and 'autistic' will be used in this strategy.

These terms are taken to cover various descriptions of autism, diagnosed or otherwise, and include Autistic Spectrum Disorder (ASD), Asperger's Syndrome, Autistic Spectrum Condition (ASC) and neuro-divergence.

- **Autistic person** - refers to children, young people and adults, pre or post autism diagnosis, and encompasses the breadth, complexity and diversity of autism across a wide spectrum of ability
- We recognise that every person has a preference on how they identify (e.g. autistic person or person with autism). For this strategy, identify-first descriptions (e.g. '**autistic**' or '**autistic resident**' rather than '**resident with autism**') will be used as per the agreed Autism Alliance Board Terms of Reference
- **Parent (s) and Families** - includes biological, birth, foster and adoptive parent (s) and families
- **Carer** - someone who's looking after a partner, friend or family member who's not able to manage by themselves
- **Child** - as defined by the Children and Families Act as being up to 16yrs old and of compulsory school age. However, in other areas of law, 'child' is a person under the age of 18
- **Young person** - aged between 16-25 years old
- **Adult** - any person over the age of 18 years old
- **Older person** - aged 65 and over
- **City and Hackney** - This term is used throughout this strategy and encompasses the London Borough of Hackney, City of London Corporation and City and Hackney Clinical Commissioning Group (CCG)
- **Assessment of need** - This term covers a range of assessments including Care Act needs assessment for adults and Education, Health and Care needs assessment for children and young people
- **Schools** - where Schools are referenced this is inclusive of independent Schools

5. Introduction

Many autistic people and their families are socially and economically excluded, and services are currently unable to meet the range of needs. This strategy sets out a local response and explores the development of local services to ensure a better understanding, improved outcomes and quality of life for autistic adults, children and young people, their families and carers.

Autism is a lifelong developmental disability that affects how people perceive the world and interact with others.

Autistic people see, hear and feel the world differently to other people. If you are autistic, you are autistic for life; autism is not an illness or disease and cannot be 'cured'. Often people feel being autistic is a fundamental aspect of their identity.

Autism is a spectrum condition. All autistic people share certain difficulties but being autistic will affect them in different ways. Some autistic people also have learning disabilities, mental health issues or other conditions, meaning people need different levels of support. All people on the autism spectrum learn and develop. With the right sort of support, all can be helped to live a more fulfilling life of their own choosing.

The characteristics of autism vary from one person to another but in order for a diagnosis to be made, a person will usually be assessed as:

- having had persistent difficulties with social communication and social interaction
- and restricted and repetitive patterns of behaviours, activities or interests since early childhood,
- to the extent that these "limit and impair everyday functioning,".

National Autistic Society (2016).

Everyone should be informed, supported and equipped to ensure that all autistic people living or working in City and Hackney are able to live fulfilling and rewarding lives within a society that accepts and understands.

Processes for diagnosis should be clear and appropriate support available when needed; mainstream public service functions will treat everyone fairly, whilst identifying and responding to diverse needs and improved education and employment opportunities will help everyone contribute to society.

This strategy has been co-produced, and we have worked with, heard and listened to many autistic residents and their families and carers over the development of this document.

There are a number of themes that stand out as a priority for residents and we have tried to embed them into the strategy. For the avoidance of doubt, and to be clear

that we have heard and want to act upon these main themes, we have spelt them out clearly here:

Mental Health

Autistic people are more prone to have mental illnesses, and current mental health services don't feel accessible to the majority of autistic residents. There is a feeling that more education and experience is needed within the services and also a recognition that in primary care, services need to better understand the relationship between mental health and Autism in order to identify and treat mental health issues of Autistic residents.

Accessibility

It is clear that autistic people do not find services and organisations easy to access in terms of both the sensory environment and the methods of communication available. This strategy focused on ensuring organisations are accessible to autistic people, have a range of communication methods (including email) and can access quality training.

Autistic Hub

In all our consultations one proposal that kept being raised by everyone was to establish a community "Hub", a place or places where people who are autistic or who care for autistic people can meet, socialise, learn, get peer support and build up a library of knowledge and guidance. The hub could evolve from the expert by experience group, taking in support from other organisations.

Girls and Women

We heard very clearly as part of our consultation that autistic girls and women have a different experience to boys and men and that this needs to be acknowledged, understood and people need to be educated to understand the differences. Girls and women are better at masking symptoms and better at adapting their behaviours and as a result there is probably an under diagnosis of girls and women. Services need to be better tailored to meet these needs once diagnosed. The strategy attempts to address this need.

Children and young people

We recognise that there are some key priorities identified for autistic children and young people and their families/carers. There is a focus within the Children and Young People system to provide an ongoing offer of integrated support pre and post diagnosis that children, young people and parents/carers understand and can access when needed.

6. Coronavirus Pandemic

It is recognised that this strategy has been developed and agreed by The Autism Alliance Board prior to the Coronavirus Pandemic in March 2020. The recommendations within the Strategy are still relevant but there is an acknowledgment that some of the priorities and ways in which actions are delivered may change or be impacted.

It is also recognised that the coronavirus pandemic has had a particular impact on the autistic community, especially in relation to mental health needs and social isolation. As we work towards coronavirus recovery, particular actions may be identified in these areas and prioritised within the action plan for this strategy.

7. Local Guidance

Autism Alliance Board

The London Borough of Hackney set up an Autism Alliance Board in May 2016 and set out the principle that the work of this Board will be co-produced with residents that are autistic and people who care for them. In 2018 the Autism Alliance Board agreed to include the City of London Corporation to its membership.

The Autism Alliance Board and its work groups have led on the writing of this strategy and maintained the principles of co-production and each section of this document has been worked on, agreed and co-written by autistic people.

The strategy has been designed to mirror the same areas of life that the National Strategy covers, whilst making it relevant for City and Hackney.

Local Strategies and Plans

This strategy also compliments and should be read alongside a number of other local strategies and plans for City and Hackney, including;

- The draft Learning Disability Strategy
- The draft Mental Health Joint Strategy
- The developing Ageing Well Strategy
- The forthcoming strategy for Safeguarding Adults (2020-2025)

- The Local Strategic Delivery Plan for the City and Hackney System – Responding to the NHS Long Term Plan
- The draft Integrated Emotional Health and Wellbeing Strategy for Children and Young People
- The Joint Health and Wellbeing Strategy
- The Special Educational Needs and Disability (SEND) Strategies

Public Health Autism Needs Assessment

In 2019 the City and Hackney joint Public Health team put together an Autism Needs Assessment which highlights areas of need relating to autism for children and adults in both local authorities. This assessment looks at research, data, specific needs and co-existing conditions and current available services as well as makes recommendations for future provision. The findings of this needs assessment has been used to inform this strategy.

2018 Self Assessment

In September 2018 we received a joint letter from The Association of Directors of Adult Social Services (ADASS) and The Department of Health and Social Care (DHSC) advising of the fifth autism self-assessment framework.

The submitted self assessment required sign off by the local Programme Board - in the case of City and Hackney this was the Autism Alliance Board. There is also a requirement that consultations of each question are undertaken with autistic residents.

We divided the self-assessment questions into “themes” that matched the remit of the work groups that the Board has created. The groups answered these questions and then the Autism Alliance Board carried out an exercise with groups reviewing the full submission. There were a few changes and points of accuracy but the group agreed to the sign off of the return.

One member stated “I feel last time the completion of the form was managed, I think this time the process was managed but the completion was co-produced and reflects more accurately the local position,” Members of the Board agreed with this statement.

The Board also agreed that this process had been very helpful in guiding the writing of the local strategy as it helps state the current position and also guide our future plans. So, for example, where an area scores RED our strategy will support us working towards becoming GREEN.

As in previous years the information submitted is collated and analysed by Public Health England. The Cross Government Autism Strategy dates from 2010 (updated in 2014) and followed the Autism Act of 2009. It has a focus on adults and children transitioning to adulthood, who don't have a learning disability. The strategy is being

reviewed during 2019 and the responses to the self-assessment exercise will also help with that process.

8. National Guidance

This autism strategy will be influenced by national and local policy and research, with particular reference to the following:

- [Fulfilling and rewarding lives: The strategy for adults with autism in England \(March 2010\)](#)
- [Think Autism \(2014\)](#)
- [Care Act 2014](#)
- [NHS Long-Term Plan - 2019](#) (and [easy read version](#))
- [Equality Act 2010](#)
- [Children and Families Act 2014](#)
- ['Joint Commissioning autism services' guidance \(Draft July 2019\)](#)
- [The Westminster Commission on Autism report: A Spectrum of Obstacles \(2016\)](#)
- [Centre for Research in Autism and Education \(CRAE\) study on GPs' confidence in caring for their patients on the autism spectrum \(2017\)](#)

Appendix A gives further information on these policy and research documents and where they're relevant to this strategy.

9. Preventing Crisis and Managing Independence

Think Autism (2014) Priority Challenges for action

"I want to know how to connect with other people. I want to be able to find local autism peer groups, family groups and low level support."

"I want to know that my family can get help and support when they need it."

Our vision

Autistic people will know where to go for support and information. There will be access to services and support which focuses on early identification, early intervention, crisis prevention and promotes greater independence as well as more long term support for those that need it.

This will include support after diagnosis, peer support groups and better access to support for managing money and benefits, maintaining home and tenancies as well as homelessness services. We want autistic individuals to be empowered and for each autistic individual to experience feelings of competence, inclusion, content and joy of life.

We want to ensure the wellbeing of parents and/or carers of autistic people of all ages is maintained and that their needs are also taken into account. This includes improved long term planning and timely interventions to avoid crisis situations when carers cannot provide support.

Observations by autistic residents and carers

- Organisations and services aren't particularly autistic friendly
- Advice and information about accessible services is incomplete and not readily available
- Some people feel isolated and would like more opportunities to meet up and share experiences and frustrations
- Low level interpersonal/preventative support opportunities are not readily available
- There is little support after diagnosis, would like more post-diagnostic guidance given
- It would be helpful if there was a more extensive and better resourced autism (diagnostic) support service for adults
- Being a carer can be draining and lonely as you cannot get out much

KEY ACTIVITIES	WE WILL...	
Information	1	Develop an autism page on the Hackney Council and City of London's websites which are developed with Experts by Experience
	2	Improve and promote the digital information available by service providers including; <ul style="list-style-type: none"> - on Hackney iCare for autistics and their families and carers - on the City of London Adult Social Care pages - on the Local Offer for Hackney for children and young people - on the Local Offer for City of London for children and young people
General support for autistic people	3	Work with existing groups, including the experts by experience group, to empower individuals to set up an autistic led "Hub"
	4	Explore piloting the use of Assistive Technology such as mobile apps to support autistic people to live as independently as possible
	5	Work with autistic women to identify specific support they may require
Support for parents and carers (including autistic carers)	6	Ensure carers of autistic people are offered carers assessments and relevant advice on support including peer support which will help carers to understand what support they need to be able to continue their caring roles
	7	Ensure there are suitable and adequate respite opportunities for carers of autistic people
	8	Ensure the City Carers' Strategy is implemented and the new adult carers outreach service in Hackney is accessible to autistic people and carers of autistic people, including the training and awareness of their staff and volunteers

	9	Work with parents of girls and women to help them understand the unique presentation and how they can support
	10	Address the waiting times for Early Bird service
Money Management	11	Work with money management services (including debt management) to ensure staff are trained and understand autism and support those services who wish to apply for an accreditation
	12	Work with organisations, such as the local Citizens Advice, to support autistic people in filling out benefit forms (e.g. Personal Independence Payments and Disability Living Allowance)
	13	Work with gambling awareness services to ensure staff are trained and understand autism and support those services who wish to apply for an accreditation
Housing and Homelessness	14	Work with Housing Needs team to ensure reasonable adjustments are taken into account when allocating housing for autistic people
	15	Work with Homeless and Rough Sleeper services to increase awareness of autism through training which is co-facilitated by autistic trainers
	16	Develop a pathway for referrals of homeless clients into autistic assessment services
Cultural Diversity	17	Support the creation and development of culturally diverse peer support groups, to improve information and educational sharing as well as greater understanding and specific support to different community groups and encourage awareness, appreciation and understanding of autism within different communities
Awareness in a crisis	18	Promote the use and recognition of the communication card across City and Hackney and collect voluntary feedback from people that have used the cards to inform any improvements

		<i>(The communication card has been developed with autistic residents and is designed to be used in the community to help inform others on how to best support and communicate with a person)</i>
	19	<p>Work with Accident & Emergency services to promote the Hospital Passport and to help increase awareness of autistic 'meltdowns/shutdowns'</p> <p><i>(A hospital passport is designed to give hospital staff helpful information that isn't only about illness and health. The passport might include a range of things e.g. likes and dislikes, the amount of physical contact you're ok with, favourite foods and drinks, interests.)</i></p>
	20	Work with Mental Health services, including crisis services, to ensure staff are trained and services are more accessible to autistic residents

CASE STUDIES OF WORK ALREADY HAPPENING

Both London Borough of Hackney and City of London have Local Offer websites that offer information about a range of autism specific groups and support for parents and carers and opportunities for young people with SEND including autistic young people

Support for carers is available in City and Hackney, and a new local carers strategy and service is being developed, which includes the needs of carers of autistic people

Engage Hackney can support autistic residents with housing related difficulties (e.g. managing tenancies and reporting repairs)

There are peer groups which have been set up by autistic residents

A 'communication card' has been co-developed for use in the community;



10. Health, Social Care and Wellbeing

Think Autism (2014) Priority Challenges for action

"I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process."

"I want staff in health and social care services to understand that I have autism and how this affects me."

"I want services and commissioners to understand how my autism affects me differently through my life. I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies."

"I want people to recognise my autism and adapt the support they give me if I have additional needs such as a mental health problem, a learning disability or if I sometimes communicate through behaviours which others may find challenging."

Our vision

There will be clear routes to access and pathways through diagnostic, assessment and therapeutic services for autistic people of all ages:

Diagnostic services

We know that across England, the majority of newly diagnosed autistic people are children. Early years settings and schools have a responsibility to identify additional needs and refer on to relevant Health agencies. In City and Hackney we have established diagnostic pathways in the Child and Adolescent Mental Health Service (CAMHS) and the Adult Autism Service which will continue to support people across all ages with diagnosis.

Post diagnostic support

There should be a clear pathway post diagnosis onto an assessment of need for autistic people. Agencies will work together to avoid diagnosis overshadowing commonly co-occurring conditions like ADHD, dyspraxia, epilepsy and mental health needs so that these aren't missed and support required for issues such as nutrition can be identified.

Better access to mainstream health and social care including appropriate environmental adjustments

We want to ensure autistic people are better able to access mainstream health and preventative services as appropriate, including those who have additional needs such as a learning disability or mental health. This will include access to Occupational Therapists, Speech and Language Therapists, GPs, Dentists, Mental Health teams and Improving Access to Psychological Therapy (IAPT). We also want

to ensure that an autism diagnosis doesn't overshadow any other health needs which a person may have.

Mental Health

Mental illness can be more common for autistic people than in the general population and is often overlooked. It is also more common for autistic people to think about suicide, and die by suicide, than the general population. We will work with Board members, mental health professionals/clinicians, providers, schools and commissioners to ensure the "I statements" previously worked on by autistic residents be embedded in the way services are delivered in order to be more accessible to autistic residents. This includes mental health crisis services and preventative services, to ensure that professionals and volunteers understand the increased risk of autistic residents thinking about suicide and to be trained to understand how to communicate and support autistic people in a mental health crisis.

We want all mental health services to recognise, understand and be trained to support autistics who have mental illnesses in City and Hackney.

Preparing for Adulthood

Preparing for the future is when children and young people think about what they want to do when they are older. It is important for everyone to think about this and make a plan. Some autistic children and young people need additional support in school or college to aid learning. This support is described in an Educational, Health and Care Plan which says what support a child or young person who has special educational needs requires. We want every young autistic person to have a clear pathway for transition from being a child to being an adult which is developed at the right time for the person and includes access to a range of suitable timely support.

Transforming Care

Under the Transforming Care agenda, we will continue to improve the quality of care and quality of life for people with a learning disability and/or are autistic, with a particular focus under this strategy on those without a learning disability. We will also continue to reduce inappropriate hospital admissions and length of stay by enhancing community capacity.

Older adults

The autism strategy is not just for autistic children and young adults, it also recognises that it's important that services think about specific support required for older autistic people. In July 2013, the National Autistic Society (NAS) published a policy report '[Getting on? Growing Older With Autism](#)' which identifies that there is likely to be a significant number of undiagnosed older autistic people because autism was not included in psychiatric classification systems until 1980 and aspergers was only established in these systems in 1994. Part of our vision is to ensure that we do

what we can to identify autistic older people and better understand what support is needed.

Observations by autistic residents and carers

- Post diagnosis support is insufficient
- The Hackney Adult Autism (diagnostic) Service is a good point of contact and they are very helpful
- More promotion is needed on services available
- Doctors, nurses and health visitors need more training to understand autistic people better
- Adapted mental health support is important
- Parents want to have a picture of what will be available for children as they move to adulthood in terms of housing, supported employment or other activities, day centres, leisure activities, social care, etc.
- Specific support and advice for girls and women is missing
- Occupational Therapist (OT) and Speech and Language Therapist (SALT) support is good but limited due to them being stretched
- Some parent information sessions have a long waiting list
- There is a gap for autistic people with a mild learning disability that do not meet the eligibility for the Integrated Learning Disability Service.
- There is some good access to GPs in Hackney but there are still some issues
- There is an identified lack of accessibility within the Health Visiting service and antenatal clinic for autistic parents
- The post diagnostic support group is very helpful
- Personal budgets are not easily accessible for autistic people

KEY ACTIVITIES	WE WILL...	
Post Diagnosis Support	21	Work with diagnostic services and other autistic support groups to support people who are diagnosed as an autistic in adulthood by offering guides, peer support and information and advice, and in particular advice on how to deal with your new diagnosis and share this with friends and family
	22	Develop a clear pathway post diagnosis onto an assessment of need for autistic adults, for all levels of need and support
	23	Revise training to ensure it includes information on the risks of a diagnosis overshadowing commonly co-occurring conditions like ADHD, dyspraxia, epilepsy and mental health

	24	Ensure timely and accurate diagnoses and Co-produce specific post diagnostic support for girls and women
Universal Health Promotion services	25	Ensure that universal health promotion and preventative services are accessible to autistic people. This will include smoking cessation, weight management, exercise opportunities, substance misuse and vaccination services
	26	Ensure greater take up of health checks for autistic people in line with the NHS Long-Term Plan <i>(An NHS health check is offered to those aged between 40 and 74 designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia.)</i>
	27	Ensure GP and other health professionals know where to signpost and refer autistic people to access peer support, community-based services and specialist support
Coexisting conditions	28	Address significant health inequalities identified by the needs assessment (e.g. epilepsy, weight management for children and young people)
Health and Social Care staff	29	Increase the autism awareness and acceptance of staff across health and social care including commissioners, GPs, nurses, mental health professionals, dentists, social workers and allied professionals
	30	Work with health, schools and social care providers including GPs to make reasonable adjustments for autistic people (using the recommendations made by the Experts by Experience group)
	31	Work with health, schools, social care and other staff working with autistic people to develop a functional approach to communication, interaction and participation
	32	Promote the use of the Autistic Spectrum Disorders Toolkit by the The Royal College of General Practitioners (RCGP)
	33	Review the impact of the social worker for autism and the ongoing offer including where it sits within Social Care
	34	Explore options for specialist services for autistic people and how this links with the Integrated Learning Disabilities Service

	35	Explore options to improve access to a multidisciplinary team for autistic adults (including OTs, SALT and Psychiatrists)
	36	Make sure all new health and social care service specifications include a requirement for reasonable adjustments to be implemented for autistic residents
	37	Promote development of autism friendly dentists and opticians
New Parents	38	Explore how autistic new parents (antenatal and postnatal) are supported and what they need
Personalised care and support	39	Review personal budget and direct payment offer for autistic people including personal budgets for children and young people
	40	Explore the ' Hospital Passport ' and other communication methods to ensure care is given in the right way for the person <i>(A hospital passport is designed to give hospital staff helpful information that isn't only about illness and health. The passport might include a range of things e.g. likes and dislikes, the amount of physical contact you're ok with, favourite foods and drinks, interests.)</i>
Mental Health	41	Ensure Mental Health services staff are trained and supported in working with autistic clients
	42	Work with Mental Health commissioners and services to develop more accessible mental health services for autistic residents, including mental health admission wards, using "I statements" already agreed by the Autism Alliance Board
	43	To improve the uptake and accessibility of Mental Health IAPT services (Improving Access to Psychological Therapies) for autistic residents, including for those aged 18-25
	44	Encourage Mental Health services to audit themselves against best practice resources such as the Green Light Toolkit
Children and Young People including	45	Work across Education, Health and Local Authorities (including Social Care) to improve their support for children

Preparing for Adulthood		and young people with learning disabilities, autism or both in line with the NHS Long Term Plan
	46	Develop information and support for children, young people and their parents about transferring from children's services to adult services, particularly in relation to health and social care
	47	Review the youth service offer for autistic children and young people
	48	Develop packages to support autistic children and their families throughout the diagnostic process in line with the NHS Long Term Plan
Transforming Care	49	Continue to address the Transforming Care Agenda through the Transforming Care Partnership. This will be addressed as part of the Learning Disabilities strategy
	50	Ensure that autistic people without a learning disability are identified and included on the transforming care risk register and that lessons are learnt from this cohort
	51	Strengthen our approach to Care and Treatment Reviews and interventions for people with a learning disability and/or are autistic (including children and young people)
Older people	52	Promote autism awareness and acceptance specifically at services that work with older adults (including home care providers, residential care homes and voluntary services). This will include offering co-facilitated training to care staff
	53	Increase the number of older adults seeking a diagnostic assessments and offer post diagnostic support tailored to this group
Cultural diversity	54	Ensure an understanding of where health messages and support groups are promoted and advertised, using diverse community venues (E.g. most Orthodox Jewish children do not attend state schools)

CASE STUDIES OF WORK ALREADY HAPPENING

There is an Adults Autism Service within East London Foundation Trust (ELFT) which offers diagnosis, brief interventions and advice to adults living in City and Hackney who have not had a previous diagnosis of Autism. People diagnosed through this service can access time-limited post diagnostic interventions/support including the post-diagnostic course, monthly peer support group, reasonable adjustments for work or education and Occupational Therapy (OT) assessments.

There is a dedicated Social Worker for autistic adults for those that require a care act assessment.

Transitions clinics are held by CAMHS Disability with the Integrated Learning Disability Service (ILDS) for autistic children and young people with a learning disability.

Hackney Ark is a centre for children and young people with disabilities and additional needs. The centre brings together health, education and social care services to provide an integrated multi-disciplinary response to the needs of disabled children and their families. Multi-disciplinary workshops are available through Hackney Ark, specialist CAMHS, children's speech and language therapy and occupational therapy drop-ins.

11. Planning and Leadership

Think Autism (2014) Priority Challenges for action

"I want my views and aspirations to be taken into account when decisions are made in my local area. I want to know whether my local area is doing as well as others."

"I want autism to be included in local strategic needs assessments so that person centred local health, care and support services, based on good information about local needs, is available for people with autism."

Our vision

There will be clear leadership and governance in place to develop, monitor and evaluate actions within this and future strategies to achieve change and the overall vision of the Board.

To be meaningful, we know involvement and participation must have the confidence of autistic residents and carers to make a real difference. We regard autistic residents and carers as equal partners in the journey to making City and Hackney more autism friendly and we will continue to work together with residents and carers throughout the delivery of the aims in this strategy. We will always seek a new involvement and do our best to ensure that we are representative of a cross section of the population and breadth of local needs.

New guidance, evidence and national strategies are produced regularly and we will commit to ensuring that the Autism Alliance stays up to date and that this strategy is flexible to adapt to meet new challenges as they arise.

Children and young people

There is an identified need for greater involvement of children and young people, their families and the relevant professionals within children's services to develop the action plan that will deliver this strategy. The Children, Young People, Maternity and Families workstream is establishing a 'system influencers' engagement project which will support this and link in with the Autism Alliance Board.

Observations by autistic residents and carers

- Support and service provision needs to be driven by autistic people
- All senior leaders including those on the Autism Alliance Board should have autism training delivered by an autistic person
- Using examples such as the autism questionnaire is a good first step, but the emphasis must always be on working to include autistic residents and carers as a default, rather than as a bolt-on

KEY ACTIVITIES	WE WILL...	
Leadership	55	We will continue to hold the Autism Alliance Board, with two co-chairs, one of which must be autistic. The Board will lead on the delivery of the Autism Strategy and monitor the progress of its implementation, requiring an annual action plan to move forward on the key activities with clear targets set
	56	Further develop partnership working, with an ongoing dialogue between social workers, health professionals, criminal justice services, education, training, employment, leaders and staff working with autistic people
	57	Continue to have a named commissioning lead for Hackney and the City
	58	Continue to work towards meeting the NICE 'Autism Quality Standard ' <i>(The quality standard covers health and social care services for autistic adults, young people and children. It includes assessment and diagnosis as well as care and support and describes high-quality care in priority areas for improvement.)</i>
Coproduction	59	Continue to support the Expert by Experience group and support any plans to help the group become self funding and independent
	60	Continue to seek a new involvement to include those in identified underrepresented groups (e.g. autistic girls and women and those with a learning disability)
Data	61	Work with GPs to record the number of autistic patients on their records as part of The NHS Long-Term Plan objectives
	62	Promote greater consistency and accurate recording of autistic diagnosis on Adult Social Care case management systems
Accountability	63	Co-produce an action plan for each year using objectives in this strategy
	64	Produce a communication plan to promote the strategy and ongoing progress
	65	Produce an annual report for the Autism Alliance Board to

		inform progress made on the strategy objectives
	66	Regularly evaluate the effectiveness of the strategy by getting feedback from autistic people and their families and carers to identify if they are feeling included and heard
Autism Training Plan	67	Make autism training, co-facilitated by an autistic trainer, available for all members of The Autism Alliance Board
	68	Build on the success of the existing autism training plan and ensure this is published each year, informed by the local needs assessment and strategy. Training will be designed and co-facilitated by autistic people where possible
Cultural Diversity	69	Establish a voluntary register of residents involved in the coproduction of the autism strategy and work streams to enable us to identify under-represented groups (this will inform action number 54 above)

CASE STUDIES OF WORK ALREADY HAPPENING

We have adopted a set of principles for engaging and consulting autistic residents which has been developed by users and carers.

We have an established 'experts by experience' work group which has helped to coproduce this strategy alongside other work in relation to autism.

We currently have an Autism Alliance Board which is leading on this strategy. Board membership includes autistic residents and carers, City and Hackney Local Authorities, City and Hackney CCG, NHS Trust, Special Educational Needs and Disability, Adult Social Care, Education, Department for Work and Pensions and Criminal justice services.

The Autism Alliance Board is co-chaired and co-produced.

Public Health have undertaken a local needs assessment which has been used to inform this strategy.

The Workforce Development Unit produce an Autism Training Plan annually with targeted training developed where need is identified. This training is often designed and delivered with autistic people.

12. Education, Training, Employment and Skills

Think Autism (2014) Priority Challenges for action

"I want the everyday services that I come into contact with to know how to make reasonable adjustments to include me and accept me as I am. I want the staff who work in them to be aware and accepting of autism."

"I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible."

"I want support to get a job and support from my employer to help me keep it."

"I want services and commissioners to understand how my autism affects me differently through my life. I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies."

Our vision

Education

In City and Hackney we believe that all children, regardless of any disability or additional need, should have the best possible experience within education and children's services from the earliest years thorough to college and beyond. Education has a key role to play in the skills developed for living independently, entering into and remaining in employment and leading a socially inclusive life. All educational settings have a duty to be inclusive and follow a range of statutory guidance including the Equality Act 2010, the Children and Families Act 2014, SEND Code of Practice: 0-25 years and careers guidance and access for education and training providers.

Early Years settings, Schools and Colleges will work with health services to ensure autistic young people are identified early and accurately and supported to achieve the best possible outcomes. This will include making personalised reasonable adjustments and using best endeavours to remove barriers to learning and take differences into account, including for example, adjusting exams, homework and written assignments to allow differing recording and flexible means of demonstrating understanding as well as opportunities for social interaction in school for autistic children and young people.

We aspire to ensure a range of provision including mainstream, resourced provision and special schools which have the capacity to meet current and future needs.

Early Years

We recognise that good preparation for adulthood starts at the earliest point in a child's life and brings together parents/carers, education, health and social care staff. In City and Hackney agencies will work closely together around early intervention

and support services for young children who may be autistic. Early years settings have to have SEND policies and a qualified SENCO. Those staff are supported locally by an Area SENCO and specialist teams to ensure that the settings have the knowledge and confidence to meet the needs of a variety of children. Where children may require additional support the settings can apply for Disability Inclusion and/or Early Years Inclusion funding to support them in this. Where families prefer to keep their children at home before they go to school, Hackney Portage team provide support at home.

Schools

All schools are required to follow the SEND Code of Practice: 0-25 years and the Disability Act 2010. City and Hackney expect all schools to provide a warm welcome to all children, young people and families regardless of any additional need they may have. The SEND Code of Practice: 0-25 years details guidance of how schools assess, plan for, deliver and review any additional support required for children and young people. Most children and young people will have their needs met in a mainstream setting. Schools are provided with additional funding to meet need and a range of mainstream and specialist provision is available. For children and young people with additional needs, schools and colleges receive funding so that they can put additional support in place. Some children and young people will require a greater level of support and in these cases may need an Education, Health and Care Plan to support access to education or training.

Preparing for Adulthood

Good preparation for adulthood starts early. It brings together parents/carers, education, health and social care staff. In City and Hackney our vision is to develop clear pathways for transition from children to adult services with meaningful employment as a key outcome alongside independent living, participating in society and being as healthy as possible. We want to ensure autistic young people have equal access to career related activities and that different careers and education opportunities are explored, developing interests and ambitions as outlined in the latest [statutory guidance](#) and [associated toolkit](#).

Skills

Autistic people will have access to appropriate vocational, life and practical skills training, which will include meaningful work experience in schools and sixth forms. There will be a range of volunteering opportunities for autistic people, including those with learning disabilities.

Employment or Occupation

Autistic people will be aware of the employment and volunteering opportunities available to them in the City and Hackney. Autistic people will have access to appropriate adapted work opportunities e.g. supported internships, access to work, traineeships, apprenticeships and will be supported effectively by a range of local organisations including the local Supported Employment provision and Job Centres.

Local employers will know how to make personalised reasonable adjustments for autistic adults to ensure that differences are taken into account. Employers will be supported to recognise the positive aspects of autism which are often overlooked and encourage organisations to reflect on the strengths and benefits of employing autistic people.

Support services will be available to support autistic people with significant learning disabilities into employment or occupation.

Training

Training will be available for a range of services that provide support for or come into contact with autistic people, including;

- Health and Social Care staff
- Schools, Colleges and Universities
- Job Centre staff
- Criminal Justice services
- Housing services
- Private, Voluntary and Independent Organisations
- Carers

Training is already designed and delivered with autistic people and/or their carers where possible. We want to continue this and ultimately for all training to be co-designed and co-facilitated by autistic people who are paid for their time.

Observations by autistic residents and carers

- The current transition to adulthood process isn't joined up - there needs to be a clear picture of what is available for children and young people as they prepare for adulthood - it feels like a cliff edge after exams
- All information needs to be accessible and given to autistic people and their parents/carers so they don't have to go searching for what is available
- Organisations and schools should work in partnership to help support our young people to gain skills into employment or supported employment
- Job searches can be difficult because of our differences (e.g. language barriers)
- Employment support is patchy
- There is a lack of 6th form progression provision for autistic young people

KEY ACTIVITIES	WE WILL...	
Education	70	Continue to support Early Years Providers, Schools and Colleges, Health professionals and parent/carers to work closely together to identify social communication difficulties early and make provision, which is evidence based and reviewed regularly
	71	Continue to research and share best practice and guidance for Early Years Providers, Schools and Colleges around reasonable adjustments for pupils
	72	Continue to support Early Years Providers, Schools and Colleges to work with pupils and parents/carers to ensure reasonable adjustments and best endeavours are used in a personalised way (e.g. sensory room, safe haven room available)
	73	Continue to encourage Early Years Providers, Schools and Colleges to regularly review and adapt reasonable adjustments as appropriate using recommendations made by autistic people
Preparing for Adulthood	74	Continue to support/train Careers Advisors in Schools and Colleges to improve career advice offered for autistic people, including those with learning disabilities. This will be based on the latest statutory guidance and associated toolkit e.g. SENCo forum session on careers advice and work experience
	75	Continue to support Schools and Colleges to use the preparing for adulthood toolkit and the SEND code of practice to think about becoming an adult from the earliest opportunity. Meaningful employment will be a key outcome in transition to adulthood plans for autistic young people
	76	Provide better information about a range of pathways through further and higher education, training, apprenticeships, vocational opportunities and employment. Encourage setting to become members of The Careers Collaborative run by Hackney Learning Trust which will promote careers, work

		experience and other opportunities for children and young people with additional needs, including autistic young people
	77	Develop a clear personalised employment support offer for young people to include placements, mentors, apprenticeships, summer work placements, university and advice and support for autistic young people with and without a learning disability
Skills	78	Ensure appropriate vocational and practical skills training is available for autistic people with or without learning disabilities
	79	Support people to access training such as employment skills/interview skills which are meaningful for them
	80	Support people to access volunteering and vocational activities
Employment or Occupation	81	Research and share best practice and guidance for employers around reasonable adjustments for employees
	82	Showcase examples of where autistic people have been employed, and the benefits seen by employers
	83	Support local Job Centres to promote their “Calm and Quiet” sessions for autistic people and/or people with learning disabilities/difficulties
	84	Support local Job Centres to work with employers and charity organisations to become Disability Confident to create more job opportunities appropriate to autistic people
	85	Work with employers to offer alternative ways of recruitment (e.g. work trials, ring fenced temporary positions, aptitude tests)
	86	Promote supported internship opportunities in the NHS targeted at people with a learning disability and/or autism - at least half of these will be converted to paid employment

	87	Ensure there is clear accessible information about the range of services available to support people into employment (including Supported Employment)
	88	Review employment support services in line with NICE guidance
Training	89	Provide/commission, enable and support a wide spectrum of ongoing training and awareness-raising opportunities targeting the specific needs of the intended audience to cover all education, social care, health and public services staff as well as the public and statutory services e.g. police/probation/job centre/advocacy. This should include support for non English-speaking communities and parents/carers
	90	Develop more autistic trainers and design training with autistic people and/or their carers
	91	Monitor the uptake of training

CASE STUDIES OF WORK ALREADY HAPPENING

The Local Offer has detailed information and advice on preparing for adulthood, including a section on preparing for work.

We currently have a multi-agency autism training plan which includes delivering training to Adult Social Care, Housing Services, East London Foundation Trust (ELFT), Homerton Hospital, City of London Police, Metropolitan Police, Jobcentre Plus, Carers, GPs as well as Private, Voluntary and Independent organisations. Autistic trainers are commissioned to deliver some courses.

There are a range of supported employment services such as Hackney Works Supported Employment.

The Garden is an autism specific school. There is also provision within other schools. Some offer link programmes to assist with transition to education and training providers. The Garden has a café for work skills development.

There are a range of supported internships on offer aimed at or available to young autistic people.

Hackney Council have a commitment to employing autistic people and has different routes into this (including apprenticeships, flexible selection processes and work experience etc).

Local bespoke training from children's speech and language therapy (SALT) is available across education settings.

13. Criminal Justice

Think Autism (2014) Priority Challenges for action

"I want to be safe in my community and free from the risk of discrimination, hate crime and abuse."

"If I break the law, I want the criminal justice system to think about autism and to know how to work well with other services."

Our vision

The [National Autistic Society](#) has lots of useful information on why autistic people are more likely to be victims or witnesses of crime but also includes information and examples for why autistic people may commit an offence or come under police suspicion.

Our vision for Hackney and the City of London is that all parts of the local criminal justice system have an awareness of autism, consider autism and make reasonable adjustments where possible.

Police, Community support officers and probation services will be autism aware; understanding that behaving differently can mean being autistic and not suspicious as well as increasing skills to work with people with communication difficulties.

Observations by autistic residents and carers

- Often the processes for arrest, custody and victims aren't clear to autistic people which causes anxiety
- Hate crime is often not reported due to the environment of police stations or difficulties in reporting over the phone
- The communication card has been useful
- Training for criminal justice services needs to be more than autism awareness and needs to detail specifics around crime and autism

KEY ACTIVITIES	WE WILL...	
Accessibility	92	Encourage Criminal Justice Services to use the guidance available from the National Autistic Society to make reasonable adjustments where appropriate; e.g. appointment/interview length, environment, communication differences and arrest process

	93	Ensure that the processes for arrest, custody and victims are explained in an accessible way for autistic people - building on the good example of the poster identified in Stoke Newington Station
	94	Review the methods for reporting of crime (e.g. hate crime, mate crime) locally and identify any reasonable adjustments which can be made
	95	Support the City of London Police in the roll out of their Pegasus card
	96	Review the appropriate adult contract to ensure it is inline with autism guidance <i>(An appropriate adult's role is to ensure that the suspect is treated in a fair and just manner and is able to participate effectively)</i>
Training	97	Review the local training offered to the Criminal Justice Services to ensure it includes specific information about the issues and barriers experienced by autistic people. Where possible, ensure training is designed and delivered with autistic people
	98	Identify key stakeholders for criminal justice autism training and deliver training, including Courts, Family Courts, Probation and Youth Offending
	99	Ensure that the Health and Social Care pathway and local support offer for autistic people is clear to the Criminal Justice Services and that they are aware of how to make a referral

CASE STUDIES OF WORK ALREADY HAPPENING

Training is available to a range of staff in the criminal justice system. Currently this training is accessed by the local police and some probation staff.

The Autism Alliance Board has some engagement with criminal justice services with the police attending meetings.

There is a commissioned appropriate adult service which supports clients to exercise their rights under the Police and Criminal Evidence Act and to provide a safeguard to vulnerable adults and juveniles in police custody in situations where a preferred appropriate adult (e.g. a parent, carer, spouse etc.) is either not available or not appropriate. This service is available for autistic people in custody suites and nominated 'places of safety' and all of these staff have received autism awareness training.

City of London Police have launched a service to make it easier for people with disability or illness to contact the force. Pegasus is targeted specifically at people who live and/ or work in the Square Mile who find it difficult to communicate when calling police or speaking face-to-face with a police officer.



Childrens SALT are employed directly by the Youth Justice Teams to deliver training and support to children, young people and the workforce at the point of identified need.

14. Wider Community and Private Sector

Think Autism (2014) Priority Challenges for action

"I want to be accepted as who I am within my local community. I want people and organisations in my community to have opportunities to raise their awareness and acceptance of autism."

"I want to be seen as me and for my gender, sexual orientation and race to be taken into account"

"I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible."

Our vision

We want City and Hackney to be an autistic friendly place to live and work. All adults working for the community will have an **awareness and appreciation** of autism and know how to make reasonable adjustments to help people live a meaningful life.

Autistic people will be able to access services in the local communities (e.g. shops, hairdressers, places of worship, transport, leisure centres, cinemas etc.) without barriers.

Community activities will be accessible and available for autistic people with and without learning disabilities.

Observations by autistic residents and carers

- Lots of support services seem designed for non-autistic people, going to noisy and busy places
- More information is needed on services, public spaces and businesses in the community (e.g. noise levels, lighting)
- Better public understanding of the breadth of the condition would help
- Maps/layouts, facilities, visual guides or social stories are really helpful in advance. e.g. for an event knowing whether it's dark/bright, loud/quiet, formal/relaxed or for a service then understanding how it works (e.g. is there a wait, what is the average wait, is there a waiting area, if so what is it like, do I have to sit still and quietly or can I move around).

KEY ACTIVITIES	WE WILL...	
Neighbourho	100	Explore opportunities for piloting a 'creating acceptance in

ods		my neighbourhood' approach with one estate
Accessible Services	101	Work with local organisations to increase awareness of autism to support services to become more accessible for autistic people. e.g. encourage autistic friendly sessions of mainstream voluntary services, including faith groups, art and therapy groups, advice and information, etc.
	102	Make co-facilitated autism awareness training available to public facing City & Hackney Council staff
	103	Encourage facilities and events in the community to make reasonable adjustments to their services e.g. libraries, museums, exhibitions, sports centres and other leisure services to promote autistic friendly sessions. This includes those with learning disabilities
	104	Use resources such as the National Autistic Society's campaign toolkit to support local businesses and organisations to become more accessible
	105	Encourage local organisations and businesses to apply for an accreditation (for example, the Autism Friendly Award) <i>(The Autism Friendly Award is an accreditation offered by The National Autistic Society which champions premises who commit to making sure their business is more accessible to autistic people and their families)</i>
	106	Use the City's Business Healthy network to promote best practice to businesses and employers for autistic service users and employees <i>(Business Healthy is a network of employers in the City of London)</i>
Information	107	Highlight the local businesses and services that achieve an autism accreditation on the council's autism webpage to promote knowledge of those more accessible organisations and services
	108	Explore mapping local businesses in terms of lighting, noise levels etc. to identify and advertise quiet and autistic accessible places
Transport	109	Work with Transport for London to promote their "Please offer me a seat" packs and to offer training to transport staff

		on autism awareness
	110	Raise awareness of the autism communication card with Transport for London staff
	111	Support the roll out of the revised Blue Badge scheme as it is announced by the Central Government which will support people with hidden disabilities, including autism, to help remove the barriers many face to travel
	112	Review local Freedom Pass offer
Cultural Diversity	113	Promote an inclusive, community based offer encouraging existing services which support diverse groups to make reasonable adjustments, by following the guidance in The National Autistic Society's Autism Accreditation

CASE STUDIES OF WORK ALREADY HAPPENING

Age UK City of London have expressed an interest in signing up to the Autism Friendly Award.

Hackney picturehouse has autism screenings.

The HIT Squad and Short Breaks team at Hackney Ark work with community leisure providers to train staff and promote autism friendly activities.

15. Strategy Action Plan - How will we ensure this is delivered?

The recommendations in this strategy will be put into an action plan which will include information on priority, time frames and who will be leading on each recommendation with clear targets set.

This action plan will be monitored by the Autism Alliance Board and partner Local Authorities who will be responsible for reporting on progress at each Alliance Board meeting.

16. Final word

We would like to thank all autistic residents, families, carers and professionals for their time and commitment in attending the Autism Alliance Board and all its work

groups, which has resulted in us being able to present the first City and Hackney Autism Strategy.

We expect the Board to maintain oversight of the action plan included in the strategy, to lead the work which will drive us towards our vision:

"We believe that everyone with autistic spectrum conditions living and working in the City and London Borough of Hackney should be able to live fulfilling and rewarding lives within a society that accepts and understands them."

For more information on City & Hackney Autism Strategy and services available please contact:

**XXXXXXX
XXXXXX
XXX**

Hackney & City Partner Organisations involved in developing this Strategy:

- London Borough of Hackney
- City of London Corporation
- City and Hackney NHS CCG
- Hackney & City Health Watch
- Hackney Works
- Hackney Learning Trust
- Hackney HIP
- City and Hackney Child and Adolescent Mental Health Services
- East London Foundation Trust Mental Health Services
- Integrated Learning Disability Service
- East London Foundation Trust Adult Autism Service
- Metropolitan Police
- City Police
- Community Rehabilitation Company
- Department for Work and Pensions (Finsbury Park, Hackney and Hoxton Jobcentreplus)
- Hackney Branch of National Autism Society
- Koach Parenting

Appendix A

National Guidance relevant to this Strategy

National Autism Strategy - [Fulfilling and rewarding lives: The strategy for adults with autism in England \(March 2010\)](#);

This has five main areas for development:

- Increasing awareness and understanding of autism
- Developing pathways for diagnosis and personalised needs assessment
- Improving access to support services in the local community
- Helping autistic people into work
- Enabling local partners to plan and develop appropriate services

The refreshed national strategy, [Think Autism \(2014\)](#):

This maintains a similar focus for development, with three new key proposals:

- to enable people with autism to really be included as part of the community. This means looking beyond statutory services at how we build communities that are more aware of and accessible to the needs of people with autism, bringing together champions for change.
- to promote innovative local ideas, services or projects which can help people in their communities through new models of care, particularly for “lower level” support for those not meeting eligibility criteria for statutory support. This includes models which will support early intervention or crisis prevention or which support people to gain and grow their independence, or to find employment.
- to focus on how advice and information on services can be joined up better for people.

Think Autism (2014)

The refreshed Think Autism national strategy reinforces **15 priority challenges for action** which have been identified by autistic people, carers and professionals and can be summarised under three key themes:

- An equal part of my local community
- The right support at the right time during my lifetime
- Developing my skills and independence and working to the best of my ability

To measure the success of the strategy's intentions, we will use these outcome/" I" statements as one way of demonstrating the difference made to the lives of people in City and Hackney. These priorities are referenced in this strategy under each relevant heading as appropriate.

[Care Act 2014](#)

The Care Act aims to put people and their carers in control of their care and support; Including:

- A national minimum eligibility threshold for care
- The right to a personal budget for people and their carers who meet eligibility criteria
- New rights for carers, including a right to an assessment and support if they are eligible
- A duty for councils to consider the physical, mental and emotional wellbeing of people needing care, and to provide preventative services
- National Institute for Clinical Excellence (NICE) Guidelines;
 - Autism: Recognition, Referral and Diagnosis of Children and Young People on the Autism Spectrum CG128 (2011)
 - Autism: The Management and Support of Children on the Autism Spectrum CG120 (2013)
 - Autism: Recognition, Referral and Diagnosis of Adults on the Autism Spectrum CG142 (2012)
 - Quality Standard
 - Autism QS51 (2014)

[NHS Long-Term Plan - 2019](#)

In 2019 the National Health Service (NHS) produced their Long-Term Plan which sets out intentions to address pressures faced and accelerate the redesign of patient care in order to future-proof the NHS for the next 10 years. The plan refers to autism in the following identified priorities:

- "We will pilot the introduction of a specific health check for people with autism, and if successful, extend it more widely,"

- “The whole NHS will improve its understanding of the needs of people with learning disabilities and autism, and work together to improve their health and wellbeing,”
- “By 2023/24, a ‘digital flag’ in the patient record will ensure staff know a patient has a learning disability or autism,”
- “We will work with the Department for Education and local authorities to improve their awareness of, and support for, children and young people with learning disabilities, autism or both,”
- “Over the next three years, autism diagnosis will be included alongside work with children and young people’s mental health services to test and implement the most effective ways to reduce waiting times for specialist services,”
- “Children, young people and adults with a learning disability, autism or both, with the most complex needs, have the same rights to live fulfilling lives. Where possible, people with a learning disability, autism or both will be enabled to have a personal health budget (PHBs)”
- “Supported internship opportunities targeted at people with a learning disability and/or autism will increase by 2023/24, with at least half converted to paid employment over the first five years of the Long-Term Plan,”

NHS England have produced an [easy read version of the Long-Term Plan](#) which has been developed with people with lived experience of learning disabilities, autism or both.

[Equality Act 2010](#)

The Equality Act 2010 and subsequent [guidance documents](#) are in place to ensure people with protected characteristics aren’t discriminated against; this includes in employment, school and in the wider community.

[Children and Families Act 2014](#)

The Children and Families Act 2014 aims for children and young people with special educational needs to:

- get education, health care and social care services working together
- tell children, young people and their parents what they need to know about their disability or special educational needs
- make sure children, young people and families know what help they can get when a child or young person has special educational needs or a disability
- make sure that different organisations work together to help children and young people with special educational needs
- give children and young people and their parents more say about the help they get

- set up one overall assessment to look at what special help a child or young person needs with their education, and their health and social care needs, all at the same time
- give a child or young person just one plan for meeting their education, health and social care needs, which can run from birth to age 25 if councils agree that a young person needs more time to get ready for adulthood
- make sure children, young people and their parents can choose some help they need
- provide ways to help sort things out if a child or young person or their parent needs to appeal about the help they get

[SEND Code of Practice \(2014\)](#)

The Special Educational Needs and Disability (SEND) Code of Practice gives statutory guidance to services supporting those with SEND aged 0-25.

‘Joint Commissioning autism services’ guidance (Draft July 2019)

Skills for Care, National Autistic Society and the National Development Team for Inclusion, on behalf of the Department of Health and Social Care, are developing guidance about commissioning services for autistic people. A draft was published in July 2019.

The guidance will support the commissioning workforce in health and social care to improve the way they commission services and support for autistic people. Although the document is in draft form, we have embedded the 4 themes of the document into the strategy. The four themes are: Things to measure; Things to do; who to engage and resources to use.

Research:

The Westminster Commission on Autism report: [A Spectrum of Obstacles](#) (2016)

This report summarises the findings from an inquiry into access to healthcare for autistic people and makes 6 recommendations;

- Care Quality Commission (CQC) should make sure that health professionals are doing a good job for autistic people
- Doctors should make a note on the computer for autistic patients
- All autistic people should be offered to go to their doctor every year to have a health check
- All health professionals should have autism training
- The Government should make some money available which should be used to help autistic people understand what will happen at the doctor or hospital
- NHS England should have an Autism Champion to lead on making changes for autistic people

Centre for Research in Autism and Education (CRAE) study on [GPs' confidence in caring for their patients on the autism spectrum](#) (2017)

This online self-report study aims to understand GPs' perceived self-efficacy in identifying and managing their patients on the autism spectrum and concludes that 'there is an urgent need for improved local specialist service provision alongside clearer referral pathways for diagnosis to improve both GPs' confidence in caring for their autistic patients and the healthcare experiences of autistic patients and their families.'

London Borough of Hackney Equality Impact Assessment Form

The Equality Impact Assessment Form is a public document which the Council uses to demonstrate that it has complied with Equality Duty when making and implementing decisions which affect the way the Council works.

The form collates and summarises information which has been used to inform the planning and decision making process.

All the information needed in this form should have already been considered and should be included in the documentation supporting the decision or initiative, e.g. the delegate powers report, saving template, business case etc.

Equality Impact Assessments are public documents: remember to use at least 12 point Arial font and plain English.

The form must be reviewed and agreed by the relevant Assistant Director, who is responsible for ensuring it is made publicly available and is in line with guidance. Guidance on completing this form is available on the intranet.

<http://staffroom.hackney.gov.uk/equalities-based-planning-and-decision-making>

Title of this Equality Impact Assessment:

City & Hackney All Age Autism strategy

Purpose of this Equality Impact Assessment:

To assess the new Autism Strategy to ensure that there are no unintended consequences which could adversely affect different groups in City and Hackney's diverse community.

Officer Responsible: *(to be completed by the report author)*

Name: Mark Watson	Ext: 3868
Directorate: CACH	Department/Division: Commissioning

Assistant Director:

Date:

Comment :

PLEASE ANSWER THE FOLLOWING QUESTIONS:

In completing this impact assessment, you should where possible, refer to the main documentation related to this decision rather than trying to draft this assessment in isolation. Please also refer to the attached guidance.

STEP 1: DEFINING THE ISSUE

1. Summarise why you are having to make a new decision

Statutory guidance has been published to ensure the implementation of the adult autism strategy. This guidance tells local authorities, NHS bodies and NHS Foundation Trusts what actions should be taken to meet the needs of people with autism living in their area.

The Government published a new statutory guidance in March 2015, which replaced an existing guidance from 2010.

It clearly states that local authorities and the NHS:

- should provide autism awareness training for all staff
- must provide specialist autism training for key staff, such as GPs and community care assessors
- cannot refuse a community care assessment for adults with autism based solely on IQ
- must appoint an autism lead in their area
- have to develop a clear pathway to diagnosis and assessment for adults with autism
- need to commission services based on adequate population data.

As the guidance is statutory, local councils and local health bodies have a legal duty to implement it.

The 2015 guidance includes a lot more information than the 2010 version. In fact, there are five new chapters on:

- Preventative support and safeguarding
- Reasonable adjustments and equality
- Supporting people with autism and complex needs
- Employment
- Criminal justice

Also, some of the duties have been strengthened to things that local authorities and NHS bodies "must" do. This is because new duties have been brought in by other laws (particularly the Care Act). The new guidance gives more information about how these new duties can lead to improvements for people with autism. This is particularly true of duties around training, which have been improved to give much clearer guidance on which professionals should have what levels of training.

2. Who are the main people that will be affected? Consider staff, residents, and other

There are around 700,000 people on the autism spectrum in the UK this relates to more than 1 in 100.

Local prevalence of autism

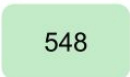
Estimated autistic population (age 16+)



Recorded GP population* (all ages)



Students in state maintained schools (age 4 to 24)

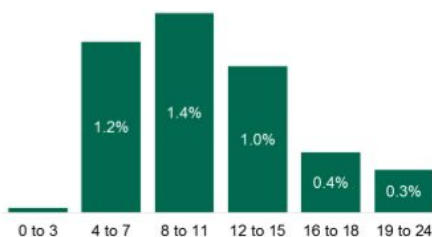


Adults, known to social services in Hackney (age 18+)



Age

Prevalence of ASD related SEND in City and Hackney state maintained schools

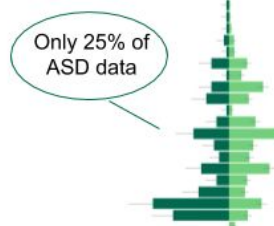


Source: Hackney Learning Trust (2018/19)

City & Hackney individual school records

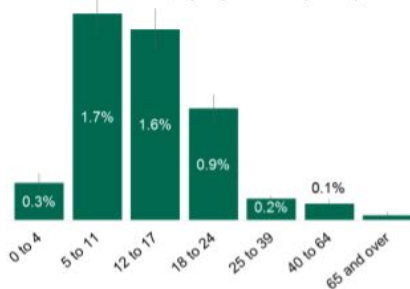
Age at time EHCP was issued

ASD EHCPs ALL EHCPs



Source: Hackney Learning Trust (2018/19)

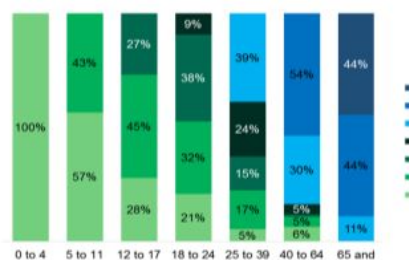
Proportion of City and Hackney (resident) patients with autism, by age band (2018)



Source: Clinical effectiveness group (2018)

City & Hackney (resident) GP patients

Proportion of City and Hackney (resident) patients with autism, by current age band (x axis) and age band at diagnosis (2018)



Source: Clinical effectiveness group (2018)

Gender ratio (M:F)

How many males for every one female



All state maintained schools (age 2-24)



GP records (all ages)

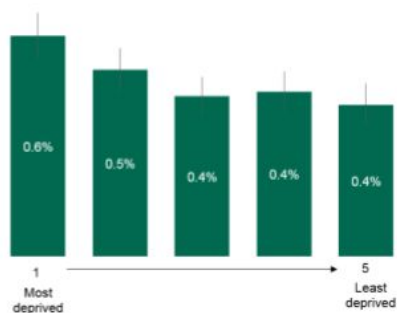


Hackney adult social care (age 16+)



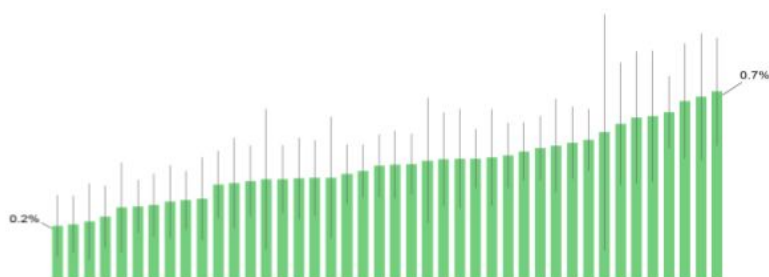
Deprivation

Proportion of City and Hackney (resident) patients with autism, deprivation quintile (all ages, 2018)



Source: Clinical effectiveness group (2018)

Proportion of City and Hackney (registered) patients (per GP practice) with autism (all ages, 2018)



STEP 2: ANALYSING THE ISSUES

3. What information and consultation have you used to inform your decision making?

This strategy has been co-produced with Autistic residents and their families and carers.

Autism Alliance Board and sub groups (including Expert by Experience group)	The Board and sub group membership includes autistic residents, carers and parents. The Expert by Experience group are all autistic residents, carers and parents.
Online questionnaire - with just over 100 returns. Report	Link Here
2018 National Autism Assessment return	All returns can be seen at this website Link Here
Public health needs assessment	
Community Consultation events	

Equality Impacts

4. Identifying the impacts

4 (a) What positive impact could there be overall, on different equality groups, and on cohesion and good relations?

Autistic people come from a wide variety of backgrounds and have identities and interests beyond their disability. Disabled people are often subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous, or social origin, property, birth, age or other status (e.g. sexual orientation).

Although many autistic people do not classify themselves as disabled or with a hidden disability, many others do. Either way, there is a belief that communities and services are less accessible for autistics and that adaptations are needed.

Being autistic is a forever condition and this strategy sets out to make mainstream services more accessible.

As part of the consultation and evidence building we have understood that autistic people are more likely to have mental health issues and that girls and women present differently as autistic and that diagnosis can often be missed as girls and women are better at “masking” symptoms.

4 (b) What negative impact could there be overall, on different equality groups, and on cohesion and good relations?

Where you identify potential negative impacts, you must explain how these are justified and/or what actions will be taken to eliminate or mitigate them. These actions should be included in the action plan.

	Issues	How this strategy addresses issues
age	<p>This strategy is all age and therefore should benefit all ages for residents and not discriminate against any age group. Each age group has unique issues - in summary</p> <p>Pre- school age - often not yet diagnosed but demonstrating behaviours that are different to their peers and not yet understood or diagnosed</p> <p>School Age - the difficulties faced by young people trying to integrate with mainstream services not necessarily adjusted to meet their needs. Often now a time of diagnosis and the issues with parents and family trying to understand a new diagnosis.</p> <p>Transitions/Teenagers - hHe transition of being well supported by education and children's services, moving to adult support services, with far less support. Also issues with poor access to appropriate training and employment.</p> <p>Working age - some working age adults newly diagnosed having to understand their whole childhood with a new diagnosis - trying to maintain work, family and social life while understanding autism. Often co - diagnosis with mental health problems and illness.</p> <p>Retirements - Some adults still not have diagnosis or misdiagnosed with mental illness rather than accurate autistic diagnosis. Issues of social isolation, loss of work etc</p> <p>Old Age - loss of independence, most residential and nursing homes encourage activities and have little is no understanding of autistic residents. End of life for autistics can also be poorly supported.</p>	<p>The strategy covers all ages and tackles the issues faced by each age group.</p> <p>Pre school - addressed autistic parents and support needed pre and post natal and offering better awareness training for preschool staff.</p> <p>School age autistic children are better served but reports show that services are oversubscribed and also issues of awareness and adaptations remain high.</p> <p>Transitions services are less developed with many carers/families funding the transition from children's support services to less intensive Adult services very difficult - while the individual needs more support in accessing training, further education and employment. This strategy covers increasing awareness of these services with the JobCentre plus in particular looking to adapt their services in line with the Autistic Friendly awards.</p> <p>Working age adults - the strategy is strong in a vision for developing post diagnostic support and the development of a hub and different community services, as well as support with money management, housing support and other day to day skills.</p> <p>Retirement and older age - this strategy covers increased training to support and care staff and organisations delivering support for older adults.</p>

Disability	<p>The Equality Act 2010 sets out when someone is considered to be disabled and protected from discrimination. For example, you might be covered if you have a learning difficulty, dyslexia or autism.</p> <p>The definition is set out in section 6 of the Equality Act 2010. It says you're disabled if:</p> <ul style="list-style-type: none"> • you have a physical or mental impairment • that impairment has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities <p>For many autistics they believe they are not disabled and for others they feel that being autistic does impair their ability to carry out normal day to day activities.</p> <p>What is agreed is that people need reasonable adjustments to be made to help autistic manage day to day living in a world not designed for them.</p>	<p>This strategy's main purpose and vision is to promote the needs of autistics of all ages and all abilities and to promote reasonable adjustments for all services, activities and organisations. Therefore we believe this will have a positive impact on people identifying as disabled.</p>
Disability - Mental Health	<p>Under the Equality Act 2010, mental health difficulties are treated as disabilities - we have pulled this out as a separate section to be clear that autism more often coexists with autistic people than the general population.</p>	<p>Our needs assessment carried out in 2019 stated "In a large scale case-control study in Sweden, researchers found that life expectancy was 16 years lower for people who had autism compared to those without. Of the causes of death studied, autistic people were significantly more likely to die earlier from all causes apart from infection. The most significant causes of death were epilepsy and suicide.</p> <p>In this study, autistic people were nine times more likely to die by suicide than their matched controls. The risk was greater in people with 'high-functioning' autism compared to 'low-functioning' autism. A UK study demonstrated a significantly higher rate of suicidal ideation among people with Asperger's syndrome (66%) than in a general population sample (17%). The rate of suicidal ideation was higher than the rate of self-reported depression, suggesting</p>

		<p>that the interplay between the two may be different in this population and therefore require different preventative strategies.</p> <p>It is likely that there are several inter-relational factors that contribute to this lower life expectancy. Modifiable lifestyle risk factors for disease were noted to be more prevalent in people with autism. Difficulties in accessing healthcare services – which may be related to differences in how autistic people experience illness and disease, staff attitudes and communication and clinical environments which may be hostile and inhospitable to an autistic person - may also contribute”</p> <p>Therefore in the strategy we have highlighted the need for better access to mental health services at all levels as well as an increase in the training and awareness of mental health staff about autism and autistic diagnosis,</p>
Gender reassignment	<p>People may experience discomfort or distress when their assigned gender is different from the gender they identify with – this is known as gender dysphoria (GD).</p> <p>The National Autistic Society state “There is some evidence to show a link between gender dysphoria and autism, and that autistic people may be more likely than other people to have gender dysphoria. However there is little evidence about the reason(s) why, and some recent research suggests the link between autism and gender dysphoria is not so clear. More research is needed.</p> <p>More research is also required to develop and test assessment tools, support and treatment for autistic people experiencing gender dysphoria. One study, from 2016, sets out specific clinical guidance for autism and gender dysphoria in adolescents.</p>	<p>We dont believe this strategy will adversely affect residents with gender dysphoria or those who have had gender reassignment.</p> <p>The strategy states under its leadership section that the Alliance Board will ensure it remains updated on research and new evidence and as this is published we will revisit such areas as this indicated by updated findings and research.</p>
Marriage and civil partnership	<p>Being married /partnership or having a relationship with an autistic person can be difficult. Issues of intimacy and communication can add stress to a relationship.</p>	<p>This strategy seeks to develop post diagnostic support both structured and non structured as well as the development of a resident led voluntary Hub and group of support services which will allow adults to share their experiences and gain support - this will</p>

		include partners or autistics.
pregnancy and maternity	<p>There is an identified lack of accessibility within the Health Visiting service and antenatal clinic for autistic parents. Research shows that autistic mothers are more likely to have experienced pre- or postnatal depression and greater difficulties in some areas of parenting are experienced. More research is required nationally.</p>	<p>The strategy has highlighted this need and proposes to work with autistic new parents locally to further understand the need and identify how services can be made more accessible. We believe this will have a positive impact on those in pregnancy and maternity.</p>
Race	<p>The National Autistic Society suggests the following issues faced by different cultures and races:</p> <p>Challenges getting a diagnosis: some participants considered levels of understanding of autism to be lower in their communities, which may have delayed a diagnosis. Others said that teachers can fail to spot characteristics of autism due to incorrect assumptions about a child's behaviour or language abilities</p> <p>Barriers to accessing support services: parents reported challenges understanding autism and knowing what services are available due to information often only being available in English, few translation services and professionals' use of jargon</p> <p>Communication problems with professionals: some families reported having low confidence dealing with professionals or feeling they could be patronising or lacking in cultural competence. Others said some people from BAME communities could hold suspicious attitudes towards professionals and authorities</p> <p>Awareness and understanding of autism within communities: tight-knit communities can be an important source of support for people, but many participants reported encountering judgemental attitudes. Our charity was told that disability can be stigmatised in certain communities and sometimes blamed on parents. While some participants emphasised that their faith gave them strength, others reported a lack of support from faith groups and at places of worship</p> <p>Denial and isolation: some families said they initially refused to acknowledge that they faced a long term problem or that their child was autistic. Others believed that their difficulties should remain private and</p>	<p>We believe this strategy does not have a negative impact on race.</p> <p>The strategy addresses issues of race and diversity. The main thrust of the strategy is to encourage existing organisations, third sector and businesses and council run services to be more accessible for autistics and we include the support of all community groups which will target support for different races - by doing this it supports diversity and the development of many different support groups and services for autistics.</p>

	<p>not discussed outside the home. Alongside feelings of blame and shame, many said that these issues could lead to parents, carers and siblings missing out on support and becoming socially isolated</p>	
Religion or belief	<p>Similar issues can arise to race, in terms of understanding and acceptance as well as access to religious settings and the need for all religious settings to become adapted to be more accessible for autistics who wish to worship.</p>	<p>The strategy takes note of the importance of religion to the individual. We have involved Orthodox Jewish community leaders to understand their unique needs and issues faced by a community who do not access mainstream schools etc.</p> <p>The offer of training and support is open to community groups which include religious settings, groups and organisations.</p>
Sex	<p>Historically it was thought that women and girls were less likely to be autistic, however recent research has highlighted the challenges in identifying autism in women and girls. It is now recognised from research, clinical practice and anecdotal reports that many autistic females or those who demonstrate the less traditionally obvious traits of autism are not recognised. This can result in misdiagnosis, late diagnosis, or women and girls not being diagnosed at all.</p> <p>It is often said that the differences that autistic women and girls experience are of a more subtle presentation, or may appear so to others. Some autistic women and girls feel that they are masking their autism to try and hide the fact that they feel different. They may copy behaviour from others around them, and can be exhausted by the constant effort to appear similar to other people, or might be unaware they are 'masking' in the first place. This more subtle presentation of autism is also a major barrier to clinicians and other professionals recognising autism and understanding the experiences of autistic women and girls.</p> <p>As a result of this, many women report feeling unsupported and not fully understanding themselves potentially resulting in mental health problems.</p>	<p>The strategy tries to address and recognise the unique difficulties girls and women face and includes training and education to this effect, specific support groups to be developed and to promote a greater understanding of the needs of girls and women.</p> <p>We also ensure that we have equal representation of women on the Alliance board and ensure women's voices are equally heard in consultations.</p>
Sexual	Autistic LGBT people can feel excluded	The strategy aims to arrive at a point

orientation	and while their Autism makes them feel less able to access community services, support group and manage day to day living in a non autistic society, being a member of the LGBTQ community can for some people make this access to the community even more difficult, with this group still often discriminated against, bullied and mistreated.	where Autistic LGBT people feel included and comfortable to be themselves in the community, on an equal playing field.
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STEP 3: REACHING YOUR DECISION

5. Describe the recommended decision

On completion of the Equality Impact Assessment we recommend that the strategy is endorsed and believe that it does not disadvantage any particular group and seeks to be an inclusive approach to supporting autistic residents to being able to live fulfilled lives.

As a result of our assessment we in particular strengthened our recommendations under the following areas:

- Mental Health and the need to understand the increased prevalence of mental illness and autistic diagnosis
- Dealing with a crisis and the understanding that some research shows autistic people have increased risk of propensity to self harm and suicidal thoughts
- Address the unique needs of both autistic girls and women, and of families and carers of autistic girls and women -supporting greater awareness and understanding of the risk of non diagnosis and masking of behaviour
- A greater awareness of people with protective characteristics and who are autistic - multi factors which can be twice as difficult to individuals to manage. For example an autistic individual who might identify as LGBTQ, and from an ethnic background. The disadvantaged faced by individuals who are disabled/autistic and also from a culturally diverse background and other discriminatory group i.e. LGBT are well researched and compound the feeling of being less able or have less access to services

STEP 4 DELIVERY – MAXIMISING BENEFITS AND MANAGING RISKS

6. Equality and Cohesion Action Planning

Please list specific actions which set out how you will address equality and cohesion issues identified by this assessment. For example,

- Steps/ actions you will take to enhance positive impacts identified in section 4 (a)
- Steps/ actions you will take to mitigate the negative impacts identified in section 4 (b)
- Steps/ actions you will take to improve information and evidence about a specific client group, e.g. at a service level and/or at a Council level by informing the policy team (equality.diversity@hackney.gov.uk)

All actions should have been identified already and should be included in any action plan connected to the supporting documentation, such as the delegate powers report, saving template or business case.

No	Objective	Actions	Outcomes highlighting how these will be monitored	Timescales / Milestones
1	To ensure each annual plan works towards meeting the diverse needs of the local autistic population	Review the annual plan against the EIA	The Autism Alliance Board will monitor the annual plan	Annually over the 5 years of the strategy.
2				
3				
4				
5				

Remember

- Assistant Directors are responsible for ensuring agreed Equality Impact Assessments are published.
- Equality Impact Assessments are public documents: remember to use at least 12 point Arial font and plain English.
- Make sure that no individuals (staff or residents) can be identified from the data u

Title of report:	<i>Covid-19 - Financial Impacts</i>
Date of meeting:	12th November 2020
Lead Officer:	Ian Williams, Group Director Finance and Corporate Resources
Author:	Ian Williams, Group Director Finance and Corporate Resources
Committee(s):	Integrated Commissioning Board – 12 November
Public / Non-public	Public

Executive Summary:

The report provides the ICB with a summary of the impact of Covid19, noting:

- £60m of a reported £65m cost pressure relates to Covid19, government funding may not be sufficient to meet the entirety of the forecast gap.
- Joint working with CCG on discharge arrangements at operational and finance level continues to go well.
- Covid19 has a significant impact on planning for 2021/22 in terms of certainty around funding levels and the ongoing impact on our income collection levels and costs.
- We are planning to a best case and medium case budget gap for 2021/22 of £11.3m (Plan A) and £22.3m (Plan B) respectively and identifying cross-Council and service based proposals to meet those gaps.

Recommendations:

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

- To **NOTE** the report.

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

- To **NOTE** the report.

Strategic Objectives this paper supports:

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

Specific implications for City

A separate report is being prepared by the City.

Specific implications for Hackney

The presentation provides an update to the Board on financial implications of Covid19.

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Communications and engagement:

N/A, this is a financial update report.

Comms Sign-off

See above

Equalities implications and impact on priority groups:

None

Safeguarding implications:

None

Impact on / Overlap with Existing Services:

N/A

London Borough of Hackney: Ian Williams

City & Hackney CCG: Sunil Thakker, David Maher





City and Hackney ICB Covid19 - Financial Impact

12th November 2020

**Ian Williams
Group Director of Finance and Corporate Resources**



Introduction



Aims:

- Overview of impact on 2020/21 budgets, Government support and consideration of gaps, Public Health
- Recap on joint work with CCG and funding flows
- Consider financial impacts going forward
- 2021/22 budget setting

2020/21 budgets



- As at end September 2020, the Council is forecasting an overspend of £65m of which £60m identified as relating to Covid19.
- Government funding may not be sufficient to meet the gap given level of uncertainty and latest lockdown.
- Cost pressures resulting from a range of increased costs including staffing, packages of care, PPE, emergency accommodation, mortuary costs, cleaning.
- Lost income from parking, commercial rent, events and venue hire.
- Reduced collection rates from Business Rates, Council Tax and in relation to the Housing Revenue Account (HRA).
- Anticipate impact increasing over winter months with second wave.

Support Measures announced by Government



- £4.7bn Support to Local Government
 - £32.349m for Hackney to date including last announcement of £1bn
- Some specific grant funding
 - Emergency Fund of £427k for assistance with food and non food essentials for those in difficulty (July-September, so not Half Term FSM)
 - £220k control and enforcement grant
 - £3.1m track and trace
 - £1.4m infection control (largely passed to care settings)
- Compensation for loss of some income
 - Councils bear first 5% of loss compared to budgeted income
 - Beyond this, 75p in the £ will be compensated
 - Return for April to July submitted.
- Collection Fund Deficits - Council Tax / Business Rates
 - Deficits to be spread equally over following 3 financial years



Public Health - Covid19 Impact



- Track & Trace £300m Support to Local Government
 - £3.1m allocated to Hackney
 - Funding for the local authority to develop and implement tailored local Covid19 outbreak plans
 - A City and Hackney Covid19 Health Protection Board has been established to oversee all funding decisions and plans are being developed to allocate these funds accordingly.
- Other Covid19 related costs
 - £55k for the Covid19 Triage Service
 - Mortuary costs have substantially increased during Covid 19 - additional costs of £1.2m

Gaps in support/uncertainty



- For income losses which meet set principles, 75% of 95% compensated
- For some income sources, e.g. commercial rent, no support (around £2.8m loss)
- No specific support announced in respect of HRA (e.g. increase in bad debts etc)
- Support for collection fund deficits not clear
- Support for leisure services to be clarified
- Some pressures will continue into next year, where ongoing support is not clear.

Joint working with CCG



Joint work between CCG and Council colleagues kicked in immediately around discharge arrangements and funding flows, with the initial COVID-19 Hospital Discharge Service arrangement (***Scheme 1***) coming into effect on the 19th March

- The aim of the initial Discharge Service was to ensure that the Government (via the NHS) fully funded additional costs associated with the COVID-19 impacted packages of support and covered the cost of new or extended out-of-hospital health and social care support packages for people being discharged from hospital or who would otherwise be admitted into it, for a limited time, to enable quick and safe discharge and more generally reduce pressure on acute services.
- The Council has been reimbursed via the CCG for the associated costs (£2.98m to date) covered by the COVID-19 Hospital Discharge service. This arrangement has largely proved successful in discharging patients as soon as they were medically fit to do so, as well as fully funding the cost of new or enhanced care provision for 424 individuals.

Joint working with CCG



Following on from the success of the initial COVID-19 Discharge service mentioned above, the new NHS Hospital Discharge Service operating model (Scheme 2) and guidance came into effect from 01st September 2020

- The Scheme 2 operating model requires the NHS to fund up to six weeks of post-discharge recovery and support services for new or increased packages and services.
- The model represents a key change in the way the system has been operating nationally and locally; it is a Home First model, and will involve a change in culture from staff and organisations as well as changing systems quickly and safely.
- People funded through Scheme 1 will continue to be funded through those arrangements until relevant assessments have been completed for these individuals as soon as is practical to ensure transition to Scheme 2 funding arrangements.
- The CCG and the Council continue to work in partnership to coordinate the financial flows for both Scheme 1 and Scheme 2 discharge arrangements, and will be governed by the existing S75 agreement between the partners.

2021/22 Government Announcements



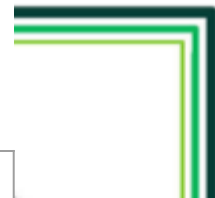
- The Chancellor [had confirmed](#) before the summer that the 2020 Spending Review will be finalised this autumn, covering years from 2021/22 to 2023/24 for revenue spending and years from 2021/22 to 2024/25 for capital spending.
- Since that time as wave 2 has come forward we now anticipate a one year Spending Review at the end of November.
- Settlement expected before Christmas.
- Fair funding review on hold, but anticipated for 2022/23

2021/22 Covid19 impacts - Uncertainty



- Uncertainty around Government Support
 - RSG levels
 - Collection fund deficit
 - Specific Covid19 support
 - Support for local business rate payers
- Covid19 pressures in 2021/22
 - Impact on collection rates of business rates, council tax, rents
 - Impact on Council Tax Reduction Scheme (CTRS) and new property numbers
 - Expenditure pressures continuing into 2021/22 (staffing, emergency accommodation, packages of care, PPE, cleaning etc)
 - Collection fund deficit spread over three years, but lack of certainty on this figure
 - Will other income sources pick up - e.g. commercial rent, childcare, parking etc ??
 - Impact of further lock down arrangements

2021/22 Forecast Budget Position



	Medium Post Covid Forecast (£m)	Best Post Covid Forecast (£m)	Worse Case Post Covid (£m)
	Plan B	Plan A	Discounted
Estimated Resources	307.151	312.149	284.877
Estimated expenditure	329.315	323.515	337.204
Forecast Gap	(22.164)	(11.366)	(52.327)

Differences in scenarios driven by assumptions on collection rates for CT and BR, carried forward Collection Fund deficits, CTRS numbers, new properties coming on board, top-up/RSG funding and pressures on cash limits due to Covid19.

Closing the gap



Difficult context:

- Pressure on our communities from Covid19
- Managing the impact of Covid19 on service delivery
- Operating with high levels of uncertainty

Corporate measures:

- Introduction of a vacancy factor across budgets (being considered across other councils too)
- Reducing revenue supporting capital schemes
- Reviewing pension contributions (added years)

Services:

- Directors developing and discussing service based savings proposals with Cabinet members.

Conclusion



- Cost pressures from Covid19 are likely to exceed funding received this year.
- Non-covid19 pressures also remain (e.g. children's social care, homelessness, SEN, adults social care) remain.
- 2021/22 budget planning against background of more uncertainty than usual.
- Probability of a significant impact of the fair funding review remains for the following year.

Title of report:	Consolidated Finance (income & expenditure) 2020/2021 Month 6
Date of meeting:	12/11/20
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 Integrated Commissioning Finance Economy Group
Presenter:	Sunil Thakker, Executive Director of Finance, City & Hackney CCG Mark Jarvis, Head of Finance, Citizens' Services, City of London Ian Williams, Group Director, Finance and Corporate Resources, LBH
Committee(s):	City Integrated Commissioning Board Hackney Integrated Commissioning Board Transformation Board
Public / Non-public	Public

Executive Summary:

At month 6, the CCG reported a YTD overspend of £3.812m against a YTD allocation of £243.9m. This position includes an allocation top-up of £3.688m up to M4 to fully cover all COVID and other over spends from M1-4 but excludes M5 and M6 top-up funding. In line with the financial regime covering M1-6, these reimbursements are made on a retrospective basis, and for M5 NHSE/I have held back costs that were not validated by the Central Team. It is envisaged that M5 and M6 top-up funds will be made in M7.

At Month 6, LBH is forecasting an overspend of £6.7m 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 £1.8m overspend is predominantly driven by care package costs in Learning Disabilities (LD), Physical and Sensory Support which are all within the Planned Care work stream, further details are set out within the report.

At Month 6, the City of London Corporation is forecasting a year-end adverse position of £0.1m.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report.

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report.

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

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

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

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 6 - 2020/21

Table of Contents

- 1. City and Hackney CCG - Position Summary**
- 2. City and Hackney CCG - Position Summary cont'd**
- 3. London Borough of Hackney - Position Summary**
- 4. London Borough of Hackney - Risks and Mitigations**
- 5. London Borough of Hackney - Wider Risks and Challenges**
- 6. City of London Corporation - Position Summary**
- 7. Savings Performance**

City and Hackney CCG – Position Summary at Month 6, 2020/21

- In response to COVID-19, a temporary financial regime was put in place to cover the period 1 April 2020 to 31 July 2020. This was then extended for a further two months, whilst the restart plan for NEL was being developed. This has now been completed and the ICB will be updated shortly 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 1

Baseline service categories	Baseline provider categories	2020/21 expenditure calculation method
<ul style="list-style-type: none">- 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

City and Hackney CCG – Position Summary at Month 6, 2020/21

				YTD Performance			Forecast	
Pooled Budgets	ORG		Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's
	Commissioned	WORKSTREAM						
		Unplanned Care	9,230	6,734	6,734	0	9,230	0
		Planned Care	3,341	3,294	3,287	8	3,334	8
		Prevention	133	133	133	0	133	0
	Childrens and Young People	0	0	0	0	0	0	
Pooled Budgets Grand total			12,704	10,161	10,153	8	12,697	8

Aligned	ORG		Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's
	Commissioned	WORKSTREAM						
		Unplanned Care	60,679	61,147	61,971	(824)	60,679	0
		Planned Care	105,644	106,921	105,685	1,236	105,600	44
		Prevention	1,811	1,811	1,811	0	1,811	0
		Childrens and Young People	28,466	29,266	29,479	(213)	28,466	0
	Corporate and Reserves	10,144	10,144	14,163	(4,019)	14,007	(3,863)	
Aligned Budgets Grand total			206,745	209,288	213,108	(3,820)	210,563	(3,819)
Subtotal of Pooled and Aligned			219,449	219,449	223,261	(3,812)	223,260	(3,811)

In Collab	Primary Care Co-commissioning	24,498	24,498	24,498	0	24,498	0
Grand Total		243,947	243,947	247,759	(3,812)	247,758	(3,811)
CCG Total Resource Limit		243,947					
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 6 these are expected to break even.
- Aligned budgets:** The adverse forecast of £3.812m 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 6.

- At month 6, the CCG reported a YTD overspend of £3.812m against a YTD allocation of £243.9m.
- This position includes an allocation top-up of £3.688m up to M4 to fully cover all COVID and other over spends from M1-4 but excludes M5 and M6 top-up funding.
- In line with the financial regime covering M1-6, these reimbursements are made on a retrospective basis, and for M5 NHSE/I have held back costs that were not validated by the Central Team. It is envisaged that M5 and M6 top-up funds will be made in M7.
- At Month 6, the Acute portfolio is reporting a break even position which is in line with planned values as the current financial arrangement and M1-M6 framework. A new Contracts and payment guidance has been issued to cover the period Oct-20 to Mar-21. The calculation methodology for the block contracts will be consistent with the approach for M1-M6 with the exception a few amendments. The M7- M12 block payments however, will be flexed meaningfully to reflect delivery on activities and performance.
- Mental Health and Community Services also broke even against the block payments in month 6. The Prescribing budget has also broken even against its YTD budget, however it should be noted that the underlying year end forecast is £0.8m overspent based on recent PMD report from NHSBS. This is to be partly offset by cost of Flu vaccine reimbursements by NHSE and year end accruals to meet remaining overspends.
- Non-COVID related expenditure has increased in M6, predominantly due to unfunded GP Forward View costs that have in previous years been funded non-recurrently by NHSE/I. Since this funding was not part of the CCG's financial envelope for M1-M6, this is shown as a cost pressure and is included in the top-up request..
- Following the Phase 3 planning guidance, all STPs were required to produce financial plans for the remainder of the year. CHCCG produced a draft financial plan from M7-M12 that indicated a deficit position of £7.6m. Details will be presented to the ICB in November.

*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 6, 2020/21

						YTD Performance			Forecast		
Pooled and Aligned Budgets	ORG Split	WORKSTREAM	Total Annual Budget £000's	Pooled Annual Budget £000's	Aligned Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Fcast Spend £000's	Variance £000's	Prior Mth Variance £000's
	Commissioned & Directly Delivered	LBH Capital BCF (Disabled Facilities Grant)	1,525	1,525	-	763	125	638	1,525	-	-
		LBH Capital subtotal	1,525	1,525	-	763	125	638	1,525	-	-
		Unplanned Care (including income)	6,697	1,238	5,460	3,349	1,643	1,706	6,285	413	213
		Planned Care (including income)	71,668	35,803	35,864	35,834	42,094	(6,260)	78,833	(7,165)	(6,818)
		CYPM	9,539	-	9,539	4,769	1,358	3,411	9,539	-	-
		Prevention	24,559	-	24,559	12,280	10,791	1,489	24,546	13	13
		LBH Revenue subtotal	112,463	37,041	75,422	56,232	55,885	346	119,203	(6,740)	(6,592)
	Grand total		113,988	38,566	75,422	56,994	56,010	984	120,728	(6,740)	(6,592)

113,998

- At Month 6, LBH is forecasting an overspend of **£6.7m** 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 £1.8m overspend is predominantly driven by care package costs in Learning Disabilities (LD), Physical and Sensory Support which are all within the Planned Care workstream.
- Government Funding announced to date (£32.349m) to mitigate the impact of Covid-19 falls short of the Council's estimate of total spend and as a result the Council may need to consider the extent to which it ceases expenditure on non-essential work across both the revenue and capital budgets and what resources can be reallocated to fund the Council's response to the COVID-19 crisis as part of the Medium Term Financial Planning process.

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

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

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

- CYPM & Prevention Budgets:** Public Health constitutes the vast majority of LBH CYPM & Prevention budgets which is forecasting a small underspend. The Public Health grant increased in 2020/21 by £1.569m. This increase included £955k for the Agenda for Change costs, for costs of eligible staff working in organisations such as the NHS that have been commissioned by the local authority. The remaining grant increase has been distributed to Local Authorities using the same percentage growth in allocations from 2019/20.
- Unplanned Care:** The majority of the forecast underspend of £413k relates to Interim Care and is offset by overspends on care package expenditure which sits in the Planned Care work stream.
- Planned Care:** The Planned Care workstream is driving the LBH overspend. This is primarily due to:

Learning Disabilities (LD) Commissioned care packages within this workstream is the most significant area of pressure, with a £1.1m overspend after a contribution of £2.7m forecasted (actual position currently is £2.45m agreed) from the CCG for joint funded care packages. Remaining cases still to be assessed for JF will be reviewed in 2020/21 to establish the baseline for the following financial year.

Physical & Sensory Support reflects an overspend of £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, and these forecasts include Covid-19 related expenditure.

Mental Health is forecasted to overspend by £1.1m and this is due to externally commissioned care packages (£1.4m) which is offset by an underspend on staffing (£0.3m). The Section 75 MH meetings will focus on developing management actions in collaboration with ELFT to reduce this budget pressure going forward.

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

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

London Borough of Hackney - Risks and Mitigations Month 6, 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	6,740	100%	6,740	100%
	Coronavirus expenditure	Tbc	Tbc	Tbc	Tbc
	TOTAL RISKS	6,885	100%	6,885	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
	My Life, My Neighbourhood, My Hackney	TBC	TBC	TBC	TBC
	Review one off funding	6,740	100%	6,740	100%
	Uncommitted Funds Sub-Total	6,740	100%	6,740	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 of the Council Latest estimates show the impact across the General Fund and Housing Revenue Account totalling £72m with £44m being in relation to loss of income. To date, the Government has only allocated £32.349m of Emergency Grant Funding to Hackney. In respect of the Scheme to compensate for loss of income Councils will bear the first 5% of loss compared to budgeted income. Beyond this, 75p in the £ will be compensated, further detailed guidance is to be sent out imminently to local authorities but we currently anticipate that c£10m in compensation could be drawn down. We have set out in a report to Cabinet in July a detailed position for the current and future years and will update this Board in November.
- Over the period 2010/11 to 2019/20 core Government funding has shrunk from £310m to around £170m, a 45% reduction – this leaves the Council with very difficult choices in identifying further savings.
- Fair funding review, although delayed due to Covid-19, could redistribute already shrinking resources away from most inner London boroughs including Hackney.
- Demand for services increasing particularly in Children's & Families services, Adults Social Care 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.
- We still await a sustainable funding solution for Adult Social Care which was expected in the delayed White Paper.

City of London Corporation – Position Summary at Month 6 , 2020/21

				YTD Performance			Forecast Outturn	
Pooled Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Outturn £000's
	Comm'n'd & *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

Aligned Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Outturn £000's
	Comm'n'd & *DD	Unplanned Care	342	157	115	42	342	-
		Planned Care	4,214	2,122	1,842	280	4,159	55
		Prevention	1,270	470	453	17	1,270	-
		Childrens and Young People	1,391	600	517	83	1,576	(185)
		Non - exercisable social care services (income)	-	-	-	-	-	-
Aligned Budgets Grand total			7,217	3,348	2,926	422	7,347	(130)
Grand total			7,460	3,453	2,930	523	7,557	(97)

* DD denotes services which are Directly delivered .

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

* Comm'n'd = Commissioned

- At Month 6, the City of London Corporation is forecasting a year end adverse position of £0.1m.
- 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 overspend at year end. This is largely due to the pressures on children's social care.
- No additional savings targets have been set against City budgets for 2020/21.

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 06, these schemes continue to be on-hold.

London Borough of Hackney

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

City of London Corporation

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

Title:	Integrated Commissioning Escalated Risk Registers
Date of meeting:	12 November 2020
Lead Officer:	Matthew Knell – Head of Governance & Assurance, CCG Workstream Directors
Author:	Workstream Directors & Programme Managers
Committee(s):	12 November 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

- Risk CYPMF20 regarding safeguarding and looked after children has reduced in score from a red rated risk to a score of 12 and an amber status this month. This is a result of the lack of a surge of referrals to safeguarding professionals in the last month. This risk will be removed from the BAF in the November 2020 update, unless its status moves back into the red range.
- Risk ICOM2 regarding the vote to form a single NEL CCG has reduced in score to 0 and a green rating following the successful vote that returned results on Tuesday 20 October 2020. This risk is no longer needed and will be removed from the BAF in the November 2020 update.
- Risks PCTBC3 and 4 have been restored to the BAF following the GBs discussions in September 2020 and the composite risk PCTBC5 that had been added has been removed and relevant progress added to the separate diagnostic and elective care risks. PCTBC4 regarding capacity has decreased in score from 20 to 12 and an amber rated status. Both risks will be removed from the BAF in November 2020 unless their scores move back into the red rated range.

Recommendations:

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

- To **NOTE** the registers.

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

- To **NOTE** the registers.

Strategic Objectives this paper supports:

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

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Supporting Papers and Evidence:

Risk register cover sheets in agenda pack.

Sign-off:

Siobhan Harper – Director: Planned Care

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

Nina Griffith – Director: Unplanned Care

Carol Beckford – Transition Director

Integrated Commissioning Board managed risks

Ref#	Description	Inherent Risk Score	Risk Tolerance	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
CYPMF8	Risk that low levels of childhood immunisations in the borough may lead to outbreaks of preventable disease that can severely impact large numbers of the population	15	4	10	10	15	15	↔	<p>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. A 2 year action plan to improve immunisations across the whole life course has been developed, with a number of pilots and interventions. These were set out in a paper to the ICB in June 2020. Key progress includes:</p> <ul style="list-style-type: none"> - 1.commissioning of GP confederation catch programme to support primary care ahead of winter 2020 (agreed July 2020); 2.Proposal being developed for health visitors to deliver immunisations in children's centres and for key 'at risk groups (ie. families in temp accom); 3.Comms campaign go live September 2020; 4. New system governance and delivery structures in place, led by public health; 5.Specific interventions for the North of the borough continue to be commissioned and delivered, including Sunday clinics, with new models being explored. 	15		✓		✓	

CYPMF20	During Covid-19 a combined NEL Safeguarding and 'Looked After Children' risk 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 City and Hackney 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	N/A	N/A	TBC	12	↓	No surge in referrals to FAST has been evidenced following the return of schools and with children returning to school this has increased their visibility and potential need for support. There remains reduced face to face contacts across the health economy. Current key safeguarding action needed is to ensure we have a robust plan for roll out of the flu programme for all children.	TBC	✓			✓	
UC19 (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	16	16	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 and capacity in relation to a second peak and winter. Enhanced winter planning programme agreed through SOC.	TBC			✓	✓	
UC20	Risk that we do not understand and/or do not reduce the impact of health inequalities for local populations across the workstream, and this is exacerbated in the context of the COVID-19 Pandemic.	20	12	n/a	n/a	16	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 supporting identification of inequalities and in-reach into particular communities.	TBC	✓	✓		✓	✓
ICOM 1	Covid-19 and winter pressures If there is a resurgence of the Covid-19 pandemic coupled with severe winter pressures: There is a risk that the programme of work to put in place the new IC Operating Model and the CCG merger is paused The consequence is... The merger will not take place by April 2021 and NEL would continue to act as an ICS by default	15	TBC	N/A	12	12	12	↔	Accept this risk – if the programme is paused						

ICOM 2	<p>Creating clarity for CCG Members</p> <p>If we do not put in place a specific and targeted engagement programme for clinicians and CCG Members: There is a risk that CCG Members are unclear regarding what they are being asked to vote on in October 2020</p> <p>The consequence is... C&H Members do not vote for the dissolution of the City & Hackney CCG in favour of a single NEL CCG</p>	16	TBC	N/A	12	12	0	X	The vote for the formation of a single NEL CCG amongst Local GPs was passed on Monday 19 October 2020.					
ICOM 3	<p>Support from Residents and Patients</p> <p>If Residents and Patients are not engaged on the proposed changes: There is a risk that Residents and Patients do not support the proposed IC Operating Model or the merged NEL CCG</p> <p>The consequence is... Residents and Patient begin to lose confidence in their local health and social care services and leaders</p>	12	TBC	N/A	12	12	12	↔	<p>Develop a comprehensive stakeholder engagement plan (draft in place July 2020)</p> <p>Publish the NEL vision document locally week commencing 3 Aug 2020 (Completed - published on time)</p> <p>Publish tailored communications and engagement material to support the NEL vision 3 Aug 2020 (Completed - published on time)</p> <p>Put in place an initial programme of ongoing engagement though to end Oct 2020 (Feedback at Public and Patient Involvement Committee so far has been supportive)</p> <p>Develop more resident and patient focused communications and engagement material (by Mid Nov 2020)</p> <p>Ensure that the resident and patient voice is more embedded and evidenced in the IC Operating Model and Merger Programme (Nov 2020 to Mar 2020)</p>					
ICOM 4	<p>Support from Partner organisations</p> <p>If we do not engage with all system Partner organisations: There is a risk that... Partners fail to play a full and active role in the design and delivery of the new IC Operating Model</p> <p>The consequence is... There is insufficient buy-in to the new Operating Model and it will not be founded on a solid base</p>	8	TBC	N/A	8	8	8	↔	Use existing channels such as AOG, ICB and Partner organisation Board to engage on the new IC operating model to create buy-in (Aug to Dec 2020)					
ICOM 5	<p>Alignment of SOC and new Operating Model</p> <p>We need to bring together the different parts of the local system developing the developing the new operating model, the CCG merger and the Transitional SOCG arrangements otherwise: There is a risk that the arrangements for the CCG merger and new Operating Model will not align with the new structures and processes being put in place by the SOCG</p> <p>The consequence is... There will not be a smooth transition from the current Phase 2 SOCG arrangements to the Phase 3 Operating Model.</p>	8	TBC	N/A	8	8	8	↔	<p>David Maher and Tracey meet regularly, including a fortnightly SOCG Action Plan Review meeting to 30 Sept 2020 (Complete)</p> <p>The Workstream Directors are members of both SOCG and the CCG SMT end Oct 2020 (Complete)</p> <p>New transitional SOCG structures will involve more key CCG leads in transitional planning during the development of Phase 2 to Oct 2020 (Complete)</p> <p>Homerton CEO Tracey Fletcher has established a weekly meeting with the CCG SMT - this is one vehicle for building structural alignment (Started Oct 2020)</p> <p>Build on the ICB Development Session (October 2020), agreement in principle, to the new IC Operating Model and develop a plan for the transitional arrangements (develop plan during November and December 2020)</p>					

ICOM 6	<p>Relationship between Integrated Care Partnership Board (ICPB) and Neighbourhood Health & Care Board (NH&CB)</p> <p>The scope role and remit of the ICPB is not clear yet therefore: There is a risk that there is lack of clarity regarding the relationship and accountabilities between the ICPB and the NH&CB</p> <p>It will be hard to plan in detail for either Board because it will not be clear how power is devolved</p>	12	TBC	N/A	12	12	12	↔	<p>We are working with NEL partners to clarify legal options arrangements for delegation of money / powers from the single CCG to local systems / ICPs. NEL will share their assumptions by mid September 2020 (Complete)</p> <p>An engagement programme is in place with all system partners to seek their views and opinions on the accountabilities of the ICPB and the NH&CB. This will be discussed at the ICB Development Session (29 Oct 2020). Next steps will be developed following this session</p> <p>Clarify the ICPB and NH&CB accountabilities in the light of the (October) ICB Development Session and develop a supporting transition plan in support of the new IC operating model - November/December 2020</p>						
ICOM 7	<p>Neighbourhood health and care service delivery infrastructure</p> <p>The scope role and remit of the NH&CB is not clear yet therefore: There is a risk that there is uncertainty regarding the shape of the neighbourhood health and care service delivery infrastructure and its resources</p> <p>The consequence is...</p> <p>It is not clear how workstream and major programme resources align with the NH&CB, local system Partners and the NEL CCG. This creates uncertainty for CCG staff and seconded staff</p>	12	TBC	N/A	9	9	9	↔	<p>We are working with NEL partners to clarify legal options arrangements for delegation of money / powers from the single CCG to local systems / ICPs. NEL will share their assumptions by mid September 2020</p> <p>SOCG is establishing transitional structures, including a transitional NH&CB, which will allow for iterative development between partners in order to work through the practicalities of delivery through the NH&CB – by mid-September December 2020</p>						
ICOM 8	<p>CCG Merger - lack of clarity for staff and impact on staff morale</p> <p>If we do not have timely, tailored information for staff on how they fit into the local IC Operating Model and what the CCG merger means for them personally means: There is a risk that staff become disillusioned and morale falls during the period of transition</p> <p>The consequence is...</p> <p>Staff lack information about what changes will take place and when. Some may leave and local relationships and corporate knowledge about the City & Hackney system is lost – undermining the success of the merger</p>	12	TBC	N/A	12	12	12	↔	<p>Seek clear direction from NEL People & OD team on detailed plans from now to April 2021</p> <p>Ensure that line managers understand the proposed changes and supply them with the material they need to have a meaningful dialogue with their staff (August to April 2020)</p> <p>Ensure that that the people and HR programmes in place support people in being resilient and able to manage/cope with the change (August 2020 to April 2021)</p> <p>Awaiting framework/approach for the work to be done between now and April 2020 - in terms of line management engagement with staff: what, who, when and how? The work needs to be tailored to City & Hackney but the approach should be consistent across the three local systems</p> <p>Establish All Staff twice monthly IC Operating Model and CCG merger Drop-Ins hosted by David Maher (commenced 2 November)</p> <p>Identify CCG Merger issues identified in the Staff Reflections exercise which took place in October and agree actions with Staff Council (November/December 2020)</p>						

ICOM 9	<p>ICPB and NH&CB Subgroups</p> <p>If there is uncertainty regarding the role of subgroups in providing assurance in the Integrated Care Operating Model and the local system: There is a risk that subgroups may lack the power, respect, authority and autonomy they need to play an effective role in the local system</p> <p>The consequence is...</p> <p>Inadequate feedback loop from resident and patient engagement, loose financial and performance management and accountability and a system where inequality and quality are not prioritised</p>	12	TBC	N/A	9	9	9	↔	<p>Finance & Performance, Risk management, Quality are already embedded in the transitional NH&CB governance arrangements (from August 2020).</p> <p>The role of remaining sub-groups to be confirmed by October 2020</p> <p>The role of all subgroups will be developed once there is clarity regarding the accountabilities of the ICPB and the NH&CB. However work will continue on Finance & Performance, Quality & Outcomes, People & Place</p>						
ICOM 10	<p>Coherent system-wide culture</p> <p>If we fail to create a City & Hackney wide system culture which resonates and brings together the best of all our the partner organisations: There is a risk that...</p> <p>The City & Hackney system may lack a coherent system-wide culture which will result in partnership work being undermined by poor relationships</p> <p>The consequence is...</p> <p>Difficult decisions are avoided and integration work stalls because trust relationships are not cemented and staff adopt unhelpful 'them and us' postures</p>	12	TBC	N/A	12	12	12	↔	<p>Develop an OD plan (by mid-Oct 2020 Jan/Feb 2021) for the system which supports organisations to address not just what work we will do, but how we will work together work to cement the common values of our City and Hackney culture that all staff hold dear</p>						
ICOM 11	<p>80:20 principle-</p> <p>The 80:20 rule [i.e. that the majority of the money and decision making will be delegated from NEL to local systems after the CCG merger] is a principle and not documented in law or policy therefore: There is a risk that the 80:20 principle may be eroded over time in the light of NEL wide pressures resulting in more budget/money and decision making is retained by the NEL CCG-</p> <p>The consequence is...</p> <p>The 80:20 rule becomes invalid and the local system has no power or influence over decisions which may have an adverse impact on City & Hackney</p>	12	TBC	N/A	12	12	12	↔	<p>Investigate whether this can be embodied in the Constitution (by September 2020). This has been documented in the NEL CCG Governance Handbook and the NEL CCG Declaration of Principles: "Decisions and delivery close to people. Governance structure characterised by delegating: planning, accountability and financial decisions consistent with the 80:20 principle. Budgets will be devolved to a local level in accordance with the national allocation formula".</p> <p>Recommended to close:-</p>						

ICOM 12	PCN/Neighbourhood governance and accountability GP Consortia and PCN/Neighbourhood teams are in the process of working out how they will work together so currently: There is a risk that PCN/Neighbourhood governance and accountability remains unclear The consequence is... The relationships between PCNs/GP Practices, Neighbourhood teams, and the NH&C Executive could lack clarity	12	TBC	N/A	12	12	12	↔	Work has been initiated, and is being led by a Workstream Director, to investigate the short to medium term governance needs of PCNs/Neighbourhoods and Consortia. Workshops ongoing until end September and will inform IC Operating Model governance design (Complete) This is an ongoing programme of work which will continue in November and December 2020.					
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	15	10	12	↔	Weekly calls are in place to discuss utilisation of independent sector capacity. 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. Hospital activity and GP referrals have made a good recovery. The NHS Phase 3 letter spells out the targets for recovery. Planned Care is working with clinical leads to ensure the implementation focuses on Clinical Need. However, there are some ongoing concerns in some areas: The acute alliance is mobilising surgical and diagnostics hub models. There are concerns about how patients will engage with the new pathways and when services are out-of-area. The Planned Care Team are engaging with GPs to ensure they understand developing pathways. NEL are leading on patient engagement with input from C&H Comms and Engagement Leads. C&H are liaising with local partners to disseminate messages to ensure patients understand the change. Self-isolation requirements before elective surgery have been changed and now are less strict. This should promote reduce patients declining elective procedures.	10				

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	20	20	12	↓	<p>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-gear 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.</p> <p>Hospital activity and GP referrals have made a good recovery. The NHS Phase 3 letter spells out the targets for recovery. Planned Care is working with clinical leads to ensure the implementation focuses on Clinical Need.</p> <p>However, there are some ongoing concerns in some areas: The acute alliance is mobilising surgical and diagnostics hub models. There are concerns about how patients will engage with the new pathways and when services are out-of-area. The Planned Care Team are engaging with GPs to ensure they understand developing pathways. NEL are leading on patient engagement with input from C&H Comms and Engagement Leads. C&H are liaising with local partners to disseminate messages to ensure patients understand the change.</p>	15					
PC6	The 62 day target to begin cancer treatment is not consistently achieved	10	8	6	20	16	16	↔	<p>C&HCCG met 7 out of 8 cancer waiting targets in July. 31 day surgery metric not met. 2 previous months were at 100% and July is at 91%- target: 94%.</p> <p>There is an ongoing risk with access to endoscopy. Comms to GPs on FIT tests have been shared and HUH reporting increasing capacity.</p> <p>Mile End opening an early diagnosis service and rapid diagnostics centre models are being reviewed.</p> <p>Strong recovery of 2ww referrals/activity for C&H patients across all providers.</p> <p>Cancer Collaborative are developing a recovery plan as per the NHSE Phase 3 Letter- this will set the direction for coming months.</p>	10					
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	20	20	↔	<p>For 2020/21, as of Sept2020 prescribing data is only available for April -Jun2020. Based on the 3 months data, the estimated annual cost pressure for NCSO is £764,896 in addition to a cost pressure of £223,051 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 for June 2020-Mar2021 will be provided with the next update of this register.</p> <p>Previous low scores was due to it these cost pressures being mitigated by QiPP savings delivered, each year to 2019/20, by the Meds Management team in conjunction with practices. budget in. These costs remain an ongoing cost pressure in 20/21.</p>	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	16	16	↔	<p>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.</p> <p>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.</p> <p>Sign off of the final version of the LD Strategy has been delayed due to the COVID-19 response. To be presented at the ICB in October. A joint budget review to consider the long term needs of the population maybe required in order to fully secure financial stability.</p>	15					
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	25	25	20	20	↔	<p>A bid has been made to central government (MHCLG) for funding to include costs of funding the Housing First model.</p> <p>Both LBH and CoL continue to provide additional accommodation to rough sleepers in response to COVID. Lack of clarity on how this will be funded. A Rough Sleeper and Health Partnership Group is meeting and will coordinate the response.</p>	20					

Integrated Commissioning Glossary

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

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

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

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

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

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



Adult social care: our COVID-19 winter plan 2020 to 2021 ([Link](#))

October 2020

Assurance



- LAs must put in place their own winter plans, building on existing planning, including local outbreak plans, in the context of planning for the end of the transition period.
- LAs must write to DHSC to confirm they have done this by 31 October 2020. These winter plans should incorporate the recommendations set out in this document.

Inequalities



- LAs and NHS organisations should continue to address inequalities locally, involving people with lived experience wherever possible, and consider these issues throughout the implementation of this winter plan
- We have completed short version of an EIA Checklist and Inequalities Matrix, developed by PH for the COVID response

The plan covers 4 themes:



- preventing and controlling the spread of infection in care settings
- collaboration across health and care services
- supporting people who receive social care, the workforce, and carers
- supporting the system

Theme 1 - Preventing & Controlling the Spread of Infection in care setting



Our plan covers:

- Managing staff movement
- Personal protective equipment (PPE)
- COVID-19 testing
- Seasonal flu vaccines

Theme 2: collaboration across health and care services



Our plan includes:

- Safe discharge from NHS settings and preventing avoidable admissions
- Enhanced health in care homes
- Technology and digital support
- Acute hospital admissions
- Social prescribing

Theme 3 - Supporting people who receives social care, the workforce, and carers.



Our plan includes:

- Supporting independence and quality of life
- Direct Payments
- Support for unpaid carers
- End-of-life care
- Care Act easements
- Supporting the wellbeing of the workforce
- Workforce capacity and leadership

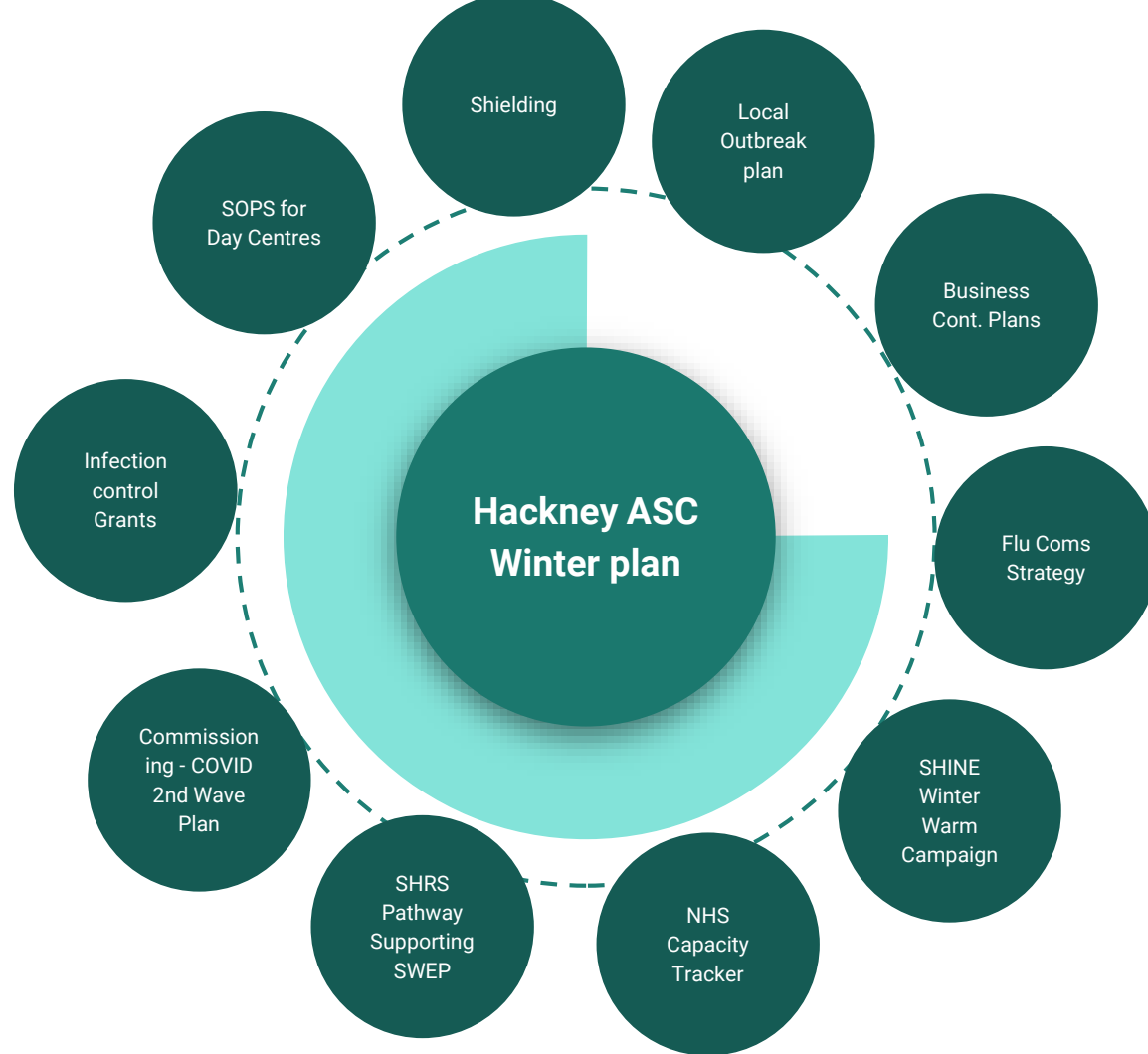
Theme 4 - Supporting the System



Our Plan includes:

- Funding
- Market and provider sustainability
- CQC support: Emergency Support Framework and sharing best practice
- Care home support plans

Interdependencies



Summary



London Borough Of Hackney Adult Social Care is a dynamic winter plan, building on existing planning, including local outbreak plans, to support service users, families and carers, providers, internal services and the adult social care workforce.

As a dynamic plan, it can change and adapt to circumstances as the winter progresses.